

Philosophy

Curtin University Early Learning Centre supports the principles outlined in the United Nations Convention on the Rights of the Child, which maintains “that all children have the right to an education that lays the foundations for the rest of their lives.” To this end we are reflective in our practice to ensure current research, theories and understandings apply in the context of our unique service.

Children have a right to be heard, and their interests followed. This, in connection with close family ties forms part of the planning cycle. The curriculum founded on the philosophical play-based approach uses authentic and real-life experiences along with open ended materials with a focus on natural elements that support children’s understandings of how the world works. Our aim is to deliver rich, fun-filled experiences to each child so that they can develop into knowledgeable, respectful citizens of the society in a way that is innate for them during their most formative years.

We understand the importance of ensuring that children are kept safe and protected from harm and we are passionate about providing a healthy, safe environment. Their needs are met in terms of their sleep, rest, play and relaxation. Healthy eating is promoted using a menu designed for children from Food Safety and prepared by a qualified chef using fresh ingredients. The educators are well versed in child supervision, Child Protection, and qualified staff are up to date with first aid training. Room numbers and staffing ratios are followed with strict adherence to regulations.

The service believes that the environment is of great importance to the child’s learning. An aesthetically pleasing indoor environment with elements from home ensures that children feel warm and safe. Interactions with nature in the outdoors calls on children to use all 5 of their senses as they explore the outside environment. Children are provided opportunities to develop a sense of belonging to the broader community through the deliberate use of university facilities.

All endeavours are made to have a diverse range of qualified, quality staff across the service who have a passion to develop meaningful relationships with children.

Our children are viewed as competent, capable, and curious individuals, they are social and independent, fully engaged, and explorative. They are given opportunities through play to demonstrate their agency, take on challenges, show resilience and demonstrate problem-solving skills. Each child is recognised as a unique individual with their own needs, abilities, and styles of learning. We ensure equity for children in an environment where they are welcomed, valued, and where diversity is respected. The service facilitates access for children with additional needs and is fully aware of the cultural diversity within its community. An approach of being sensitive to the individual, their needs, interests, strengths, and background is actively endorsed.

The link with home requires a commitment from educators and families to work together in partnership with shared understandings. This ensures that families are supported to be involved in the decision making of the service as well as share in the decision making of their child’s learning.

Further to this, the service is fully committed to reconciliation and is responsible for embedding indigenous practices of the Whadjuk Noongar people of Western Australia.

“Valuing and celebrating Aboriginal culture and identity enhances who we are as citizens of Australia, and this must form part of how we educate our youngest citizens”. (A Statement from Early Childhood Australia, Nov 2022)



The Curtin University values of *Respect, Integrity, Excellence, Courage, and Impact* along with *Care and Empathy* guide the early childhood community to develop relationships that reflect these values.

The early childhood service offers reciprocity with the university by accepting their students for critical first-hand work experience and engagement in research and further study. Through this the Early Education Centre stays focussed on relevant practices and theories.

The Vision and Mission of the service offers the guiding statements to support positive dispositions and an inclusive learning approach. The service embraces quality improvement processes through reflective practices to ensure that children are in the forefront of everything it does.

The service engages the National Quality Standards, the Education and Care Services National Law Regulations 2012, the Education and Care Services National Law (WA) Act 2012, the Early Years Learning Framework and the Early Childhood Australia Code of Ethics in its practices.



Health and Safety

Contents:

- HS01 Health and Safety Overview (*including Procedure*)
- HS02 Supervision (*including Procedure*)
- HS03 Incidents, Injury, Trauma and Illness (*including Procedure*)
- HS04 Food Safety and Hygiene Practices (*including Procedure*)
- HS05 Child Protection and Providing a Child-safe Environment (*including Procedure*)
- HS06 Medical Conditions in Children
- HS07 Medication (*including Administering and Storage Procedures*)
- HS08 Immunisation
- HS09 Dealing with Infectious Diseases (*including Procedure*)
- HS11 Asthma Management
- HS12 Anaphylaxis Management (*including Procedure*)
- HS13 Delivery and Collection of Children (*including Procedure and Late Collection of Children Procedure*)
- HS14 Emergency Evacuation
- HS15 Violent or Threatening Behaviour (*including Procedure*)
- HS16 Nappy Changes and Toileting (*including Procedures*)
- HS17 Oral Health
- HS18 Sleep and Rest (*including Guidelines*)
- HS19 Sun Protection
- HS20 Transport (*including Procedure*)
- HS21 Excursions, Incursions, Visits on Campus
- HS22 Water Safety (*including Procedure*)
- HS23 Manual Handling
- HS24 Use of Chemicals, Toxic Substances and Potentially Dangerous Products (*including Procedures*)
- HS25 Action Plan for Pandemic
- HS16 Manual Handling



Policy Statement

To be read in conjunction with Curtin University Health and Safety policy

Curtin University Early Learning Centre seeks to protect the health and safety of children, staff, parents, and visitors to the service. This is the responsibility of everyone: all staff, parents, students, and visitors play a role in contributing to a healthy and safe environment. However, we understand the importance of ensuring that children are kept safe and protected from harm and we are passionate about providing a healthy, safe environment for them.

To identify and mitigate the risks the service uses risk assessments where relevant, and these can be found in the appendix of this file.

The service reviews illness, incidents, and accidents to implement change where needed and safety drills are conducted to practice a range of scenarios that may occur in the Service.

Background

The Curtin University Early Childhood Centre is a part of the larger Curtin University campus community and works closely with the Curtin University Health, Safety and Emergency Management Department to implement safe practices in accordance with University protocols and also includes the requirements of the regulatory body in Western Australia – Education and care Regulatory Unit (ECRU).

Strategies for Implementation

Centre Responsibilities

The centre management seeks to:

- Ensure compliance with relevant legislation, and the University's Health and Safety Management System
- Promote an organisational culture that adopts health and safety as an integral component of its operational practice
- Ensure that health and safety is part of the business planning processes and that it is adequately resourced
- Maintain an effective mechanism for consultation and communication of health and safety matters
- Maintain an effective process for resolving health and safety issues and managing health and safety risks
- Provide appropriate health and safety training
- Provide risk management procedures for areas of the service and for a range of scenarios
- Consult with specialists in the area from the University.



Legislative requirements

The Policies for Supervision at Curtin University Early Childhood Centre are consistent with, and refer to, legislative requirements.

Education and Care Services National Law (WA) Act 2012
Education and Care Services National Regulations 2012

Section/Regulation	Description
Section 51	Conditions on service approval
Section 166	Offence to use inappropriate discipline
Section 167	Offence relating to protection of children from harm and hazards
Section 168	Offence relating to required programs
Section 169(5)	Offence relating to staffing arrangements
Regulation 10	Meaning of actively working towards a qualification
Regulation 55	Quality improvement plans
Regulation 56	Review and revision of quality improvement plans
Regulation 73	Educational program
Regulation 75	Information about educational program to be kept available
Regulation 76	Information about educational program to be given to parents
Regulation 81	Sleep and rest
Regulation 82	Tobacco, drug and alcohol-free environment
Regulation 84	Awareness of child protection law
Regulation 118	Educational leader

National Quality Standard Quality Area 7

National Quality Standard Quality Area 2 including:

- 2.1 Health - Each child's health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.1.3 Healthy lifestyle–Healthy eating and physical activity are promoted and meet needs for each child.
- 2.2 Safety – Each child is protected.

Occupational Safety and Health Act 1984

Occupational Health and Safety Regulations 1996, Food Act 2008

Related Publications

Staff Handbook

SIDS

Orientation – General (which includes Health and Safety matters)

Orientation - Chemical

Orientation – Food Safety

Introduction to your Health and Safety Package - PowerPoint

Kitchen Manuals

Curtin University I-Perform

Curtin University Health and Safety Publications



Related to all policies and procedures here-in

Section/Regulation	Description
Regulation 168	Education and care services must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies and procedures

Authority

- Signed: 
- Date: July 2023



The Curtin University Early Learning Centre has a staff representative for Health and Safety who works with the Centre Management, childcare staff and Health and Safety at the University to ensure a safe environment for all. Each Safety Representative is professionally trained in this role by the university.

Regular audits of the centre occur in consultation with Health, Safety and Emergency Management. The centre's Local Government authority, the Town of Victoria Park, audits the centre's preparation of food, storage, and cleanliness of the kitchen. The centre also contracts an independent Auditor as part of the legislative requirement.

Regular inspections occur for electrical cords of all equipment and hot water temperature to ensure they adhere to safety requirements.

Staff education begins at orientation and is carried on throughout the time staff members are employed by the service.

Evacuation procedures are displayed at the official exits of the children's rooms and in the foyer area and directions for evacuations are displayed in centre exit areas. Emergency telephone numbers are with each telephone and extension.

It is the responsibility of all staff members to report any potential or current concerns or hazards that could lead to a risk of injury or cause increased stress to any staff member. This may need to be recorded online under the Hazard/Near Risk Management section on the University on-line reporting system. The appropriate action will be taken as directed by the Director or Coordinator.

Staff will ensure that safety of play areas and equipment are confirmed daily and ensure that the centre's environment is clean, safe, and hygienic. Daily perimeter checks will be recorded on a Playground Safety Record sheet for each area.

All furnishings and equipment will comply with Australian Standards to limit the risk of injury or ill health in the workplace.

Educators will report workplace incidents and hazards to the Director/Coordinator as soon as possible after they occur or are identified and report incidents, hazards, work related injury or illness using the University on-line incident reporting system, **Charm**, as soon as possible after the incident.

Staff members are strongly encouraged to become immunised against identified illnesses as stated in 'Staying Healthy' 5th Edition. (See *Immunisation Policy*)

Staff will adhere to the Violent or Threatening Behaviour Policy to protect themselves and the children in their care (See *Violent or Threatening Behaviour Policy*).

Employees who are pregnant or, have a medical condition such as epilepsy or asthma, or a disability may be given special consideration regarding their safety and health needs.

The centre will ensure appropriate Worker's Compensation cover is available to all employees of the centre and that injured staff are



provided with appropriate rehabilitation and health care services should they be required.

Staff members returning to work after an injury will be assisted by Health, Safety and Emergency Management with return-to-work strategies in consultation with their Medical Practitioner.

The centre adheres to the relevant sections of the University's policies on Chemicals and Hazardous Substances (*See Use of Chemicals, Toxic Substances and potentially Dangerous Products Policy*)

The Centre will ensure Risk Assessments are recorded using the University Risk Assessment tools.

The University is a non-smoking environment.

The centre will ensure that no person who consumes, or appears to be adversely affected by alcohol, drugs or any other potentially deleterious substance is present during a care session or remains on the premises. (*See Alcohol, Drugs and Smoking Policy*)

Attached is the Health and Safety Responsibilities Procedure of the University, please read as part of this Procedure.



Policy Statement

Curtin University Early Learning Centre provides the environment, staffing levels and staff education that ensures that constant supervision of children always happens. The service maintains that effective supervision requires educators to be actively involved with children and in sight and hearing of children. Organisation and communication amongst educators ensures that all areas are constantly scanned, and children are always in full supervision.

Children's needs are met in terms of their sleep, rest, play and relaxation. Healthy eating is promoted using a menu designed for children from Food Safety and prepared by a qualified chef using fresh ingredients. The educators are well versed in child supervision, Child Protection, and qualified staff are up to date with first aid training. Room numbers and staffing ratios are followed with strict adherence to regulations.

Background

The Education and Care Services National Regulations require policies and procedures to be in place to monitor, support and assist Educators to supervise children effectively. Curtin University Early Learning Centre ensures consistency of understanding, planning and action throughout the Service to ensure that all legislative requirements are met and to monitor, support and supervise educators to ensure the comfort and safety for children.

Policy and Procedure Guidelines

Supervision is a key aspect to ensuring that children's safety is protected while engaging in their day at the Service. Educators are alert to and aware of risks and hazards through risk assessment and the potential for accidents and injury throughout the centre, not just within their immediate area. Educators scan broader areas of the environment to be alert to potential issues whilst still interacting with or observing small groups of children.

Strategies for Implementation

Centre Responsibilities

Children are supervised in all areas of the service by being in sight and hearing of an educator including during toileting, sleep, rest, and transition routines. Children are unable to access unsafe areas in the service such as the kitchen and the back yard area.

Educators are organised in their supervision, ensuring that **all** areas are constantly scanned. Educators supervise children in proximity when they are in a situation that presents a higher risk of injury—for example, on an excursion, near a road, or water.

Educators adjust their level of supervision depending on the area and the skills, age mix, dynamics, and size of the group of children they are supervising. Supervision of children is always within published ratios.

Equipment, furniture, and activities are arranged to ensure effective supervision while also allowing children to access private and quiet spaces.

Staff receive information on the Supervision Policy and Procedure of the service at orientation and from direction from permanent educators within the centre.



Legislative requirements

The Policies for Supervision at Curtin University Early Childhood Centre are consistent with, and refer to, legislative requirements.

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section/Regulation	Description
Section 51	Conditions on service approval
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Section 169(5)	Offence relating to staffing arrangements
Regulation 10	Meaning of actively working towards a qualification
Regulation 55	Quality improvement plans
Regulation 56	Review and revision of quality improvement plans
Regulation 73	Educational program
Regulation 74	Documenting child assessments or evaluations for delivery of educational program
Regulation 75	Information about educational program to be kept available
Regulation 76	Information about educational program to be given to parents
Regulation 81	Sleep and rest
Regulation 82	Tobacco, drug and alcohol-free environment
Regulation 84	Awareness of child protection law
Regulation 118	Educational leader

The Early Years Learning Framework

- 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- 3.1 Design – The design of the facilities is appropriate for the operation of a service.
- 7.1.2 Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service.

Related Policies

HS21 Excursions (including Procedure)

HS22 Water Safety (including Procedure)

HS03 Incident, Injury, Illness and Trauma

HS18 Sleep and Rest

HS20 Transportation

Related Forms

Excursions, Incursions, Regular Outings Checklist

Risk Assessments

Authority

- Signed: 
- Date: July 2023



When 'contact' staff are on duty they are responsible for the direct supervision of children. This requires that each child will always be within sight and hearing of a staff member. Staff will arrange play areas to ensure children are supervised and will communicate with other educators about the supervision of children i.e. inform each other before leaving the room/space, *ensuring correct ratios*.

A list of names is kept in the room and on a whiteboard outside, of all children in attendance, with the approximate time of pick-up. It is updated at each child's arrival or departure. Educators must know the total number of children in their care by doing regular head counts.

Effective supervision includes the scanning of all accessible areas where children play. Should staff be engaged with a small group, they still need to be aware of other children and their location. Where possible staff are visible to children and move around to cover a larger area.

Play

Staff are to be alert to and aware of potential hazards and risk of injury to children through their knowledge of each child to ensure children are always supervised. Staff will foster children's independence and competence by supporting them to undertake activities that involve risk-taking. A risk assessment and management of risk is in place. All child activity areas have a supervision plan, kept in the staff information file available for reference.

Staffing arrangements will allow flexibility within daily routines and supervision of individuals or small groups of children during mealtimes, sleep, or rest times. Staff regularly evaluate supervisory practices especially after accidents or incidents, excursions, or the introduction of new activities.

Waterplay

When children are engaged in water play one staff must be in direct supervision of the children. The water receptacles and all containers must be emptied onto the grass or garden if supervision is not available or after each play period for safety and hygiene purposes.

In accordance with the Children & Community Services (Child Care) Regulations 2006 – Regulation 92(1), all water receptacles used for water activities can only be used if they can be emptied by one person.

The service is cleaned daily by contractors so heavy-duty cleaning is not required of staff. This allows staff to be with the children, supervising and interacting when on duty. Routine cleaning duties arising from the care of children such as after lunch, morning and afternoon teas and toileting routines require maintenance cleaning. All cleaning products are kept in locked cupboards or are removed from the room straight after use.

Lunch Period

The number of contact staff needs to be 100% during the lunch period to supervise children in their care. During this period children under 2 years must be supervised by at least one staff member that is qualified or has reached the age of 18 years and has at least 2 years of experience in working in an early childhood setting; or holds the Certificate III in Children's Services or equivalent.

Staff members under 18 years may not be responsible for the supervision of more than 10 children during the lunch period It is a requirement that at least one of the contact staff members present is qualified. (Education and Care Centres National Regulations 2012)



Sleep / Rest - HS18

Sleep/rest times should be a positive, pleasant experience within the Centre and educators make every effort to provide a relaxing and comfortable environment for all children. Educators ensure children are dressed and supervised appropriately whilst sleeping. Children are provided with clean and safe bedding with appropriate measures taken to ensure a healthy environment. Sleep times are recorded and reported to the person doing the pickup.

Nappy Changing – HS16

Nappy changing should be a positive experience with pleasant interactions for the child. This is accomplished by ensuring that the educator is known to the child where possible (i.e. have met at least 3 times). Safe practices are in place for both the child and educator such as the educator being fully prepared for the task with the resources needed being present and the area set up before the nappy change begins. The educator must always ensure a hand is holding the child or their body is positioned so a child cannot fall or climb off the change bench. HS

Staffing Plan - NQF07

The Service has an established staffing plan to ensure appropriate levels of supervision are maintained.

Supervising Officer

The Licensee will appoint a Supervising Officer i.e. the Director of the service. Certified Supervisors are recognized to step in as Supervisors when the supervising officer is not in the Service.

Absent / Indisposed Staff

Staff must inform the Service as early in the day as possible if they are unable to report to work, so that relief staff can be arranged. The service has a process by phone (after hours) for staff to notify the service of their absence. Phone number to call is 0413714669. One of the administration team takes this phone home each evening and on weekends.

A staff member absence:

A list of relief staff is kept up to date with their availability and the Centre has contact with agencies for staff. The Admin staff will arrange for a person to cover the duties of the absent staff member to ensure basic ratios are in place and will rearrange the daily staff list in the room to cover all time-slots up to the end of the day.

Staff member becomes ill or injured, or otherwise be required to leave the service at short notice:

The director, coordinator or administration will be notified by the educators to request assistance for the group of children.

- If it can be done on ratio, gather children in a group and have other room staff supervise.
- Attend to ill or injured staff member. Manage the accident or illness accordingly.
- If no replacement educator is available on site, the administration will contact a staff not rostered to work, or a relief staff member to report to work to replace the indisposed staff as soon as possible.
- Should it be necessary and appropriate the indisposed educator may need to remain at the service until a replacement staff has arrived.

If staff cannot be replaced to provide adult/child licensed ratios the Supervising Officer will contact the Education and Care Regulatory Unit to request advice or an exemption for the day.



- Reduce the number of children in care by contacting families to advise them of the situation, and ask them to collect their children from care.

Relief Staff

The service regularly advertises for new relief staff, to ensure the most experienced and qualified people are available. As part of the staffing plan the service has permanent float staff within the service. A Relief (casual) Staff List is maintained by the Service as well. Experienced staff will support and oversee relief staff to ensure the maintenance of continuity in the service practices and standards.

New relief staff are oriented to the service and invited to spend some time where possible at the service prior to their commencement. Whenever possible new relief staff will be placed with regular staff and closely supervised.



Policy Statement

Curtin University Early Childhood Centre makes every endeavour to create a safety aware environment through education, regular maintenance. Rostering appropriately qualified staff ensures adequate supervision, safety checks and perimeter checks to mitigate harm from injury. Policies and procedures are in place to minimise illness and or the effects of trauma.

Background

The Education and Care Services National Regulations require policies and procedures to be in place to support and supervise Educators to ensure consistency in the handling of incident, injury, illness and trauma

. Curtin University Early Childcare Centre ensures consistency of understanding, planning and action throughout the Service to ensure that all legislative requirements are met and to monitor, support and supervise educators.

Policy and Procedure Guidelines

An Approved Provider must ensure that every reasonable precaution is taken to protect children from harm and from any hazard likely to cause serious injury or illness.

This is done by:

- Managing risk assessment.
- Managing a program of review to ensure that any injury or illness that requires first aid intervention will be documented to establish cause and assess whether prevention strategies are needed.
- Maintaining communication with parents, ensuring that they are kept informed of any incident, injury, illness or trauma to their child as is required, by phone call and by written incident form.
- On enrolment, parents are required to provide written authority for staff of the centre to seek medical attention for their child if required.
- Any serious incident as defined in the Education and Care Services National Regulations 2012 will be reported to the Department of Communities, Education and Care Regulatory Unit within 24 hours.
- In the case of a serious incident, the priority will be the affected children and their families. Centre staff are not permitted to speak to the media or record the events in any way on social media.

Counselling assistance may be necessary for staff and/or children if an incident has caused trauma.

Strategies for Implementation

Responsibilities of All

All staff, parents and visitors will take reasonable and practical measures to ensure their own safety as well as the safety of those around them. Should a person be acting in an unsafe manner that potentially could cause trauma, injury, or harm the Curtin University security team will be called to control the situation.

Injury, accidents, and incidents to children or staff will be dealt with by first aid trained educators (Diploma or Degree) until further professional assistance arrives (as needed).



Centre Responsibilities

Qualified educators (Diploma and Degree holders) through-out the centre hold first aid qualification HLTAID004. The Centre follows the requirements of the regularity body with regards to this requirement as a minimum standard. New staff orientation includes induction to the Policy Manual which includes the Health and Safety policies and procedures and risk assessment information.

Staff follow the required measures to identify potential risk. Maintenance is managed according to the centre's procedures and practices. Matters other than 'everyday' items will be put through the University maintenance/minor works process.

The priority for staff is the well-being of the child or children affected in an emergency. The staff shall also act to protect their own well-being. If staff have been involved in an incident which has resulted in an injury or trauma then they are required to report this to the director and seek assistance. As soon as is possible, staff involved are required to follow the Curtin University requirements including lodging details onto the Curtin health and safety on-line forms i.e. Charm.

Review

The Director and/or Coordinator of the Centre will review report summaries and make recommendations as required.

Legislative requirements

Policy is consistent with, and refers to, legislative requirements for managing incidents, injury, trauma and illness.

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section/regulation	Description
Section 165	Offence to inadequately supervise children
Section 174	Offence to fail to notify certain information to Regulatory Authority
Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First aid kits
Regulation 95	Procedure for administration of medication
Regulation 97	Emergency and evacuation procedures
Regulation 103	Premises, furniture and equipment to be safe, clean and in good repair
Regulation 104	Fencing
Regulation 117	Glass
Regulation 161	Authorisations to be kept in enrolment record
Regulation 177	Prescribed enrolment and other documents to be kept by approved provider
Regulation 183	Storage of records and other document



National Quality Standard Quality Area 2 including:

- 2.1 Health – Each child’s health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented
- 2.2 Safety – Each child is protected
- 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- 2.2.2 Incident and Emergency Management – Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Related Policies

Curtin University Health, Safety and Emergency Procedures

Related Forms

Incident, Injury, Illness and Trauma Record

Emergency Evacuation Evaluation

Notification of Incident – I01 (Department of Communities, Education and Care Regulatory Unit)

Related Publications

The Parent Handbook – A Centre Guide for Parents and Families

Orientation – General

Orientation – Chemical

Assure - <https://assureprograms.com.au/>

Authority

• **Signed:**



• **Date: August 2023**



Hazard Identification and Risk Management

The centre director and or coordinator will:

- Guide staff in regularly conducting risk assessments of the environment to determine likely injuries and illnesses that may occur and rectify potential causes
- Introduce preventative measures to reduce risk, or control measures to minimise risk
- Review and analyse incident, illness and near miss data and respond appropriately
- Ensure the centre is supplied with an appropriate number of current first aid kits for the number of children being educated at the centre and on any excursions

Minor Injury

When a minor injury occurs at the centre, staff who are qualified in first aid will:

- Assess the injury
- Apply first aid
- Check that no-one has come into contact with the injured child's blood or body fluids. Notify parents immediately if their child has contact with another person's blood
- Wash any contaminated areas in warm soapy water
- Clean up the spill using disposable gloves if bleeding, bodily fluids are involved
- If the accident is deemed to be very minor the parent/guardian may not be contacted at the time of the accident however they will be informed of the accident when they arrive to collect their child
- a written report with details about the accident and the treatment given will be on an Incident, Injury, Illness and Trauma Record.

Serious Injury

When a serious injury, which requires more than first aid treatment, occurs at the centre, a staff person who is qualified in first aid and CPR will:

- apply first aid
- liaise with the director or coordinator whether an ambulance or Health Services should be called but this must not delay an urgent call
- call 0 000 for an emergency
- 4444 will be called for assistance with ambulance directions
- contact the parents, but this must not delay treatment
- if an ambulance is called, a staff member will accompany the child
- relevant information of family contacts and relevant medical history that the centre has will also go with the injured child
- ensure that any contact with the injured child's blood or body fluids has been appropriately dealt with

Illness at the Centre

- All children respond to illness differently, there is no single threshold - such as a specific temperature level - for being sent home. The decision is made on the presenting symptoms and the level of care required by the child that is displayed at the time.
- Any child who becomes ill while in the centre or presents with symptoms of illness while in the centre will be closely observed and provided with the required level of care while parents are contacted to collect their child.
- The director or coordinator and parent is to be notified if a child has a temperature above 38⁰ C and is presenting unwell.



- Children who are ill and require the close attention of one staff member for more than a short period will be sent home to receive the individual care and attention they need.
- In the case of an infectious/contagious illness, centre staff will discuss the illness with the centre director and follow the reference manual: 'Staying Healthy' 5th edition National Health and Medical Research Council 2012.
- If/when necessary the centre will contact Metropolitan Communicable Disease Control to report a reportable disease or to gain further information.

Incident

An incident is when something happens, an occurrence and in this context that is often unpleasant or undesirable and adversely affects those involved. It could also be a serious near miss injury or accident.

- Staff and children who may have been involved or witnessed such an incident will need an opportunity for discussion and explanation. Educators will need to brief parents of those children.
- The Educators involved will provide a written report detailing the incident and the action taken, on an Incident, Injury, Illness and Trauma Record. Details will also be entered into the room's Health and Safety Record.
- Counselling will be offered to staff involved if required.
- Full details will be given to the child's parents by the director or coordinator.

The serious incident will be reported to the Department of Communities, Education and Care Regulatory

Trauma

A trauma is an emotional shock which may be caused by an injury, accident, or incident. It can significantly impact a child's sense of belonging, identity and overall development and it can be long lasting.

Educators need to be 'Trauma-aware' to be able to respond effectively to a traumatised or anxious child's needs. They can do this by offering warm and responsive relationships and creating a safe and nurturing environment for the child.

Building trusting and secure relationships with children is important, as a trauma can make it difficult for a child to trust. When a child feels they are in a supportive space where their voice is heard they are more likely to build trusting connections with others which is vital to supporting those affected by trauma.

If the incident happens at the service parents will be informed of any injury or accident that may have caused a trauma and discuss the best ways available to manage the trauma. Communication from parents is invaluable to the educator if the trauma has happened away from the centre.

Through the services of the University, the centre is able to arrange counselling for any person (child or adult) who requires assistance after a traumatic incident in the centre.

All staff in the centre have a duty of care to report any serious incidents to the Director or the Coordinator as soon as possible after the occurrence.



To be read in conjunction with Nutrition, Food and Beverages, Dietary Requirements

Policy Statement

The daily transition from home to service is at its best when there is free and open communication about happenings in each place. Communication about what food, the quantity of food and drink that has been consumed before a child arrives at the service allows educators to adjust expectations and plan for the child's intake during the day. This also applies to the transition from the service to home. This practical partnership allows parents and educators to best support a child's nutritional status and provides opportunities for both parties to learn from each other.

Curtin University Early Learning Centre acknowledges its role in working in partnership with parents to provide a well-balanced diet for the children in a healthy eating environment. Parents are asked to share family and cultural values and experiences to enrich the variety of food that is planned to meet the children's daily nutritional needs.

Background

Cultural diversity, personal preference or children at the centre with diagnosed food allergy / intolerance make it mandatory to have clear guidelines on children's healthy eating as well as the most up-to-date information each child's needs.

The service recognising this participation in the development of the menus is a valuable contribution to learning about children's healthy eating and will invite input from parents, children, and families.

Meal and snack times are planned to be positive experiences to encourage children's learning about healthy eating, sharing and communication.

Strategies for Implementation

Centre Responsibilities

A chef trained in food handling, hygiene and nutrition is employed to prepare meals at the centre. The chef will prepare and maintain a Food Safety Plan with the assistance of the centres managerial team, and they will prepare and maintain a book containing guidelines for relief chefs. The menu will be nutritious and varied, and wherever possible, fresh seasonally available produce will be used.

The menu will be based on Australian Approved Guidelines to offer a balanced and healthy choice.

Kitchen facilities will be maintained according to the relevant legislation and staff is provided with food safety and hygiene orientation and education.

The chef and educators will role-model good hygiene practices with the children and will utilise these times as opportunities to discuss food hygiene, answer questions and provide children with a consistently safe food preparation experience. Parents will be consulted to share their child's health, family and cultural preferences to ensure an understanding of child's dietary requirements.



Meal and snack times are planned to provide positive learning experiences for children who are encouraged to develop healthy eating habits. Meals will be appetising and provide colour, smell, texture, and taste. They will acknowledge developmental needs such as providing pureed, mashed, softened and finger food for the younger children.. Information on nutrition will be available to parents and staff. Recipes for all meals will be available to current parents on request.

Fresh water is readily available. Food and fluid intake of each child is recorded and at handover at end of day parents are notified of their child's intake during the day.

Children learning about food

Mealtimes are treated as social occasions and as a thoughtful learning experience. Educators sit with the children and interact with them to encourage good eating habits and an appreciation of a variety of food and social conversation. Children will be assisted where required but will be encouraged to be independent and to help themselves wherever appropriate.

The menu will reflect a variety of recipes, some from different cultures. Children are encouraged to try new food but will not be forced to eat. The withholding of food **will not** be used as a form of punishment. Nor will food be used as a reward. A child's food likes and dislikes and the family's religious and cultural beliefs will be respected.

Review

The service will review all of these practices and procedures through an independent audit provided through the Shire of Victoria Park on a yearly basis.

Legislative requirements

Policy is consistent with legislative requirements for nutrition, food and beverages, and dietary requirements.

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section/regulation	Description
Regulation 77	Health, hygiene and safe food practices
Regulation 78	Food and beverages
Regulation 79	Service providing food and beverages
Regulation 80	Weekly menu
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 160	Child enrolment records to be kept by approved provider and educator
Regulation 162	Health information to be kept in enrolment record



National Quality Standard Quality Area 2 and 6 including:

- 2.1 Health – Each child's health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented
- 6.1.3 Families are supported – Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing

The Early Years Learning Framework

Department of Health, Western Australia <http://ww2.health.wa.gov.au>

Related Policies

HS07 Anaphylaxis Management (including Procedure)

HS02 Supervision

Related Forms

Enrolment Form

Dairy Allergy Form

Egg and Nut Allergy Form

Nursery Food Lists

Anaphylaxis

Related Publications

The Parent Handbook – A Centre Guide for Parents and Families


Staff Handbook

Food Safety Workshop

Food Safety Program

Raising Children, introducing Solids [Accessed May 2024], [Introducing solids: why, when, what & how | Raising Children Network](#)

Authority

- **Signed:** 
- **Date:** July 2023



Discussion

Permanent staff at Curtin University Early Childhood Centre are required to undertake a food safety learning session during their orientation to the service.

Infants and Toddlers

Solid foods

Babies up to six months old are fed breast milk or infant formula. As babies get older, they need to begin on solid food to support growth and development. It is recommended (Raising Children) that at about 6 months old, babies need to start having iron-rich solid food.

Introducing solids is important, not only because it helps babies learn to eat, it also gives other developmental support as well. It provides them the experience of new tastes and textures from a range of foods. It develops their teeth and jaws, and it builds other skills that they'll need later for language development

Introduce solids

Signs baby is ready for solids usually happens at around 6 months old and include when they:

- have good head and neck control and can sit upright when supported
- show an interest in food
- reach out for other food
- open their mouth when offered food on a spoon.

The right textures for first food

When baby is ready for solids, the first foods should be smooth or finely mashed. Over the next weeks and months, baby can move on to roughly mashed or minced food and then chopped food. All food should be very soft.

It is important to have a variety of food texture. This helps baby learn to chew, and chewing helps with speech development and self-feeding. It also helps to prevent feeding difficulties as your baby develops. Babies can chew even before they get their first teeth.

At 12 months old, baby should be eating the same prepared food as older children. However, food may need to be chopped into smaller pieces and vegetables cooked until they're soft.



The following general food health procedure builds on this and is for daily use.

Procedure - Getting ready for meals, snacks and cooking

- Consider the children's allergy issues and preferences and how these will impact on the food activity or snack/mealtime
- Ensure hard fruits such as apple & pear are peeled and steamed in the microwave for a minimum of 2 minutes (or until softened) for children under the age of 2 years.
- If long, tie hair back
- Gather equipment and inspect to ensure all is clean and in good repair
- Ensure food preparation area is very clean
- Ensure sufficient staff is available to supervise the children while the set-up is being prepared
- Prepare and clean tables
- Wash and dry hands before preparing or serving food. Use gloves for preparing fruit and milk bottles.
- Use cutting boards when preparing fruit at the bench.
- Put on gloves if not using tongs or serving spoons at the table.
- Keep knives and utensils under constant supervision
- Do not allow children to handle hot or heavy items that may cause injury
- Store food appropriately
- Dispose of waste into compost or bins provided
- Ensure children wash and dry hands before mealtimes
- Ensure age-appropriate servicing utensils are available as required.

Each child will be provided with their own drinking and eating utensils at each mealtime. These utensils will be washed after each use. Staff will encourage children not to eat food or use drinking or eating utensils which have been handled or used by another child or dropped on the floor.

Chef and Kitchen Staff

The chef and kitchen staff will wear their hair tied back (chef will wear head cover when preparing food, kitchen assistance may wish to wear head cover).

Handwashing is mandatory before touching food or utensils

Clothing is clean and appropriate for preparing food

Clean colour-coded chopping boards are used

Children and Cooking

Follow all appropriate hygiene procedures.

Food that children prepare to be shared with the group needs to be limited to food items that will be cooked.

The germs in the food will be destroyed when the food is cooked.

Cooking will be treated as a social and learning experience where the enjoyment of food preparation is featured as well as learning about the food, measuring, participation and communication.



Safe Foods

Where a child has allergies or is at risk of anaphylaxis, the centre will work closely with parents to provide an appropriate food program (see *Anaphylaxis Management Policy*)

The centre requests that babies from 6 months or when they show signs of being ready has tried the new food/texture at least twice at home, before these foods are introduced at the centre.

Special diets are provided for medical or cultural reasons. Where children are on special diets parents will be asked to provide a list of suitable foods. Where the parent requests a special diet for their child the centre will make all reasonable effort to comply or find a suitable substitute.

The centre reserves the right to request parents provide written information from a Qualified Medical Practitioner or Dietician before requests will be carried out.

Due to children attending the centre who have allergies, parents are required to ensure that no food from home is brought into the centre except with prior consultation and permission from the Director. This will only be given in relation to medically diagnosed or extenuating circumstances and have been discussed and agreed upon.

Breast Milk

Breast milk will be used on the day it is brought to the service. If it is not consumed on that day, ***it will be disposed of at the end of the day.*** Please do not give any leftover back to parents.

Breast milk is to be stored at the back of a temperature-controlled refrigerator for the day of its arrival and use. All breast milk needs to be clearly labeled with the child's name and time and date the milk was expressed. Two staff members should check this.

To warm expressed breast milk stand the milk bottle in a container of hot water (not boiling) for a few minutes. Test the milk by dropping a little onto your wrist. It is right when it feels warm. Do not overheat or boil breast milk as this can destroy some of the nutrients. **Do not use a microwave oven or bottle warmer to thaw or heat breast milk.**

If breast milk is delivered to you frozen it can be thawed slowly in the fridge. Do not leave frozen breast milk standing at room temperature. Thaw 100mls at a time to prevent waste (once heated breast milk cannot be reheated). To thaw quickly, move the bottle or bag of frozen breast milk about in a bowl of warm water. As the water cools, add a little hot water to the bowl and keep moving the breast milk around until it all becomes liquid. Store thawed breast milk in the fridge for no more than 4 hours and heat as for cold breast milk. Do not freeze or re-freeze breast milk.

Once the child has begun to feed, the breast milk can be kept for the completion of that feeding session then any remaining milk must be discarded. As breast milk should not be frozen or heated more than once, offer small amounts of breast milk at a time to the child to prevent wastage.

These guidelines are taken from the Australian Breastfeeding Association
Publication: A Caregivers Guide to the Breastfed Baby 2015.



Baby Bottle Feeding

Ensure the children's drinking bottles are sterilized and have been clearly labeled with the child's name. When bottle is made up it can be warmed by putting it in a bowl of warm water, or by using a bottle warmer.

Microwave cannot be used to warm milk. — it can create uneven hot spots that might burn baby's mouth.

Before feeding, give formula-filled bottles a good shake, then test the temperature - a few drops on the inside of your wrist. The liquid needs to be lukewarm.

When feeding keep the bottle at an angle rather than straight up and down to assist the flow and give baby more control over how much is being taken in.

Any liquid formula should be stored in the temperature-controlled refrigerator for the day of its arrival and use. It will not be re-used, re-heated or kept for longer than the day it is made up.

Dried formula is measured out by the parents but must be kept away from the children, in an airtight container whilst it is not mixed with liquid.

A baby must not be put to bed with a bottle. This may be a possible choking hazard. Also, it has the potential for children who are regularly fed this way to be more likely to get middle-ear infections and tooth decay. <https://www.health.wa.gov.au/News/Health-Matters-Child-development>

Allergies

Due to children attending the service who have allergies:

- Parents are required to ensure that no food from home is brought into the service except with prior consultation and permission from the director in medically diagnosed and extenuating circumstances.
- If a child has eaten nut-based products before coming into the service e.g.: peanut paste, Nutella or muesli bars parents must wash their hands and face before entering the room.



Policy Statement

In the convention of the rights of children the safety and wellbeing of all children is of paramount importance. It is the responsibility staff to ensure this during the time they attend the centre. Staff members are aware of the centre's policy on child protection and participate in ongoing training to ensure that their knowledge is current. Any concern regarding the safety of a child will be reported to the Department of Child Protection and the Education and Care Regulatory Unit as soon as is possible. The centre has a responsibility to maintain the appropriate level of confidentiality of everyone concerned with an allegation of abuse and neglect. Children are always supervised, and staff is aware to remain in sight of other people wherever possible for their own protection. The centre aims to ensure that its recruitment practices are thorough in assessing the suitability of applicants regarding children's wellbeing.

Background

Child abuse is an extremely complex issue and there are socio cultural/economic factors that can contribute. Abuse can be either Intra-familial (by a member of the family) or extra-familial (someone from outside the family unit). A concern for the child's wellbeing may happen within an education and care centre setting. It may involve any staff member or a volunteer.

Current definitions identify six broad categories

- Neglect
- Physical
- Sexual
- Emotional
- Psychological
- Trauma

Each category is as serious as the other and should be treated as such. The harm experienced by a child as a result of each of these behaviours needs to be, or likely to be, detrimental in effect and significant in nature on the child's wellbeing.

Definitions*

Neglect: when a child is not provided with adequate food or shelter, effective medical, therapeutic or remedial treatment, and/or care, nurturance or supervision to a severe and/or persistent extent

Physical abuse: when a child is hurt or injured by an adult. It can be the result of an adult failing to act to protect the child or acting in a way that harms the child.

Sexual abuse: occurs when a child has been exposed or subjected to sexual behaviours that are exploitive and/or inappropriate to his/her age and developmental level. Examples include sexual penetration, inappropriate grooming, touching and exposure to sexual acts or pornographic materials.

Emotional abuse: the sustained, repetitive, inappropriate, ill treatment of a child or young person through behaviours including threatening, belittling, teasing, humiliating, bullying, confusing, ignoring and inappropriate encouragement.

Psychological abuse: is the sustained, repetitive, inappropriate, ill treatment of a child or young person through behaviours including threatening, isolating, neglecting, discrediting, misleading, disregarding, ignoring and inappropriate encouragement.

Trauma: an emotional response to a serious incident.



Strategies for Implementation

Centre Responsibilities

The Director will adhere to thorough recruitment practices in assessing the suitability of applicants. This means doing thorough reference and police clearance checks supported by the People and Culture at Curtin University.

At orientation all staff and students are informed of the Centre's Child Protection policy and the Child-safe Environment Policy. Parents and families are informed about its policy and procedures through the Centre website and documents kept in the foyer area. They can be provided these policies upon request.

The Centre will ensure that staff members are aware of their responsibilities in relation to child protection through regular access to information and training.

The Centre will comply with all regulatory requirements and the direction of appropriately authorised government officers whereby children will be always supervised and Staff to child ratios will be strictly adhered to. The Centre will ensure that its policies and procedures are kept up to date and that staff are informed of changes to the policies.

In the case where an allegation or concern arises that a child in the Centre may be or has been harmed or there is a concern for the wellbeing of the child, then the Centre will enact the 'Child Protection' procedure immediately. Staff must note that under no circumstances may they take a child home.

Through regular meetings, training and policy reviews the centre will ensure all Child Protection policy and procedures are followed.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Legislative requirements

Our policies are consistent with, and refer to, legislative requirements for providing a child safe environment.

Section/regulation	Description
Section 162A	Child protection training
Section 165	Offence to inadequately supervise children
Section 166	Offence to use inappropriate discipline
Section 167	Offence relating to protection of children from harm and hazards
Regulation 82	Tobacco, drug, and alcohol-free environment
Regulation 83	Staff members and educators not to be affected by alcohol or drugs
Regulation 84	Awareness of child protection law



Regulation 103	Premises, furniture, and equipment to be safe, clean and in good repair
Regulation 115	Premises designed to facilitate supervision
Regulation 122	Educators must be working directly with children to be included in ratios
Regulation 123	Educator to child ratios – centre-based services
Regulation 145	Staff record
Regulation 165	Record of visitors
Regulation 166	Children not to be alone with visitors
Regulation 167	Record of service’s compliance
Regulation 175 (d)(e)	Prescribed information to be notified to Regulatory Authority
Regulation 168	Education and care services must have policies and procedures

National Quality Standard Quality Area 2 including:

- 2.2 Safety – Each child is protected
- 2.2.3 Child protection – Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

National Quality Standard Quality Area 7 including:

- 7.1 Governance – Governance supports the operation of a quality service.
- 7.1.2 Management systems – Systems are in place to manage risk and enables the effective management and operation of a quality service.

Related Policies

HS02 Supervision (*including Procedure*)

HS14 Emergency Evacuation

Related Publications

Staff Handbook

The Parent Handbook – A Centre Guide for Parents and Families

People and Culture publications Curtin University

Children and Community Centres Act 2004 (WA)

Child Development and Trauma Guide (Dept. for Child Protection and Family Support)

Related Forms

Forms as required by the Department of Communities, Education and Care Regulatory Unit

Definitions Reference*

Identifying and Responding to Concerns for a Child’s Wellbeing (Western Australian Government 2010)

Authority



- **Signed:**
- **Date: July 2023**



Child Protection and Providing a Child Safe Environment Procedure

In the case where an allegation or concern arises that a child in this centre has been harmed, these steps must be followed:

- Report immediately to the Director or in her absence, the Certified Supervisor unless this person is the suspected perpetrator.
- It is a requirement that complaints alleging that the safety, health or wellbeing of a child or children has or is being compromised while being educated and cared for by the approved education and care centre must be reported to the Department of Communities, Education and Care Regulatory Unit within 24 hours of the complaint being received, or the incident occurring (see Regulation 176). The Director or if unavailable, the Certified Supervisor will make this report.
- The Director will complete the Notification of Incident – I01 (I01 is for serious incidents and C01 is for Notification of Complaint) and submit it to the Regulatory Authority (RA) in the state or territory that issued the provider approval via the National Quality Agenda IT System (NQA IT System).
- The Director will follow the direction of the relevant government authority as to what information can be shared and with whom.
- Staff are not to question a child unnecessarily nor should they discuss the incident or concern with the parents. They are to request the parents speak immediately to the Centre Director.
- Mandatory reporting of a belief that a child has been sexually abused is to be adhered to by the centres official Teacher, the Team Leader of the Kindergarten.

NB: The Department for Child Protection and Family Support in conjunction with the Department of Communities, Education and Care Regulatory Unit will be responsible for the control of any investigation and information exchange between all parties involved including parents.

Vital phone numbers:

Department for Child Protection and Family Support – Central Intake Team 1800 273 889 (Business Hours)

Education and Care Regulatory Unit (08) 6551 8333, FreeCall 1800 199 383

Crisis Care 9223 1111 Free Call 1800 199 008 (After hours)



Policy Statement

Curtin University Early Learning Centre aims to promote a healthy environment where equity is provided to provide all children with the opportunities to grow and learn. The centre promotes working in partnership with parents to consider the needs of the individual child who may have a diagnosed medical condition as well as the needs of the children and staff in the group.

Administration of medication or operating medical equipment is seen as an important role of the educators and will be trained by professionals to assist in their roles.

Professional specialists and support personnel are welcomed into the centre to assist the children and educators to manage the special conditions.

Background

The inclusion of all children in the Centre is paramount and has been written into the Centre Philosophy to ensure that the educators promote continuity of children's education through equity and continuity of shared routines and schedules with families. The centre promotes 'being', 'belonging' and 'becoming' as described in the Early Years Learning Framework, supporting the inclusion of children with diagnosed medical conditions.

Strategies for Implementation

Responsibilities of All

Parents and educators will work together to develop an inclusion plan for a child with a diagnosed medical condition, for example asthma and anaphylaxis (please see specific policies), which will include a management action plan for the child's condition while they are in the centre as well as discussing a communications plan for working together including an ongoing process for exchanging information about the child's condition.

In the case of a child requiring injections such as in diabetic cases, the Centre would require a parent to be on campus to administer this. This also applies to the medical apparatus until educators have received suitable training from a health professional. Should there be a need for a specific diet this will be arranged between the director, chef and parent.

Treatment for any medical condition that may be required in the Centre will be certified by a Medical Practitioner before it is accepted as part of the child's Management Action Plan.

Centre Responsibilities

Parents will be invited to share their knowledge about their child's health at orientation and ongoing parent / educator meetings both formal and informal.

Medication will be administered as directed and recorded accordingly. In the case of an emergency:

- Qualified educators will administer First Aid
- The director or person in charge at the time will call an ambulance 000 followed by security 4444
- Educators will maintain adequate supervision whilst ensuring the other children's wellbeing is being maintained.
- Every effort will be made to contact the parent or their nominated emergency contacts as soon as possible
- Parents will be provided with all relevant information as soon as is possible after an emergency



- Parents and staff will be offered the opportunity to discuss the emergency in a supportive environment and counselling offered if required.
- All medical and ambulance costs are the parent's responsibility
- A review evaluating process will be conducted after the emergency as part of a quality improvement process.

Parent Responsibilities

Centre staff must be notified at enrolment if the child has a diagnosed medical condition, has been unwell or received an injury. If already attending the centre then after any diagnosis or event. If the child is receiving medication at home even if the medication is not required to be given at the centre, Staff need to be informed as the child may develop effects from the medication.

Parents will provide the centre with any current information about specialist medical or other allied health or inclusion support services that they are accessing for their child.

Parents are required to inform the Nominated Supervisor or Certified Supervisor of any major changes to the information previously provided to the centre.

Review

Any illness at the centre will be documented. The director or coordinator review documentation regularly and make any adjustments to practice when deemed necessary.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section/regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policy and procedures
Regulation 86	Notification to parent of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record a specific healthcare need, medical condition or allergy referred to in paragraph (c).
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 136	First aid qualifications



Regulation 162(c)	Health information to be kept in enrolment record (c) details of any – (i) specific healthcare needs of the child, including any medical condition; and (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis
Regulation 173 (2)(f)	Prescribed information to be displayed For the purpose of section 172 (f) of the Law, the following matter and information are prescribed – (f) if applicable – (i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service

National Quality Standard Quality Areas 2 and 6 including:

- 2.1 Health - Each child's health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- 2.2.2 Incident and Emergency Management – Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
- 6.1 Supportive relationships with families – Respectful relationships with families are developed and maintained and families are supported in their parenting role
- 6.1.2 Parent views are respected – The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
- 6.2.2 Access and participation – Effective partnerships support children's access, inclusion and participation in the program.

Related Policies

Asthma Management (*including Procedure*)

Anaphylaxis Management (*including Procedure*)

Dealing with Infectious Diseases (*including Procedure*)

Withdrawal from the Centre

Related Forms

Enrolment Form

Medication Form

Over the Counter Medication Form

Incident, Injury, Illness and Trauma Record

Child's Medical Management Plan which includes:

- Risk Management Plan
- Communication Plan


Relevant documentation from the child's Medical Practitioner



Related Publications

The Parent Handbook – A Centre Guide for Parents and Families
Staff Handbook

Authority

- **Signed:** 
- **Date: August 2023**



Policy Statement

Curtin University Early Learning Centre seeks to provide a safe environment for children. To provide a safe environment medication given in the centre must be prescribed by a Medical Practitioner. In the case of 'over the counter' medication, these must be on the recommendation of a Medical Practitioner.

The centre provides a daily recording procedure for permission, checking and giving medication. Staff is required to adhere to this procedure at all times.

- The centre provides a separate procedure for giving medications in an anaphylactic emergency.
- The centre provides safety procedures for the storage and checking of stored medication. Staff are required to adhere to this procedure at all times.
- Parents will be advised at enrolment for the need to familiarise themselves with all the centre's Health policies.
- Medication will not be given if it is for another person or out of date. Medication cannot be shared between children or be used if it is intended for any other person or purpose.
- It is a condition of enrolment that parents adhere to the relevant medication procedures.

Background

The centre promotes working in partnership with parents to consider the needs of a child who may be ill, and the needs of the children and staff in the group. However, to give medication staff must have clear guidelines and procedures for the administration of prescribed and across the counter medications.

Strategies for Implementation

Centre Responsibilities

The centre will provide an area for safe storage of medications. This storage area will be accessible to staff but not to children.

Staff will receive education on the Medication Policy at orientation.

Parent Responsibilities

Written authorisation for medication must be provided by parents for medication to be administered to their child in the centre unless there is an anaphylactic or other life-threatening emergency. A form for 'Over the Counter Medication' recommended by a Medical Practitioner is available for non-prescription medication.

Parents will fill out one of the medication forms completing the following information:

- name of the child
- name of medicine
- dosage of medicine
- time last given
- time to be given
- parent's signature
- current date
- use by date of medication
- any other administration instructions

The completed form must be legible. Parents will replace the form at any time at the request of staff. Parents must not re-label bottles or renew soiled/damaged labels.



Long term instructions for the administering of medication must be recorded appropriately and reviewed by parents every 12 months.

Medication must not be left in a child's bag or locker. It is the parent's responsibility to ensure they take the child's medicine home at night, if not a long-term medication that is stored in the centre.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section/regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policy and procedures
Regulation 86	Notification to parent of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record a specific healthcare need, medical condition or allergy referred to in paragraph (c).
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 136	First aid qualifications
Regulation 162(c)	Health information to be kept in enrolment record (c) details of any – (i) specific healthcare needs of the child, including any medical condition; and (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis
Regulation 173 (2)(f)	Prescribed information to be displayed For the purpose of section 172 (f) of the Law, the following matter and information are prescribed – (f) if applicable – (i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service

National Quality Standard Quality Area 2 and 6 including:

- 2.1 Health - Each child's health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented.
- 6.1 Supportive relationships with families – Respectful relationships with families are developed and maintained and families are supported in their parenting role
- 6.2.2 Access and participation – Effective partnerships support children's access, inclusion and participation in the program.



Related Policies

Asthma Management (*including Procedure*)
Anaphylaxis Management (*including Procedure*)
Dealing with Infectious Diseases (*including Procedure*)
Withdrawal from the Centre

Related Forms

Enrolment Form
Medication Form
Over the Counter Medication Form
Incident, Injury, Illness and Trauma Record
Child's Medical Management Plan which includes:

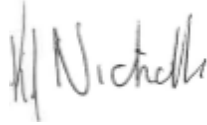
- Risk Management Plan
- Communication Plan

Relevant documentation from the child's Medical Practitioner
Stored Medication Form

Related Publications

The Parent Handbook – A Centre Guide for Parents and Families
Staff Handbook

Authority

- Signed: 
- Date: August 2023



For the child to attend group care they must be considered well and free from illness. A child has been ill but is non-contagious and feeling well (even if some symptoms remain) medication (including prescription, over-the-counter and homeopathic medications) can be administered to a child at a service with authorisation by a parent or person with the authority to consent to administration of medical attention to the child. In the case of an emergency, it is acceptable to obtain verbal consent from a parent, or a registered medical practitioner or medical emergency services if the child's parent cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible

When the child arrives

- On receiving the form for prescribed medication from a medical practitioner:
 - the educator will go through the form with the parent to ensure that there is no confusion with the instructions
 - check the medication container with the parent to ensure that it meets centre requirements (*refer to Medication Policy*)
- Prescribed medication will not be administered unless the label clearly bears the name of the child to which it is to be administered. Any medicine that is out of date will not be administered.
- Staff must never put names on bottles, re-label bottles or renew soiled/damaged labels.
- If over-the-counter medication is required on an *ongoing basis* (i.e. more than 2 days), authority can only be given by a Medical Practitioner. The parent must sign that the medicine is to be administered as prescribed. Details are required on the Over-the-Counter Medication Form.
- If a child needs over the counter medication, (for a short-term, one-off) the parent must sign that the medicine is to be administered for a specified length of time. Details are required on the Over-the-Counter Medication Form.

Giving medication

- Medicine must not be poured until it is time for the dose to be administered.
- An educator (diploma or degree qualified) is required to administer the medication.
- Another staff member must witness that the medicine is:
 - being administered to the correct child
 - the correct medication – check the form and the bottle
 - administered at the right time
 - the correct dosage.
- Both staff will observe the giving of the medication.
- The child must be known to one of these staff members.
- Medicine that has been poured must be given or disposed of, never returned to the bottle.
- If a child is required to take more than one medication each dose must be measured individually.
- Medication must never be mixed together before administration. Medication will not be added to baby bottles.
- If the medication has not previously been administered at home and it is the first time the child is receiving the medication, the parent must stay at the centre with their child for 30 minutes in case of any allergic reaction.



Documentation

The form must be checked with the parent when the child arrives (see above).

Documentation relevant to the administering of medicine must be fully

- completed by parents and kept in the child's file.
- All administered medication must be signed for at the time.
- Long term instructions for the administering of medication must be recorded appropriately and reviewed by parents annually or at need.

Storage

- All medication must be stored according to instructions on the container in the refrigerator or the medicine cupboard.
- Medication storage will be accessible to staff but not to children.
- The lock to the cupboard will be maintained in good working order with the key securely attached on a short string for ease of access for staff.
- The cupboard will be used for no other purpose and will contain:
 - procedures for asthma and anaphylaxis emergencies
 - procedure for giving medication
 - containers for each child's medication which are separate and labelled with the child's photograph, first and family name
 - Stored Medication Form for monthly checks. Stored medications is in date and undamaged.
- In the event of a medicine bottle being emptied at the centre it is the responsibility of the staff administering the medicine to store it in the medicine cabinet until it is returned to the parent.



Policy Statement

- Curtin University Early Learning Centre wishes to protect the health and well-being of all its staff, children, and parents. To minimise the risk and spread of infection staff are encouraged to maintain up-to-date vaccinations as recommended by the National Health and Research Council as stated in the publication, Staying Healthy 5th Edition. At enrolment, families are required to provide up-to-date AIR immunisation records on the child being enrolled.
- The centre will provide up-to-date information and training regarding safe work practices and recommended vaccinations.
- It is the responsibility of parents to maintain immunisation records and keep the centre up to date.

Policy Considerations

An Approved Provider must ensure that every reasonable precaution is taken to protect children from harm and from any unsafe hazard likely to cause injury.

Strategies for Implementation

Centre Responsibilities

The parents will obtain an Australian Immunisation Register (AIR) Immunisation History Statement, no more than two months old as part of the application to enrol. AIR Immunisation History Form, no more than six months old, if the child is on a catch-up schedule:

- A valid immunisation certificate issued or declared by the Chief Health Officer.

The Centre will ensure each child meets immunisation requirements for enrolment.

- Ensure AIR Immunisation History Statement is 'up to date',
- Who may be following an approved catch-up schedule as indicated on the child's AIR Immunisation History Form;
- Who has a valid immunisation certificate issued or declared by the Chief Health Officer, or
- If you are satisfied the child is exempt because of particular family circumstances (rare cases).

When directed to, report any child who is enrolled at the Centre, with an immunisation status that is 'not up to date'.

This includes where:

- The child has an immunisation certificate issued or declared by the Chief Health Officer;
- The child is following a catch-up schedule for missing vaccinations, as prescribed by the regulations;
- The child is exempt because of particular family circumstances.

Staff members working at the centre are required to complete a Staff Immunisation Record and keep this up-to-date.

Staff will be provided with information and training about the importance of immunisation before and within 14 days of commencing work within the centre.



The Centre will offer to employees, free immunisations through the university campus Health Services for the following:

- Hepatitis A & B
- Whooping Cough
- MMR
- Chicken Pox
- Influenza
- and adult booster shots as recommended by the National Health and Medical Research Council (NHMRC)

Staff who choose to use their own medical practitioner for the above listed immunisations do so at their own expense.

Staff members who choose to be immunized will need to update their immunisation status within 14 days to include those immunisations recommended by the NHMRC as stated above. Staff members who choose not to be vaccinated after they have attended training will be required to sign a statement to this effect. Should any of the above contagious diseases be present in the centre those staff members that are not immune may be required to be excluded from work. Staff who contract a communicable disease (regardless of the source) will require a medical clearance before a return to work.

When a staff member becomes pregnant she is required to inform the Director as soon as is possible to allow for appropriate support and information to be provided. Staff who become pregnant shall consult their Medical Practitioner as soon as is possible to advise that they work with children under the age of 5 years and to receive advice on appropriate infection control. A confidential health management plan can be developed with the Director and the staff member's Medical Practitioner for issues that may arise due to working in an early childhood setting.

Education

Information on immunisation and the risk of spreading infectious diseases will be readily available to staff and parents at the centre.

Fact sheets will be available at the centre on current information about vaccine preventable diseases during actual or suspected outbreaks. In the event of an outbreak of a communicable disease occurring in the centre, the Public Health Department will be contacted and the centre will follow their recommendations.

Parent Responsibilities

When you enrol your child at the Centre you will need to provide your current Australian Immunisation Register (AIR) immunisation history statement, which shows your child is 'up-to-date' (the statement must be no more than two months old from time of enrolment).

If the status is not up to date you will need to provide one of the following;

- An approved catch-up schedule.
- A Chief Health Officer issued immunisation certificate or
- An exemption form due to particular family circumstances.

In accordance to the Western Australian Immunisation Requirements.



The centre may be required to exclude children on a catch-up schedule, have Chief Health Officer issued immunisation certificate, or have exemption because of a family circumstance during suspected and actual outbreaks of infectious disease (such as measles and whooping cough) even if their child is well. If non-immunised children are excluded for the period of time recommended by the Health Department of WA, fees will still be payable for this period.

Parents will be notified if a serious outbreak of a reportable infectious disease is confirmed when their child has not had the relevant immunisation and requested to speak to their Doctor and/or keep their child at home until it is safe to return.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section 167	Offence relating to protection of children
Regulation 88	Infectious diseases
Regulation 160	Child enrolment records to be kept by approved provider and educator
Regulation 162	Health information to be kept in enrolment record
Regulation 162(c)	Health information to be kept in enrolment record (ii) specific healthcare needs of the child, including any medical condition; and (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis

National Quality Standard Quality Area 2 and 4 including:

- 2.1 Health – Each child’s health and physical activity is supported and promoted
- 4.2.2 Professional standards – Professional standards guide practice, interactions and relationships

Occupational Safety and Health Act 1984 and Regulations 1996

Staying Healthy NHMRC 5th Edition

Western Australian Immunisation Requirements (Government of WA Department of Health)

Related Policies

Curtin University Health and Safety Policy

Health and Safety (*including Procedure*)

Related publications

Staff Handbook

Orientation – General


The Parent Handbook – A Centre Guide for Parents and Families

Related Forms

Enrolment Form

Staff Immunisation Record

Authority

- **Signed:** 
- **Date: October 2023**



Policy Statement

Curtin University Early Learning Centre aims to promote a healthy environment in which children can grow and learn about the world around them. When dealing with infectious diseases the centre works in partnership with parents to consider the individual needs of each child who may be ill, as well as the needs of the other children and staff in the group.

The Centre consistently applies preventative measures of cleanliness and hand hygiene which helps to prevent the spread of infections.

Background

To develop a strong sense of well-being, children are supported to take increasing responsibility for their own health and physical wellbeing. Educators promote this by developing routines and sharing these with families along with the sharing of the Centre policies and procedures.

Because of the way that children interact with each other and with adults in the care centre it provides the means for diseases to quickly spread. Children have close contact with other people through playing or cuddling; they often put objects in their mouth; and they may not always cover their coughs or sneezes.

Because some germs can survive on surfaces, children may touch a contaminated surface, then put their hands in their mouth and become infected. If a child has an ill sibling at home, they could also be incubating the illness, and risk bringing germs from home into the centre.

Strategies for Implementation

Centre Responsibilities

The centre focuses on health promotion strategies that directly affect children while they are in the centre. These include:

- Observing and discussing health and children's development
- Encouraging healthy eating
- Participating and enjoying exercise, movement, and fresh air
- Promoting 'being', 'belonging' and 'becoming' as described in the Early Years Learning Framework as strategies to support the development of children's well-being and good mental health
- Providing access to the information from 'Staying Healthy' 5th Edition (NHMRC) on good hygiene practices
- Ensuring staff use good hygiene practices
- Encouraging children to ensure good hygiene practices are in place
- Provide opportunities for staff to access immunisation against infectious disease through Health Services

Parents are kept informed of the Centre's strategies for managing illness at their orientation meeting and during their time in the centre through Storypark and conversations with Centre staff. Through these processes parents are provided opportunities to share their ideas and concerns about their child's health with the educators and the Centre.



Illness at the Centre

All children respond to illness differently, there is no single threshold - such as a specific temperature level - for being sent home. The decision is made on the presenting symptoms and the level of care required by the child that is displayed at the time.

Any child who becomes ill while in the centre or presents with symptoms of illness while in the centre will be closely observed and provided with the required level of care while parents are contacted to collect their child.

The director or coordinator and parent is to be notified if a child has a temperature above 38⁰C and is presenting unwell, or has an unexpected rash.

Children who are ill and require the close attention of one staff member for more than a short period will be sent home to receive the individual care and attention they need.

In the case of an infectious/contagious illness, centre staff will discuss the illness with the Centre Director and follow the reference manual: 'Staying Healthy' 5th edition National Health and Medical Research Council 2012.

If/when necessary the centre will contact Metropolitan Communicable Disease Control to report a reportable disease or to gain further information.

Parent Responsibilities

Parents are to notify if:

- the child has been unwell or received an injury since last attending the centre
- the child is receiving medication at home even if the medication is not required to be given at the centre, as the child may develop effects from the medication
- any symptoms of any new illness are presenting.

If a child is unwell at home they are expected not to attend the centre.

If urgent medical attention is required, the director or person in charge at the time will call an ambulance or doctor. Every effort will be made to contact the parent or their nominated emergency contact as soon as possible. All medical and ambulance costs are the parent's responsibility.

Parents will be notified by a written notice on Storypark, the room door or by a telephone call about confirmed diagnosed infectious disease (as defined in the Staying Healthy 5th Edition) in the centre.

Exclusion and Return

Information about the centre's Exclusion policy is provided to parents within the Parent Handbook.

Children and staff with infectious diseases will be excluded from the centre in accordance with the National Health and Medical Research Council guidelines, Western Australian Department of Health guidelines and the Education and Care Services National Regulations 2012.

In the case of serious ill health or hospitalisation, the child will require a medical certificate verifying that their recovery is sufficient to enable their return to the centre into group care, from a Registered Medical Practitioner.

The Director or person in charge at the time **will reserve the right** to determine whether a child is well enough to return to the centre with a medical certificate, taking into account the nature of the group care.



Review

Any illness at the centre will be documented. The director or coordinator will review the documentation and make any recommendations for adjustments to practice deemed necessary.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012
Education and Care Services National Regulations 2012

Section/regulation	Description
Section 172	Offence to fail to display prescribed information
Section 174	Offence to fail to notify certain information to Regulatory Authority
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 88	Infectious diseases
Regulation 103	Premises, furniture and equipment to be safe, clean and in good repair
Regulation 173	Prescribed information to be displayed
Regulation 175	Prescribed information to be notified to Regulatory

National Quality Standard Quality Areas 2 and 6 including:

- 2.1 Health – Each child's health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- 2.2.2 Incident and Emergency Management – Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
- 6.1 Supportive relationships with families – Respectful relationships with families are developed and maintained and families are supported in their parenting role
- 6.1.2 Parent views are respected – The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing

Staying Healthy (5th Edition National Health and Medical Research Council 2012)

Related Policies

Asthma Management (*including Procedure*)

Medical Conditions in Children

Buildings and Equipment (*including Safe Environment and Cleaning Procedures*)

Related Forms

Enrolment Form

Medication Form

Over the Counter Medication Form

Incident, Injury, Illness and Trauma Record



Related Publications

The Parent Handbook – A Centre Guide for Parents and Families
Staff Handbook

Authority

- **Signed:**
- **Date: August 2023**



Staff and children are encouraged to be immunised to reduce the risk of certain infectious diseases (See *Immunisation Policy*). Immunisation against certain diseases as outlined in the *Staying Healthy 5th Edition*, is available to staff from Health Services on the university campus.

As a health and safety precaution it is important that Educators use protective measures such as gloves and where needed protective clothing to guard against coming into contact with the blood and body fluids of children and other people. Staff adhere to all hand washing and cleaning procedures outlined in the policy manual, and where appropriate ensure that children are also following them.

Staff with open wounds must have them covered with a waterproof dressing and/ or wear gloves as necessary.

Staff must ensure safe handling and disposal of body fluids and contaminated items and sharps e.g. nappies, tissues, needles, broken glass.

'Staying Healthy' 5th Edition will provide information on when to excluding sick children and staff.

Parents will be contacted if children are sick and have symptoms suggesting an infection such as a fever or rash. Parents will be phoned and asked to collect their child. If a medical diagnosis confirms an infection requiring absence from the Centre, a medical clearance will be requested before the child can return to group care.

If a parent is unable to be contacted to immediately collect their child, separation from the other children in the group will be considered after consultation with the director or coordinator to protect children from further infection.

In the event of possible exposure to an infectious disease the Centre will notify parents/guardians and staff by telephone or by a prominent written notice as required the relevant health authorities.

Information is readily available on infectious disease for parents and staff. Regular training is available for staff to stay updated with signs and symptoms of common infectious diseases (See *Immunisation Policy*)

When dealing with blood or body fluid spills

- Wear gloves
- Place paper towel over the spill. Carefully remove the paper towel and contents. Place the paper towel and gloves in a plastic bag, seal the bag and put it in the rubbish bin.
- Put on new gloves and clean the surface with warm water and detergent, then spray with Zone Fresh, and allow to dry or paper towel dry if immediate drying is required.
- Remove and discard gloves into plastic bag and put in nappy bin or separate bag.
- Wash hands thoroughly with soap and warm water.



In the case of an adult or child being exposed to blood

- Wash the area of contact thoroughly with soap and warm water.
- If contact has been with an open wound, broken skin, mucous membrane (mouth, eyes, and genitals) or a penetrating injury.
- If the blood made contact with a mouth or eyes, rinse the area well with water.
- If the blood contacted a wound or broken skin, wash the area thoroughly with soap and water.
- Seek medical advice.



To be read in conjunction with Government of WA Department of Health - Hand Washing Procedure (Healthy WA poster)

Washing hands to remove soiling and germs, ensuring that skin is treated well

STEPS:

1. Turn on tap
2. Wet hands
3. Add soap/soap replacement
4. Lather hands
5. Rub hands vigorously for 10-15 seconds as you wash them
6. Ensure backs of hands, wrists, in between fingers, behind rings and under nails are washed
7. Rinse hands well under running water for 10-15 seconds pointing fingers down, all lather should be rinsed off

Either

8. Pat hands dry with paper towel then use this paper towel to turn off tap
Apply skin lotion to prevent cracking (optional)

Or

Turn tap off with paper towel and dispose of this paper towel
Get another paper towel and pat hands dry.
Apply skin lotion to prevent cracking (optional)

Please note the choice in step 8 is because you MUST NOT touch the tap with your bare hands after you have turned the taps on as they have been 'contaminated' by your dirty hands.

N.B. Sorbolene cream or Aqueous cream can be used as a soap replacement

(Aqium or similar can be used as an alternative when you do not have access to soap and water or if directed if there is an outbreak of infection)



To be read in conjunction with First Aid Risk Assessment

Policy Statement

Curtin University Early Childhood Centre is a safety aware environment. All diploma and above qualified staff are first aid trained. Through education, regular maintenance, and rostering appropriate staff the service ensures there is adequate supervision at all times. The centre manages a review process after an event to ensure that any injury or accident was treated with appropriate first aid intervention.

The Centre has First Aid boxes in each wing and in the main office with adequate supplies available. Portable first aid kits are available for walks and off campus excursions.

If first aid is administered to a child, records are maintained, and the educators communicate with parents to ensure that they are informed incident / injury / illness that was treated and what first aid was administered.

In the case of a serious incident an ambulance and/or medical intervention will be sought after initial first aid is provided. It is the centres responsibility to report to the Curtin University Health and Safety Department any serious incident as defined in the Education and Care Services National Regulations 2012. It will also be reported to the Department of Communities, Education and Care Regulatory Unit within 24hours.

Background

Rosters are in keeping with having appropriately qualified first aiders being on duty. These first aiders are Early Childhood Educators (Qualified Diploma or Degree) whose qualification is organised by the centre.

Curtin University will ensure that all reasonable precautions are taken to protect children and educators from harm or hazards likely to cause serious injury.

Children with conditions that are more likely to require first aid at some time such as asthma or allergies will require action plans written by medical practitioners and they will be kept in a secure area, easily accessed by educators.

If an incident may cause trauma to staff and/or children, counselling through the university mindfulness programme will be provided.

Strategies for Implementation

First Aid boxes will be adequately supplied in each area and easily accessible. They are regularly checked by the Safety Rep with regards to expiry and adequate supply.

All qualified Early Childhood Educators (Diploma/Degree) have their First Aid Certificate renewed at the Centre's expense. At all times where possible approved First Aiders will administer assistance when needed.

Responsibilities of All

All staff, parents and visitors take reasonable and practical measures to ensure their safety and the safety of those around them.



Centre Responsibilities

Always ensure the adequate number of Early Childhood Educators with approved qualification are available across the 10.5hour day through planned rosters.

Counselling is available as required.

Orientation will provide information that is covered in the Health and Safety policies and procedures.

If staff are involved in a serious accident injury or illness where first aid is required, a written report must be signed off by parents, and the director informed.

The Centre will organise and pay for renewal of the approved First Aid courses for all qualified educators (Diploma/Degree)

When First Aid is required in an emergency other staff may remove the children to a safe environment and leave the first aider with the emergency.

Administration is to be informed immediately of a first aid emergency to ensure Ambulance cover can be organized and parents notified.

Section/regulation	Description
Section 165	Offence to inadequately supervise children
Section 174	Offence to fail to notify certain information to Regulatory Authority
Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First aid kits
Regulation 95	Procedure for administration of medication
Regulation 97	Emergency and evacuation procedures
Regulation 103	Premises, furniture and equipment to be safe, clean and in good repair
Regulation 104	Fencing
Regulation 117	Glass
Regulation 161	Authorisations to be kept in enrolment record
Regulation 177	Prescribed enrolment and other documents to be kept by approved provider
Regulation 183	Storage of records and other documents

Conclusion

As with all First Aid emergencies, we adhere to the following Emergency Response Code:

Danger	CPR	Send for Help
Response	Defibrillation (if necessary)	'0000' and 4444

Authority


- **Signed:**
- **Date: August 2023**



Hazard Identification and Risk Management

The Centre Director and or Coordinator will:

- guide staff in regularly conducting risk assessments of the environment to determine likely injuries and illnesses that may occur and rectify potential causes
- introduce preventative measures to reduce risk, or control measures to minimise risk
- review and analyse incident, illness and near miss data and respond appropriately
- ensure the centre is supplied with an appropriate number of current first aid kits for the number of children being educated at the centre and on any excursions

Minor Injury or Accident

When a minor accident occurs at the centre, an educator who is qualified in first aid will:

- assess the injury
- apply first aid
- check that no-one has come into contact with the injured child's blood or body fluids
- wash any contaminated areas in warm soapy water
- clean up the spill using disposable gloves if bleeding involved
- notify parents immediately if their child has come into contact with another person's blood
- if the accident is deemed to be very minor the parent/guardian may not be contacted at the time of the accident however they will be informed of the accident when they arrive to collect their child
- a written report with details about the accident and the treatment given will be on an Incident, Injury, Illness and Trauma Record.

Serious Injury or Accident

When a serious accident, which requires more than elementary first aid treatment, occurs, staff who is qualified in first aid and CPR will:

- apply first aid according to assessment of the injury.
- liaise with the Director or Coordinator whether an ambulance or Health Services should be called but this must not delay an urgent call
- call 0 000 for an emergency
- 4444 will be called for assistance with ambulance directions
- contact the parents, but this must not delay treatment
- if an ambulance is called, a staff member will accompany the child
- relevant information of family contacts and relevant medical history that the centre has will also go with the injured child
- ensure that any contact with the injured child's blood or body fluids has been dealt with appropriately

Trauma

Staff and children who experienced or witnessed an incident/accident that could cause trauma will be given an opportunity for discussion. Educators will need to brief parents of those children.

- Counselling will be offered to staff involved if required.
- Full details will be given to the child's parents by the Director or Coordinator.
- The serious incident will be reported to the Department of Communities, Education and Care Regulatory Unit within 24 hours
- All accidents/injuries/incidents requiring First Aid or causing a level of trauma must be documented as a record



To be read in conjunction with the ASTHMA First Aid flowchart

Policy Statement

Asthma is a condition where the airway tubes go into a spasm and become narrowed not allowing air to pass through, which makes it difficult for the person to breath.

The symptoms may include wheezing, chest tightness, shortness of breath or a cough. In more serious cases the patient may become anxious and distressed as they struggle to breath. Blueness around lips and fingertips are a sign of shortness of breath and the patient may become unconscious.

Children are particularly susceptible to asthma. Therefore, Curtin University Early Childhood Centre is committed to:

- providing, a safe and supportive environment in which children who are diagnosed with asthma can participate equally
- raising awareness about asthma management with staff
- engaging with parents of children at risk of asthma incidents in assessing risks and developing risk minimisation strategies for their child

Policy Considerations

Children need to feel safe and protected from their allergens and triggers.

Asthma is different for everyone - individuals have different triggers, symptoms, and medication for their asthma and these can change over time.

The key to minimising asthma incidents is knowledge of those children who have been diagnosed at risk, awareness of allergens, and management of exposure to the triggers.

Triggers can include but are not limited to:

- smoke / air pollution
- respiratory infection such as cold and flu
- dust
- exercise
- sudden changes in weather
- allergies (pollen, food, bee sting, animals, food additives)

The Asthma Foundation of WA advises that food is not a common trigger for asthma, but there is a strong link between asthma and allergies, and many people with asthma also have food allergies.

Children who have food allergies as infants also often go on to develop asthma. Allergic reactions to food can cause asthma symptoms, such as tightness in the chest and shortness of breath, as part of a more generalised allergic reaction known as anaphylaxis. Food alone is rarely the cause of asthma symptoms.

Young children with asthma can have a range of symptoms. Children may describe these in different ways including:

- sore tummy
- sore chest
- 'frog' in their throat

Educators may notice symptoms such as:

- shortness of breath
- wheezing
- persistent cough – often at night, early in the morning or after activity



Strategies for Implementation

Centre Responsibilities

The centre will:

- encourage parents to provide up to date information about their child with asthma, and keep this information in a central location of which all staff are aware and can easily access
- enable the required staff to attend training, obtain information about asthma and educate teams on how to manage an asthma emergency
- ensure sufficient asthma emergency kits are available and that staff are aware of the location and use and that they are easily accessible

The Service Director or her delegate will advise parents if their child has required medical assistance as soon as possible.

Parent Responsibilities

Parents and staff will work together to develop an approach to ensure inclusion of a child with asthma and support the child as they move toward managing their own asthma as they grow older. This will include the child's:

Centre Medical Management Plan which includes:

- Risk Minimisation Plan
- Communication Form
- Asthma Action/Care Plan from the Medical Practitioner

Parents must inform the centre that their child has asthma, discuss the asthma diagnosis with the Team Leader and give them a written Asthma Action Plan signed by the medical practitioner. Parents must advise if there has been a change in the child's health, their medical management or Asthma Action Plan.

Parents must ensure the child has reliever medication with them each day, along with a spacer if it is used. The medication must not have expired and should contain plenty of doses and be labelled clearly with the child's name. Should the medication expire the child will be required to stay at home until it is replaced.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section/regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policy and procedures
Regulation 86	Notification to parent of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record a specific healthcare need, medical condition or allergy referred to in paragraph (c).
Regulation 89	First aid kits
Regulation 90	Medical conditions policy



Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 136	First aid qualifications
Regulation 162(c)	Health information to be kept in enrolment record (c) details of any – (i) specific healthcare needs of the child, including any medical condition; and (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis
Regulation 161	Authorisations to be kept in enrolment record
Regulation 168	Education and care service must have policies and procedures
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
Regulation 177	Prescribed enrolment and other documents to be kept by approved provider
Regulation 183	Storage of records and other documents

National Quality Standard Quality Areas 2 and 6 including:

- 2.1 Health – Each child’s health and physical activity is supported and promoted
- 2.2 Safety – Each child is protected
- 6.1 Supportive relationships with families – Respectful relationships with families are developed and maintained and families are supported in their parenting role.
- 6.2 Collaborative partnerships – Collaborative partnerships enhance children’s inclusion, learning and wellbeing.
- 6.2.2 Access and participation – Effective partnerships support children’s access, inclusion and participation in the program.

Poisons Act 1964 (WA)
Poisons Regulations 1965

Asthma WA

Related Policies

Medical Conditions in Children

Anaphylaxis Management (*including Procedure*)

Food Safety and Hygiene Practices (*including Procedure*)

Nutrition, Food and Beverages, Dietary Requirements

Enrolment (*including Procedure and Management of the Waiting List*)

Medication (*including Administering and Storage Procedures*)



Related Forms

Child's Medical Management Plan which includes:

- Risk Minimisation Plan
 - Communication Form
- Medication Form
Stored Medication Form

Asthma Action/Care Plan from the Medical Practitioner

Related Publications

The Parent Handbook – A Centre Guide for Parents and Families
Staff Handbook

Authority

- **Signed:** 
- **Date: July 2023**



Discussion

A child with a diagnosis of asthma should have a centre 'Child's Medical Management Plan' which includes:

- Risk Minimisation
- Communication
- Asthma Care Plan from the Medical Practitioner

Children with asthma can have a range of symptoms. Children can describe these in different ways including:

- Sore tummy
- Sore chest
- 'Frog' in their throat

Educators may notice symptoms such as:

- Shortness of breath
- Wheezing
- Persistent cough – often at night, early in the morning or after activity

Action

At the Child's Orientation

The Director or her delegate will discuss with parents:

- the child's triggers for asthma
- request medical management plan
- develop a risk management plan for the triggers
- agree on a communication plan.

If symptoms present:

At the first sign of any of these symptoms or any symptom that the parents or the child's medical practitioner has identified may be of concern; the staff shall refer to the child's asthma management plan.

In the absence of a current asthma management plan, one staff member will contact the child's parent, while the other staff member attends to the needs of the child.

Where necessary, staff shall follow the asthma first aid steps according to the **attached chart** from the Asthma Foundation of WA.

After the Incident

The Team Leader or involved staff will review the incident with the Director or Coordinator and request feedback from parents. Incident management form to be filled out. Recommendations to the Director will be made if necessary.

N.B. If someone is having difficulty breathing but has not previously had an Asthma attack

- call the ambulance, '000'
- they may be given 4 puffs of Ventolin from the first aid kit with 4 puffs every 4 minutes until ambulance arrives (pg314) St John Ambulance Australia (2009), Australian First Aid, St John, Australia



Policy Statement

Allergic reactions are commonplace and can be caused by any number of things in the environment. An allergic reaction may be mild, such as hay fever, or it can be severe as in anaphylaxis. As anaphylaxis may be fatal it requires immediate medical attention.

The signs of mild to moderate anaphylaxis allergic reaction may be:

- tingling
- swelling of the lips, eyes and face
- hives, body rash and itching
- Vomiting or abdominal pain

Curtin University Early Childhood Centre is committed to:

- providing, as far as practicable, a safe and supportive environment in which children at risk of anaphylaxis can participate equally
- raising awareness about anaphylaxis
- engaging with parents of children at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for their child

Policy Considerations

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The prevalence of allergies is increasing with, approximately 1 in 20 Australian children having food allergy and approximately 1 in 50 having peanut allergy (2012).

The most common allergens in children are:

- peanuts
- eggs
- tree nuts such as cashews or almonds
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- certain insect stings (particularly bee stings)

The key to the prevention of anaphylaxis in the centre is knowledge of those children who have been diagnosed as being 'at risk', awareness of allergens (triggers) and prevention of exposure to those allergens. Communication between the centre and parents is important in helping children avoid exposure.

Strategies for Implementation

Identifying allergic children and planning for their needs

Where a child in the centre is identified as being at risk of anaphylaxis, either prior to enrolment or as soon as an allergy is diagnosed forms will be reviewed by the Centre Director or Coordinator with the parent. A copy of the forms will be provided to those staff members who have responsibility for the care, the preparation of serving food and supervision of the child's meals and snacks. They will be given

- the child's name and room
- where the child's ASCIA Action Plan will be located
- where the child's adrenaline auto-injector is located
- the details in the risk minimisation plan



New and relief/casual staff will be given information about children's special needs including children with severe allergies during their orientation process in each room.

- the centre will be provided with an ASCIA Action Plan (medical management plan) completed by the child's Medical Practitioner
- if it is a food allergy, parents will be asked to identify their child's special dietary needs. Where special needs are known, the parent will be asked to complete a special diet record form.
- This plan will be shared with the chef and displayed in the kitchen to be referenced.
- a 'Child Medical Management Plan' which includes a 'risk minimisation communication strategy' for the centre to adhere to.

Medication

The child's adrenaline auto-injector (Epipen / Anapen) and any other medication must be labelled with the name of the child and recommended dosage.

Medication must be in a place that is out of reach of the children, but readily available to staff.

Educators will check the adrenaline auto-injector regularly to ensure it is not discoloured or expired and therefore in need of replacement.

Staff will advise the parents at the earliest opportunity if the adrenaline auto-injector needs to be replaced. Should the injector be out of date, the child will be unable to attend until a new 'in-date' auto-injector is purchased for use at the centre.

Parents/guardians are responsible for supplying the adrenaline auto-injector and ensuring that the medication has not expired.

Risk Minimisation

Strategies used to reduce the risk of anaphylaxis for individual children will depend on the nature of the allergen.

Food

The centre will minimise exposure to known allergens by ensuring that:

- only staff familiar with the child's condition and related food restrictions will prepare, handle and serve the allergic child's food
- a child at risk of food anaphylaxis only eats lunch and snacks that have been prepared at the centre unless authorised by Director.
- children do not swap or share food, food utensils and food containers
- special care is taken to avoid cross contamination
- strict compliance with the centre's hygiene policies and procedures, taking extra care when cleaning surfaces, toys and equipment.

For some children with food allergy, contact with small amounts of certain foods (e.g. nuts) can cause allergic reactions. For this reason, all parents who enter the centre will be advised of the need to not bring food into the centre unless specific permission is given by the Director.



Insects

Some children have severe allergic reactions to insect venoms. The centre will minimise exposure to known allergens by ensuring that children at risk:

- wear shoes when outdoors
- take care when in the garden or walking in grasses which are in flower
- avoid certain plants when in flower

Staff will regularly inspect for bee and wasp nests on or near the property and act to ensure children cannot access any area of concern. Staff will also store garbage in well-covered containers so that insects are not attracted.

Education of Children

With older children, staff will help the child at risk of anaphylaxis to develop trust and confidence that they will be safe while they are at the centre by:

- talking to the child about their symptoms to allergic reactions so they know how to describe these symptoms to an educator when they are having an anaphylactic reaction
- taking the child's and their parent's concerns seriously
- making every effort to address any concerns the child may raise

Educators will include information and discussions about allergies in the programs they develop to support children understanding of reason behind allergic reactions.

The conversation can include safe and unsafe things for the anaphylactic child, the reason why we don't share food and the symptoms of an allergic reaction. Discussion can include strategies of how the affected children can avoid exposure to unsafe things, such as being served food onto the plate in the kitchen and not eating food that is shared.

Staff Training

The centre will ensure staff are trained in anaphylaxis management to ensure that someone is always on hand to act in an emergency. This is usually all the Early Childhood Educators (Qualified).

The centre will ensure the Chef is experienced in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food.

The centre will have available adrenaline auto-injector trainers to allow staff to practice using the devices.

Anaphylaxis emergency procedures will be explained to all new ECE to ensure they are able to act in an emergency.



Legal Issues

The centre will ensure personal details provided by parents are collected, used, disclosed, stored and destroyed (when no longer needed) according to the Privacy Act 1988 and Curtin University Policy.

The need to display personal details included on the child's ASCIA Action Plan will be discussed with parents, and their written consent obtained prior to display.

Except in an emergency, medication will not be administered to an enrolled child without the written authority of the parent. In all other circumstances, the Centre will require the parent's written authority (including the child's ASCIA Action Plan) to administer any medication to their child or in an emergency 'authorisation from the '000' operator.

The centre has a duty of care to take reasonable care for the health and wellbeing of children placed in their care. This duty of care requires staff members to:

- take reasonable care to minimise risks of personal injury to children under supervision.
- seek appropriate medical assistance in the event of an allergic reaction such as calling '0 000'
- Call the office to call '0 000' and the parents while staff render first aid to patient.

The centre will ensure that sufficient members of staff are appropriately trained in the prevention, identification and treatment of children who may experience an allergic reaction.

The Poisons Regulations 1965 have been amended and staff are able to supply (and administer) a general use adrenaline auto-injector to a child in their centre experiencing an anaphylactic reaction.

Considerations and Sources

Medicines and Poisons Act 2014; Medicines and Poisons Regulations 2016

Education and Care Centres National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section/regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Regulation 79(1)(b)	Service providing food and beverages
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medical records
Regulation 93	Administration of medication
Regulation 94	Exception to authorization requirements – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 136(1)(b)	First Aid Qualifications



Regulation 162	Health information to be kept in enrolment record
Regulation 168 (2a)	Education and care unit must have policies and procedures
Regulation 168 (2d)	Education and care unit must have policies and procedures dealing with medical conditions
Regulation 170	Policies and procedures to be followed

National Quality Standard Quality Areas 2 and 6 including:

- 2.1 Health – Each child’s health and physical activity is supported and promoted
- 2.2 Safety – Each child is protected
- 2.2.2 Incident and emergency management – Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
- 6.1 Supportive relationships with families – Respectful relationships with families are developed and maintained and families are supported in their parenting role.
- 6.2 Collaborative partnerships – Collaborative partnerships enhance children’s inclusion, learning and wellbeing.
- 6.2.2 Access and participation – Effective partnerships support children’s access, inclusion and participation in the program.

Related Policies

Medical Conditions in Children

Asthma Management (*including Procedure*)

Food Safety and Hygiene Practices (*including Procedure*)

Nutrition, Food and Beverages, Dietary Requirements

Enrolment (*including Procedure and Management of the Waiting List*)

Medication (*including Administering and Storage Procedures*)

Related Forms

Child Medical Management Plan which includes:

- Risk Minimisation Plan
- Communication Form

ASCIA action plan (or similar) from the Medical Practitioner

Medication Form

Dairy Allergy Form

Egg and Nut Allergy Form

Stored Medication Form

Related Publications

The Parent Handbook – A Centre Guide for Parents and Families

Staff Handbook

Authority

- **Signed:** 
- **Date:** July 2023



Preparation

The Director will consult with the child's parents on the need for:

- consent to display the child's photo and allergy warning
- the need for the information contained within the child's ASCIA Action Plan to be made available to relevant centre staff and emergency medical personnel as necessary
- Parents are to develop a medical management plan with the coordinator on how to manage

The child's photo and allergy warning will be placed in a prominent position. The ASCIA Action Plan will be stored with the child's auto-injector pen (EpiPen) and all information on the child's ASCIA Action Plan will be reviewed with the child's parents, at need or at the direction of the Director, to ensure information is current to the child's developmental level.

All educators supervising the child at risk of anaphylaxis will routinely read a children's ASCIA Action Plan to ensure they feel confident in how to respond quickly in an emergency.

Parents/guardians are responsible for supplying the adrenaline auto-injector and ensuring that the medication has not expired.

If symptoms present:

Where it is known a child has been exposed to their specific allergen, but has not developed symptoms, or if symptoms develop when not exposed to a known allergen the child's parents will be contacted immediately.

A request should be made to collect the child and seek medical advice. The centre will closely monitor the child until the parents arrive.

Immediate action will be taken by the ECE or by the parent if the child develops symptoms as per the child's ASCIA Action Plan.

It is possible that a child with no history of previous anaphylaxis may have their first anaphylactic reaction whilst at the centre. If a trained educator believes a child may be having an anaphylactic reaction, call the office to call '0 000' and the parents. The centre's adrenaline auto-injector should be administered immediately.

Reporting Procedures

After each emergency the following will need to be carried out:

- staff involved to complete an Incident, Injury, Illness and Trauma Record, which will be countersigned by the person in charge of the centre at the time of the incident
- the ASCIA Action Plan is to be reflected upon to evaluate the centre's emergency response
- the Director to inform the Department of Communities Education and Care Regulatory Unit (ECRU) about the incident
- staff debriefed after incident and the child's ASCIA Action Plan evaluated.
- Staff to discuss their reaction to the emergency, and the effectiveness of the procedures
- Discuss reason for the anaphylactic reaction, particularly if it is not evident that a known allergen was the cause. Parents will be requested to seek further medical advice.



Policy Statement

- Curtin University Early Childhood Centre is approved to operate between 7.30am to 6.00pm Mon to Fri.
- The centre aims to ensure the safety and care of all children whilst attending the centre.
- Centre staff will follow Late Collection of Children Procedures when parents are delayed in the collection of their children.
- Only parents and contacts identified on the enrolment form, or a person authorised by parents in writing, will be able to collect children from the Centre.
- Staff are not able to take children home from the Centre.
- Centre staff must be able to verify the identity of the person who collects the child.

Policy Considerations

Practical, safe and well understood approaches to the delivery and collection of children will:

- Promote a smooth transition between home and the Centre
- Ensure a child's arrival and departure continues their safe care and supervision
- Assure the completion of the required records for all children enrolled at the centre, to ensure confirmation of children's presence or absence from the centre each day.

Strategies for Implementation

Centre Responsibility

Written authorisation from the parent is required for any person to collect a child from the Centre.

Staff members are to only allow nominated, authorised persons to collect a child. If a signed form is not available when an unknown person calls to collect a child, the staff will contact the parent and request an email giving authorisation before the child is released into the collectors care.

Staff are obliged to request sight of identification from any collector not known to them, such as driver's license or other photo ID, so they can compare the details against the Centre records or written authorisations.

If an unauthorised person who is not able to be verified attempts to collect a child, staff will immediately dial '4444' and request the assistance of Security.

Parent Responsibility

Parents shall list authorised nominees on the Enrolment Form. It is required that this form be kept updated.

The relevant parent must provide a current copy of any court orders referring to custody or access arrangements for their child.

Parents must also inform the Centre (in writing) immediately of any changes to custody/access arrangements, and any change in circumstances.

Parents are informed at orientation of their responsibilities to provide updated information on who has legal rights and responsibility to their child.



Considerations and Sources

Education and Care Services National Law (WA) Act 2012 (Schedule 1)
Education and Care Services National Regulations 2012

Legislative requirements

This policy is consistent with, and refers to, legislative requirements for the delivery of children to, and collection from, the service premises.

Section/regulation	Description
Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazards
Section 170	Offence relating to unauthorised persons on education and care service premises (applies to an education and care service operating in a participating jurisdiction that has a working with children law)
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 99	Children leaving the education and care service premises
Regulation 100	Risk assessment must be conducted before excursion
Regulation 101	Conduct of risk assessment for excursion your service
Regulation 102	Authorisation for excursions
Regulation 102AAB	Safe arrival of children policies and procedures
Regulation 102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
Regulation 102A	Application of Division Regulation
Regulation 102B	Transport risk assessment must be conducted before service transports child
Regulation 102C	Conduct of risk assessment for transporting children by the education and care service
Regulation 102D	Authorisation for service to transport children
Regulation 122	Educators must be working directly with children to be included in ratios
Regulation 123	Educator to child ratios – centre-based services
Regulation 157	Access for parents
Regulation 158	Children's attendance record to be kept by approved provider
Regulation 161	Authorisations to be kept in enrolment record
Regulation 168	Education and care services must have policies and procedures

National Quality Standard Quality Areas 2, 6 and 7 including:

- 2.2 Safety – Each child is protected
- 6.1 Supportive relationships with families – Respectful relationships with families are developed and maintained and families are supported in their parenting role.
- 6.2 Collaborative partnerships – Collaborative partnerships enhance children's inclusion, learning and wellbeing.
- 6.2.1 Transitions – Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
- 7.1.2 Management systems - Systems are in place to manage risk and enables the effective management and operation of a quality service.



Related Policies and Procedures

Acceptance and Refusal of Authorisations
Confidentiality and Record Keeping
Enrolment (*including Procedure and Management of the Waiting List*)
Notice of Withdrawal
Orientation of Families and Children (*including Procedure*)
Dealing with Complaints (*including Procedure*)
Late Collection of Children Procedure

Related Forms

Enrolment Form

Related Publications

The Parent Handbook – A Centre Guide for Parents and Families
Staff Handbook

Authority

• **Signed:**



• **Date: July 2023**



Discussion

The safe delivery and collection of children is a responsibility for all parties involved. The centre prescribes a series of procedures that must be carried out to achieve this aim.

Action

Parent Responsibility

- Only parents or their authorised nominees on the Enrolment Form will be able to collect their child.
- Only parents or authorized nominees can sign handover forms or excursion forms.
- The parents or their authorised nominees will provide photo identification on request.
- Parents or authorized nominees must sign a child into the Centre and hand the child over to educators in the room.
- The parent or their authorised nominees will ensure they are seen by the staff when collecting their child from the Centre and check to catch up on messages and news of their child's day.

Centre Responsibility

At Orientation

Staff will remind families that:

- All children need to be signed in and out as a part of safety, regulatory and funding obligations
- 'Sign in/out' using the iPads by families or nominees both on arrival and on departure from the centre as these will be used for emergency evacuations
- The centre has fixed closing times, late collection may result in fees or eventual loss of place.
- Centre staff must be aware of the identity of the person who collects the child.

At the end of day:

- The centre encourages parents to be at the centre for collection no later than 5.50pm to enable a handover before the centre closes at 6.00pm.
- The child will leave the centre only with a parent, authorised nominee, an authorised delegate as a part of an excursion or because the child requires medical care. (This does not include a parent who is prohibited by a court order from having contact)
- Staff are obliged to request sight of identification from any collector not known to them such as driver's license or other photo ID so they can compare against the Enrolment Form.
- If a signed authorisation is not available when an unknown person calls to collect a child the staff will contact the parent and request an email or fax giving authorisation before the child is released into the collectors care.
- Staff members are to only allow nominated authorised persons to collect a child. If an unauthorised person who is not verified attempts to collect a child, staff will immediately dial '4444' and request the assistance of Security.

In the case of an Emergency:

- When an authorised parent/guardian or nominee is not available to collect the child, the Nominated Supervisor, or in their absence, the Certified Supervisor of the centre will ensure the child is placed into the care of an authorised authority (Crisis Care), having due regard to the wellbeing of the child.
- In these circumstances, the centre must ensure the Department Communities, Education and Care Regulatory Unit is notified of this occurrence as soon as practicable.



Discussion

The safe delivery and collection of children is a responsibility for all parties involved. The centre prescribes a series of procedures that must be followed to achieve this aim. For the safety of the children, these steps are not negotiable.

Action

- If the parent is delayed and has not contacted the centre by 5.50pm, Educators will attempt to contact them by phone.
- Remain calm and confident at all times in front of the children.
- If unsuccessful, call authorised collectors at or after 6.00pm.
- If they are not able to collect the child, request that they assist in contacting the parent.
- If this is unsuccessful, then the **Director**, or in her absence the Certified Supervisor who is on the late shift, will guide the process of calling Crisis Care to arrange emergency care for the child if parents are not traceable after **6.30pm**.

Staff are to report & discuss with Director any repeated late collections of children.

Parents may be requested to pay a fine for a late pick-up, however if the late pick-ups continue, they will be requested to withdraw the child from the centre.

Vital phone numbers:

Crisis Care 9223 1111 Free Call 1800 199 008 (After hours)



Read in conjunction with Emergency Response Plan Early Childhood Centre

Policy Statement

Curtin University Early Childhood Centre aims to provide an environment in which children can feel secure and safe. In the event of an emergency or evacuation situation, the safety and wellbeing of all staff, children, family members, and visitors to the centre is paramount.

To ensure this, the Centre follows the Education and Care Services National Regulations which requires us to have policies and procedures in place and the Australian Standards to maximise the safety and wellbeing of all children in an emergency or an event requiring evacuation. Further to this the Centre is supported by the office of the Curtin University Health, Safety and Emergency Management.

The Centre will:

- conduct ongoing risk assessment and review of any potential emergency and evacuation situation, including medical emergency situations
- follow Curtin University Emergency Procedures and develop Centre specific procedures around any identified potential emergency, and ensure regular rehearsals and evaluations of specified emergency evacuation procedures
- review and reflect on emergency (real or practiced) to inform additional procedures that may require being incorporated into current policies or procedures.

Background

Australian Standards documents the minimum requirement for safety policies and procedures. They act as a guideline for procedures to ensure that the Centre is safe, consistent, and reliable. In conjunction with the NQF, and the University Health and Safety department the Centre creates policies to cover actions in response to incidents, situations or events where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service.

The Emergency and Evacuation Policy and Procedure are unique to this service.

Strategies for Implementation

Centre Responsibility

At orientation, new staff are made aware of the Early Learning Centre's General Emergency Procedures Booklet contained in the Policy Manual and adhere to the directions there-in.

The Centre practices emergency procedures quarterly using various scenarios to ensure that all staff and children are aware of the role they play. The Centre is committed to continuous improvement and effective self-assessment, reflection and review and puts change in place as needed with training as part of the change process.

Evacuation

All Centre staff, including relief staff are familiar with and follow their responsibilities in their area of evacuation procedure (*ECC General Emergency Procedures Booklet*) Emergency evacuation procedures and routes will be clearly displayed near the main exit in each room. These procedures are part of the room induction for all staff and will be used to evacuate all children and adults within the Centre when such emergencies arise.

Lockdown

All Centre staff, including relief staff must be familiar with and follow their responsibilities for lockdown procedure in their area (*ECC General*



Emergency Procedures Booklet). These procedures are used to gather children into a safe place. The area selected will be the closest group room. In extreme threat, lockdown is activated by the button in that area to secure the room. Staff will keep the children calm and as quiet as is possible until instructed by the Director or Coordinator or Certified Supervisor for the Centre that they may leave the safe area.

Education

Safety drills take place at least eight times a year. When a new staff member joins the Centre a room evacuation will be practiced within a short period of their orientation period.

Staff is to discuss possible emergency situations with the children through play and planned experiences so that they have an understanding and sense of control over these kinds of events.

Review

Following an emergency, counselling services for the children and adults is provided. The Coordinator/Director will review all evacuations including rehearsal reports and make recommendations where required. Children will be given the opportunity to express their themselves. Where necessary, support may come from the University.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Legislative requirements

Section/regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Regulation 97	Emergency and evacuation procedures
Regulation 98	Telephone or other communication equipment
Regulation 168	Education and care services must have policies and procedures
Regulation 169	Additional policies and procedures – family day care
Regulation 170	Policies and procedures must be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies and procedures

National Quality Standard Quality Areas 2 and 7 including:

- 2.2 Safety – Each child is protected
- 2.2.2 Incident and emergency management – Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
- 7.1.2 Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service.

Curtin University Emergency Procedures



Related Policies

Incident, Injury, Illness and Trauma
Dealing with Infectious Disease (*including Procedure*)

Related Forms

Emergency Evacuation/Lockdown Evaluation
Incident, Injury, Illness and Trauma Record
Notification of Incident – I01 (Department of Communities, Education and Care Regulatory Unit)

Related Publications

The Parent Handbook – A Centre Guide for Parents and Families
Staff Handbook

- **Signed:** 
- **Date: August 2023**



Rehearsing Identified Emergency and Evacuation Procedures

It is a requirement that all emergency evacuation and procedures be identified and rehearsed separately, at least once every three months. This is to ensure that all staff, children and visitors to the centre are aware of the requirements for all potential emergencies.

Administration

Administration advise of an emergency either by pressing the lockdown button under the desk in the office, call to the rooms or siren from the emergency box. They will ring 0 000 and 4444. They will hang a sign on the door to warn visitors.

- Chief Warden to move to the Muster point
- Ensure phone is switched on and have record sheet at the ready.
- Wait for emergency response team
- As people arrive at the muster point, check number of children / staff / visitors to ensure all are accounted for and record on record sheet.
- Phone to second Muster point to check accountability
- Deputy Chief Warden the check POD / Staff Room then move to Muster Point

At the sound of an alarm, the room will:

- Remain calm throughout
- Access the emergency bag for that room
- Organise children in a line by the door and have them hold the emergency rope taken from the bag
- 1 Educator at the beginning of the line, one at the end
- In the babies/toddler rooms place babies into the evacuation cots. Kitchen staff will assist.
- Ensure all sleep rooms, toilet cubicles, locker and change areas have been checked
- At least 2 Educators to count number of children and cross check
- All staff accounted for and “room warden bibs put on”
- Key to unlock escape path taken out of bag
- Move off with children. Educator leading and one behind, any additional educators positioned at mid-point of line

At the evacuation point

- Do a head count to ensure that all children are accounted for.
- Record number of children / adults and visitors with Chief Warden / Assistant Chief Warden
- Access hand phone and switch it on
- Await further instructions from emergency response team.

Lockdown/Evacuation

- Dangerous animal require a full or partial lockdown, but children and Educators could go about their activity inside while action is taken to call university security (4444) and the appropriate authority to deal with the animal.
- Intruder may require movement of children to be restricted, close doors and windows, pull shades down where possible and restrict movement, call university security (4444) and 0 000 (police).
- Medical Emergency may require a partial internal evacuation by moving children to another room and identifying a trained first aider.
- Fire internally would require all children to be evacuated to the muster points



The following Emergency Management – **Emergency Response Plan 4 Early Childhood Centre booklet** itemizes the individual procedures for the different emergency situations and the staff responsibilities for those emergencies.

Procedures:

- Medical Emergency
- Emergency Evacuation
- Emergency Lockdown
- Threatening or Violent Person
- Active Armed Offender
- Bomb Threat
- Missing/Lost Child
- Child Abduction

Individual Staff Responsibilities

- Chief Warden
- Room Warden
- Kitchen Staff

A risk assessment of scenarios is developed and rehearsals for the emergency are taken from this risk assessment.

Rehearsals take place at least every 3 months.



Mobile Phone Procedure in an Emergency

Mobile Phone Procedure

Two mobile phones are used for evacuation purposes. They are located in the: -
Reception evacuation bag
Room 120 evacuation bag

During an evacuation a delegate (usually the most senior person) from Room 120 or Room 115 will oversee the evacuation at the rear assembly area and turn on the mobile phone from the evacuation bag. A Deputy Warden from the administration team will check the staff room and kitchen then make their way to Muster Point 2 to assist the delegate to do a roll check, collect room numbers and inform the Chief Warden.

If necessary a staff member and Muster Point 1 will be appointed to be the Deputy Warden to support the Chief Warden in their duties. The Chief Warden and Deputy Warden will coordinate the Centre's roll call.

To use the mobile phones, follow the steps below:

1. Hold down grey button of back of phone to turn ON.
2. Swipe screen in any direction to unlock.
3. Open Contacts App (white background with aqua colour head and shoulders).
4. Tap "Evac 1" or "Evac 2" to open contact and tap again on number to call.

Once the evacuation is finished and evacuation bags are being returned to their regular places, turn off the mobile phones and return them to the bags.

IMPORTANT: Centre mobile phones are to be kept charged and ready at all times. Phones must be charged each Monday night to ensure they are always operational



Policy Statement

Curtin University Early Childhood Centre aims to maintain a safe environment for all staff, children, parents, guardians, and visitors. Violence, threatening behaviour, bullying and abuse against staff, children or visitors to the centre will not be tolerated.

Physical assault or the threat of physical harm of any form is a criminal act, and under these circumstances Campus Security will be contacted. Police will be involved if required and a Police report will be written.

The Centre reserves the right to refuse or cease access to anyone who does not agree to modify their behaviour.

Staff will be mindful of their responsibility to themselves and their duty of care to the child when managing the situation.

Policy Considerations

The wellbeing of children will be paramount at all times.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section/regulation	Description
Sections 165	Offence to inadequately supervise children
Sections 165A	Offence relating to children leaving the education and care service premises unauthorised
Sections 167	Offence relating to protection of children from harm and hazards
Sections 174	Offence to fail to notify certain information to regulatory authorities
Regulation 165	Record of visitors
Regulation 166	Children not to be alone with visitors
Regulation 168	Education and care service to have policies and procedures

National Quality Standard Quality Areas 2, 4 and 7 including:

- Safety – Each child is protected
- Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- Professional standards – Professional standards guide practice, interactions and relationships
- Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service.

Related Forms

Curtin University Incident and Hazard Form

Authority

- **Signed:** 
- **Date: August 2023**



If a Staff member is faced with a situation where an individual appears to be threatening violent towards them, another staff member or any enrolled child, the following will apply:

- One person will immediately notify the Director / Coordinator or other staff so that they can **Dial '4444' or '0 000'**. This will alert Security for assistance. (See Threatening or Violent Person in General Emergency Procedures Booklet included in Emergency and Evacuation Policy)
- "SafeZone App can be used to notify Security if within reach.
- Staff should remain calm and non-confrontational at all times, and ask the offender to accompany them to the office to discuss the matter further in a quiet and calm manner.
- If possible the Director and Coordinator will be able to facilitate the discussion. If not, an external facilitator can be brought in from Counselling Services.
- Discussion should be used to diffuse the situation and if possible, staff should look for negotiation points.
- Staff will not jeopardise their safety by being alone with the person and will stay in the presence of other staff members.
- Staff will act to ensure the safety of the children and if practicable, remove or distract the children. If they are at risk or are witnessing an inappropriate situation, they should be moved to another area.
- Staff will attempt to diffuse the situation only as far as is practicable.



Policy Statement

Educators will treat children with respect and consult with enrolling parent in relation to nappy change and toileting. Children will transition to using the toilet when they are developmentally ready.

Nappy changing will be used as times for children to have one to one care with an educator and if toileting to encourage the children's developing skills and independence.

Background

The Early Years Learning Framework states that in their settings, educators promote continuity of children's personal health and hygiene by providing routines and sharing schedules with families. This is a process that works best with consistency between home and the Centre and so communication with the family is key to ensuring this.

Strategies for Implementation

Centre Responsibilities

Nappy changing and toileting is flexible and responsive to children's individual needs. Educators interact with children in a relaxed and positive way during nappy changing and toileting as this is an excellent opportunity to communicate.

Children in the Centre will not have their nappy changed by a new staff or students from a tertiary Early Childhood course until the student has had time to become well acquainted with the children and after they have been instructed and deemed competent by a Diploma or Degree Early Childhood educator from the Centre.

Toilet training will not begin in the Centre until the child is developmentally and emotionally ready, and the environment is appropriate for this to begin, a plan has been agreed to with the parent (*See attached Toilet Training Procedure in appendix*)

Educators will maintain a high degree of hygiene and act according to procedure. Educators will role model good hygiene practices as they wash their own and the child's hands.

Nappy creams will not be applied as a matter of routine. Should the parent request a nappy cream be used, they must provide the cream with the child's name on it, sign a form giving permission for when it is to start and withdraw permission when it is to cease.

Nappy changing procedures are displayed in nappy area.

Considerations and Sources

Education and Care Services National Regulations 2012

Section/regulation	Description
Regulations 155,	Interactions with children
Regulation 168	Education and care services must have policies and procedures
Regulation 169	Additional policies and procedures – family day care
Regulation 170	Policies and procedures must be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies and procedures

National Quality Standard Quality Area 2 and 5 including:

- 2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented.
- 5.1 Relationships between educators and children – Respectful and equitable relationships are maintained with each child.
- 5.1.2 Dignity and rights of the child – The dignity and rights of every child

QA2 – Health and Safety: Policies and Procedures

Review: June 2025



are maintained.

Authority



- **Signed:**
- **Date: August 2023**



Nappy changing should be a positive experience with pleasant interactions for the child. Ensure safe practices are in place for both the child and educator. The educator must ensure that correct lifting techniques are used to protect themselves and the children are held securely. If a child cannot use the change bench, consultation on an individual basis must be sought with the director or co-ordinator.

Preparation

Always ensure a hand is holding the child or your body is positioned so a child cannot fall or climb off the change bench.

In preparation for changing a nappy make sure you have everything you need (nappy, nappy cream if authorised, disposable gloves, wipes and paper) Place your bench bin or hands-free lidded bin close by.

- Wash your hands
- Place paper on the change table
- Put disposable gloves on both hands
- Have a bench bin / nappy bucket on the bench

Changing

- Remove child's nappy and put into bin
- Clean child's bottom using wipes
- Remove paper and put in bin
- Remove gloves and put them in bin (to stop hand contamination peel the gloves back from your wrists turning them inside out as you go)
- Place clean nappy under the child's bottom
If a nappy cream is required and has been authorised by parents then put on a new glove and apply according to instructions then dispose of glove in the bin
- Dress the child
- Take the child away from the change table
- Wash your hands and the child's hands

Cleaning

- Clean the change table after each nappy change by spraying with Zone Fresh and use a paper towel to wipe and dry the change mat then place it in the bin
- If using a bench bin, place the liner bag in the bin then wash your hands

NB.

- It is important when washing the child's hands that the educator recognises the level of assistance individual children require
- **If the child's clothes are soiled, don gloves, apron and safety glasses and rinse clothes as required and place in bag for parents**
- If the sluice has been used, disinfect with Zone Fresh wearing an apron and gloves. Dispose of these immediately after completing the clean

Conversation, singing relevant songs and talking will form part of the child friendly nappy change process.



Readiness

Most children are not ready to control their bowels and bladder until they are around two years old and some not until they are three. Often boys are later than girls. Control over bowels may happen before or after control over the bladder.

To be ready to use the toilet or potty, a child needs to be able to:

- Feel uncomfortable when wearing wet or soiled underwear
- Know when they have the sensation that their bowel or bladder is about to operate
- Hold on for a short time so that they can try to get to the potty or the toilet
- Understand that they are meant to use the toilet or potty when these sensations occur

Early signs of readiness are:

- Taking an interest in others using the toilet
- Pulling at wet and dirty nappies
- Telling you that their nappy is wet
- Telling you that they don't want to wear nappies anymore

Educators will discuss with parents that it is important to wait until the child is really ready. Most toilet training problems can be avoided if the process is not rushed or too soon. For example, it is better to advise parents that they should not try and set a date by which you want their child to be toilet trained, such as before the new baby arrives. Toilet training works best when there is no pressure.

It is best not to start toilet training at a time when the child is adjusting to other changes like a new baby's arrival in the family, changing rooms at childcare, or even moving house.

Planning

Ensure educators are aware of the agreed plan with parents. This plan should include:

- Parents to share when they have started so the Centre can follow for consistency purposes
- Language to be used in the centre to describe toileting
- Agreement that individual visits to the toilet are needs based and more frequent in the initial stages however all children are offered the toilet before and after meals and sleep
- That the parents should supply changes of clothes and be prepared for taking rinsed clothes home each day
- That the toilet training experience should be positive and consistent between home and the centre
- Positive rather than negative comments should be used only
- We encourage parents to not emphasis the learning accidents that occur and to view wet clothes as part of the process.



Individual visits to the toilet are needs based, however all children are encouraged to use the toilet before and after meals, sleep and throughout the day.

Self-help is encouraged. Educators offer assistance with clothing, wiping, flushing and washing of hands as appropriate.

On the occasion that children wet or soil themselves, educators will assist to the level appropriate for the child. If necessary, educators may need to use the nappy change area. Soiled clothing will be sluiced. Gloves need to be worn and protective glasses and disposable aprons are available. Soiled clothing is then placed into a plastic bag and put into the child's bag or locker.

Children in the early stages of transitioning to using the toilet and still wearing nappies/pull-ups are encouraged to visit the toilet. If the nappy is soiled the child needs to be changed in the designated change area. If the child is wet, they may be changed in the toileting area.

Please follow these steps when assisting:

1. Educator puts on gloves.
2. Child/educator removes nappy/pull-up and places in the nappy bin.
3. If the nappy is wet, educator will wipe down child while standing; ensuring they are wearing gloves and then disposes of wet wipes and gloves in the nappy bin.
4. Child to sit on toilet and encouraged to wipe self when finished.
5. Educator to put on fresh nappy.

Both educator and child wash hands before leaving the bathroom.

Toileting is a relaxed and positive experience; the routine provides learning opportunities for Health, Hygiene and Safety aspects.

Conversation, singing relevant songs and talking forms part of the process.



Policy Statement

As part of a comprehensive approach to the promotion of good health, Curtin Early Childhood Centre will provide information for parents and educators on child dental health.

The Centre will provide experiences to promote good dental health to children.

The Centre will use spontaneous experiences to promote good dental health to parents and children.

Strategies for Implementation

Centre Responsibilities

Healthy choices in food will be provided as per the Nutrition, Food and Beverages, Dietary Requirements Policy.

At the completion of mealtimes children will be encouraged to rinse their mouths with water to remove food from their teeth and mouth.

Frequent drinks of water will be available during the day.

Education

Educators may program dental health experiences during the year. The following information is regarding good dental practices for parents and educators:

- Brushing teeth twice a day, after breakfast and before bed.
- Using a damp clean flannel for babies' teeth and an age-appropriate toothbrush and toothpaste for older children.
- Establish a relationship with a Dentist and visit regularly according to their recommendations.
- Tooth brushing for under 10's should always be assisted and supervised by adults.
- Provide information in a culturally sensitive format.

Follow-up information and references will be made available for parents.

Dental Health Support Services

The Dental Health Education Unit offers the latest information on oral health. It has a wide range of resources:

WA Dental Health Services
Dental Health Education Unit
43 Mount Henry Rd
Como WA 6152
Phone: (08) 9313 0555
Website: www.dental.wa.gov.au



Considerations and Sources


The Early Years Learning Framework

National Quality Standard Quality Areas 2 and 6 including:

- 2.1 Health – Each child’s health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented.
- 6.1 Supportive Relationships with parents – Respectful relationships with families are developed and maintained and families are supported in their parenting role.
- 6.1.3 Families are supported – Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.

Dental Health Services Website – www.dental.wa.gov.au

Authority

- Signed: 
- Date: August 2023



Policy Statement

We understand the importance of ensuring that children are kept safe and protected from harm and we are passionate about providing a healthy, safe environment. Their needs are met in terms of their sleep, rest, play and relaxation.

Under the Education and Care Services National Regulation 84a, the Centre must take reasonable steps to ensure children's needs for sleep and rest are met, having regard to each child's age, developmental stage and needs. Red Nose (formerly SIDS and Kids) is identified by the Centre as the recognised national authority on safe sleeping practices for infants and children. Meeting children's sleep needs supports their learning, growth and development and wellbeing.

Educators consult closely with parents to determine the needs of individual children and to discuss changing requirements. Children are not forced to sleep at any time. Quiet activities are made available for children to experience whilst other children sleep.

Should a parent request that a child not be allowed to sleep, this will be discussed with the parent, working out a plan together to ensure that the need for sleep or rest is clearly understood. At all times, the best interests of the child will be paramount.

This centre follows recommendations from Red Nose for all children under 2 years of age. Where a child is deemed by a Medical Practitioner to be at risk of Sudden Infant Death Syndrome (SIDS), the Centre and its staff shall work with parents and health care professionals to develop any necessary strategies for the care of the child. Staff will have access to current information on SIDS.

Sleeping equipment at the Centre will adhere to Australian Standards and current Health and Safety advice from recognised authorities. There will always be a comfortable place provided for children to rest.

Background

Children have different sleep patterns; older children require less sleep or only a rest or relaxation period. Younger children need sleep to help them grow, develop, and stay healthy.

While it is rare, some instances of death have occurred when a child has been sleeping at an education and care service. Relevant Coroners' reports have found that poor sleeping environments, poor sleeping procedures and poor supervision place children at risk.

Factors such as age of the child, cultural needs and requests from parents will also be considered when planning for individual sleeping needs.

Strategies for Implementation*Centre Responsibilities*

The Centre provides opportunities for all children to sleep/rest/relax within the daily routine, ensuring that individual needs are considered.

Sleep/rest times should be a positive, pleasant experience within the Centre and educators make every effort to provide a relaxing and comfortable environment for all children. Educators ensure children are dressed and supervised appropriately whilst sleeping.

The rooms should promote an atmosphere conducive to rest and sleep with adequate ventilation.



The Centre will provide information for parents on current safe sleeping practices based on a risk assessment carried out once a year in October to reflect in policy change for the following year.

Educators monitor the children who are sleeping and remain close by the sleep area. Sleeping children will be checked/monitored regularly (at least every 10 minutes) whilst they are asleep. Educators will be in sight and sound of sleeping and resting children, monitoring breathing and their skin colour.

Children who do not wish to sleep will be provided with alternative quiet activities. Children who may take time to settle for sleep will also have the opportunity for a quiet play on their bed before sleep.

Cots are used in accordance with manufactures instructions. Cots comply with the Australian/NZ Safety Standards (AS/NZS 2172 Cots for Household use) and are kept in clean and safe condition. Bedding is stored individually and maintained in a hygienic manner.

Parent Responsibilities

Parents will discuss their child’s sleep needs and routines with the educators in the room and will provide appropriate clothing and any sleep security toys favoured by the child each day. These will be separated from a child after they fall asleep and must not impact on the safety of the child whilst sleeping; this is particularly relevant for young babies.

Considerations and Sources

Legislative Requirements

Section/regulation	Description
Section 165	Offence to inadequately supervise children
Section 167	Offence related to protection of children from harm and hazards
Regulation 82	Tobacco, drug and alcohol-free environment
Regulation 84A	Sleep and rest Regulation
Regulation 84B	Sleep and rest policies and procedures
Regulation 84C	Risk assessment for purposes of sleep and rest policies and procedures
Regulation 84D	Prohibition of bassinets Regulation
Regulation 87	Incident, injury, trauma and illness record
Regulation 103	Premises, furniture and equipment to be safe, clean and in good repair
Regulation 105	Furniture, materials and equipment
Regulation 106	Laundry and hygiene facilities
Regulation 107	Space requirements – indoor space
Regulation 110	Ventilation and natural light
Regulation 115	Premises designed to facilitate supervision
Regulation 168	Education and care service must have policies and procedures

National Quality Standard Quality Areas 2 including:

- 2.1 Health – Each child’s health and physical activity is supported and promoted.
- 2.1.1 Wellbeing and Comfort – Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation.
- 6.1 Supportive Relationships with parents – Respectful relationships with families are developed and maintained and families are supported in their parenting role.



- 6.1.2 Parent views are respected – The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child’s learning and wellbeing

Related Forms

Enrolment Form
Sleep Monitor Chart
Sleep Assessment Form

Related Publications

The Parent Handbook – A Centre Guide for Parents and Families
ACECQA - Policy and procedure guidelines

Authority



Signed:

Date: August 2023



Our approach to supporting and promoting children's health and physical activity, including safe sleep, is informed by current recognised guidelines and up-to-date information. Our service's safe sleep and rest procedures and practice follow Red Nose guidelines (the recognised National authority in this area) and guidance from ACECQA (as the national authority under the NQF)

Educators, staff, and management each have a duty of care to ensure children are provided with a high level of safety when sleeping and resting, that adequate supervision is maintained, and that every reasonable precaution is taken to protect children from harm and hazard whilst sleeping and resting.

We are required to know and understand how to implement Red Nose best practice guidance and be able to explain this to families. The Centre's policy and procedures regarding safe sleep and rest must be strictly adhered to.

Individual Preparation

Children are encouraged to take toileting opportunities before rest or sleep.

Adequate comfortable clothing from home should be available and the dressing and undressing regime should be sensitive to each child's needs, skill level and cultural requirements.

Comforters are acknowledged as being important to a child's sense of security and are an important link with home. These will be separated from a baby after they fall asleep as such items must not impact on their safety whilst sleeping; this is particularly relevant to young babies under 12months.

Amber beads are not allowed in the centre due to the likelihood of unforeseen accidents (SIDS recommendation)

Preparation for Sleep/Rest

Sleep/rest times will be regarded as positive and pleasant experiences with reduced lighting.

Every effort will be made to provide a relaxing and comfortable sleep environment. Sleep areas will not be set up too far in advance as this can hamper the children's play in the area concerned and sometimes create undue stress.

All children will be encouraged and assisted to self-settle from an early age with minimum physical touching intervention from educators. Parents will be consulted during the early stages of their children settling into the room about the need to have children self-settle once relationships have been built with the educators.

The sleep/rest time shall be at a time according to each child's needs. It shall be provided for most children after the lunch period. Children may rest at need at any other time during the day.

Babies will be placed on their backs to sleep in beds that are made up according to the recommendation of Red Nose.



If a medical condition exists whereby a baby cannot sleep on their back a letter from a doctor confirming the child's condition and recommendation for sleeping must be provided to the centre.

Sleep and Rest

Procedure Page 2 of 3

- Babies are positioned in a cot with feet at the bottom of the cot.
- Bed clothes must be tucked in securely.
- There will be a relaxing period for all children before, during and after the sleep/rest.

Safe sleeping equipment and environments

- Sleeping environments should be clean and clear from clutter and distractions
- Lighting should be ambient. Light enough for the Educators to adequately supervise children but softened to induce sleep.
- Cots and bedding should be clean and in good repair. Mattress covers in full repair without splits or openings.
- Safe sleeping bedding and equipment in line with the Australian Safety Standards
- Safe physical environment for sleeping and rest.
- Adequate ventilation and comfortable climate control

Transitioning a child from a cot to mattress

When a child is observed attempting to climb out of a cot, move them out of the cot onto a floor mattress or floor bed.

Make a mattress / floor bed up and place it on the floor for a few days before moving the child. A gradual transition is okay. Show children the mattress and give them the choice during this transition time.

- Tell child you are proud of them.
- Ask them to help set up the new bed
- Speak with parents about what is happening at home. One way to transition is for children to sleep on the mattress during the day, but still have their cot at night.
- Stay with the child until they have settled.

Supervision of sleeping children.

- Adequate supervision requires physical checking of a sleeping child. This means educators must check that the child is breathing by checking the rise and fall of the child's chest and the child's lip and skin colour from the side of the cot (or floor mattress/toddler bed for children who have moved from a cot).
- Regular physical checks of all sleeping children, i.e. every 10 minutes.
- The circumstances and needs of each child in care should be assessed to determine any risk factors that may mean physical checks are required more frequently. For example, babies or children with colds, or specific health care needs may require a higher level of supervision and more frequent checks while sleeping
- Educators will maintain active supervision and will not perform duties that would take their attention away from sleeping and resting children.
- Children sleeping and resting will always be within sight and hearing distance so that educators can monitor children's safety and wellbeing.
- Record the time and observation of the physical checks. Educators are required to record all checks at the time they occur, not retrospectively.



Looking through a window to conduct a check is not adequate. Educators must physically check sleeping children in person at the cot side (or side of the floor mattress/toddler bed for children who have moved from a cot).

Sleep/Rest Time

For health reasons mattresses should be set out to 'top and tail' to ensure children are not breathing over each other and are separated enough to ensure linen is not touching between the beds. This also provides enough space for educators to reach children if necessary and not disturb other children.

Sleep areas need to be supervised with one person offering security to the children whilst children self-settle and later by one person close-by continually checking the sleeping children.

In nurseries educators will try to settle babies and may leave the room before they fall asleep whilst keeping a watchful eye on them.

Children will be encouraged to quietly rest for 20 – 30 minutes. Those children who are not sleeping after 20-30 minutes resting on their bed may get up and play quietly until the other children are awake.

Kindergarten aged children may relax with quiet activities if they do not want to rest.

Those children that do not rest or sleep will be offered adequate resources that will occupy the children during that time.

Further notes

- Children should be clothed appropriately and not have any items that are loose and could get tangled and restrict breathing such as bibs.
- All children should be given choices and opportunities for sleep, rest and relaxation to ensure their individual comfort and wellbeing.
- Non-resting children will be given opportunities to engage in quiet activities away from resting, sleeping children. For example, consider separate resting spaces, and incorporating quiet activities into the program for children who do not sleep.
- Inclusion and cultural practices, with consideration to how these may influence the physical environment needs to be considered.
- Age-appropriate sleep practices need to be in place.
- Should any parents request that their child not sleep or have shortened or enforced sleeps, it will be explained to parents that, the best interest of the child is most important, and staff will monitor the child's needs during the day. Decisions will only be made after a discussion with the parent and the Director.
- We do not wake sleeping babies or children directly. Opening the sleep room door, let in some light, and turn music off will allow sleeping children to wake up naturally.

The following regulations under sections 301 and 324 of the Education and Care Services National Law as applied by the law of States and Territories

Regulation 84D Prohibition of bassinets

(1) The approved provider of an education and care service must ensure that a bassinet is not on the education and care service premises at any time during which children are being educated and cared for by the service.

(2) A nominated supervisor of an education and care service must ensure that a bassinet is not on the education and care service premises at any time during which children are being educated and cared for by the service.



Policy Statement

- The Centre advocates that sun protection in Western Australia is a lifelong concern and the habits encouraged at the Centre encourages each child to have a sound awareness of the risks of sun exposure and the practical measures that can be taken to prevent sun damage.
- The centre will ensure all sun protection measures required here are consistently implemented.
- Correct information is important for educators, parents, and children to understand the danger of ultraviolet radiation (UVR) from the sun.

Background

The Early Years Learning Framework tells us that learning outcomes are most likely to be achieved when early childhood educators work in partnership with families. Educators recognise that families are children's first and most influential teachers.

The Cancer Council of Australia recommends that services operating in the Perth Metropolitan area and south allows exposure to sunshine for 30 minutes when the UV is usually >3 without sunscreen (June/July) to ensure children are obtaining enough Vitamin D.

Sunscreen is not needed if the UV Index is below 3, unrestricted outdoor play allows for children to obtain Vitamin D during these times.

Strategies for Implementation

Centre Responsibilities

Education

Sun protection information will be included in the children's day through conversation and explanation by staff and by children. Educators, families and visitors are encouraged to role model positive sun safe behaviour.

Written information and verbal explanations are provided to parents on enrolment and during the year. Information is gained from Cancer Council WA website 'sun protection and your child'.

Outdoors

Educators will ensure that all sun protection measures are applied to children while outside when the UV index is 3 or above. Babies under 12months of age should not receive direct sun exposure during these periods. The UV index is as forecast by the Australian Bureau of Meteorology (WA) and posted on their website. Educators are notified each day by a centre UV Chart.

Educators must comply with the Sun Protection Policy and role model appropriate practices when with children in care.

Shade



The centre will provide and maintain adequate shaded areas for child and supervising staff use. Planned and spontaneous outdoor activities will occur in shaded areas whenever possible and children will be actively encouraged to use shade for outdoor activity.

Hats and Clothing

When the UV Index is 3 or above, all children and supervising staff will wear a hat that protects the face, neck, ears and crown of the head whenever they are not under the roof. Clothing that will protect as much of their body as possible is also worn covering neck, shoulders, ears and back.

Should any child not have a hat, they will be provided with a spare hat. If they refuse to wear it they will remain indoors or on the verandah in the shade to play.

Sunscreen

When the UV Index is 3 or above, all children and supervising staff will apply SPF30 or higher broad spectrum water-resistant sunscreen 20 minutes before going outdoors. The sunscreen will be reapplied every 2 hours or if washed or wiped off. When educators are applying sunscreen they must use one glove for each child putting on the Sunscreen. If children are applying their own sunscreen a glove is not necessary for them to wear. Sunscreen should be applied liberally but not rubbed in. Cancer Council Sunscreen is supplied by the Service, but if parents have a preference they can bring their own from home.

The application of sunscreen will provide an opportunity to discuss outdoor health and sun protection with the children. When staff apply sunscreen, they will choose a method which ensures germs are not transferred from one child's skin to another, minimizes this risk and is applicable to the age group. This means that some areas will apply sunscreen using gloves and others will wash hands between children. The method chosen for a room will be consistently used by all staff in the room.

When children apply their own sunscreen, they must be fully supervised to ensure they achieve adequate coverage. Children may only apply sunscreen to areas that are safe for them to do so, for example the areas away from the eyes.

Where a child is known to have a reaction or allergy to sunscreen, parents will provide an alternative and discuss its use with educators. Sunscreen will be checked to ensure it is clean and in date before use. Sunscreen that is out of date will be discarded immediately. The container will be stored in a cool dry place out of reach of children and indoors.

Educators will actively promote sun safe practices through discussion with the children.

Babies

When the UV Index is 3 or above, babies under 12 months will not be exposed to direct sunlight and are to remain in shade when outside. They will wear sun safe hats and clothing and small amounts of an age appropriate SPF30+ broad-spectrum water-resistant sunscreen may be applied to their exposed skin on parent's request.

Parent Responsibilities

If the child is not to wear sunscreen on medical advice, then the parent is required to provide the centre with a letter from their Medical Practitioner



and discuss with the parent, the best way to ensure their child is safe by playing only in shaded areas and wearing appropriate clothes that cover exposed areas.

Considerations and Sources

- <https://www.cancerwa.asn.au/resources/publications/prevention/> is very good for obtaining learning resources to include in curriculum planning and implementation

Education and Care Services National Law (WA) Act 2012

Education and Care Services National Regulations 2012

Section/regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Regulation 100	Risk assessment must be conducted before excursion
Regulation 113	Outdoor space – natural environment (centre-based services)
Regulation 114	Outdoor space – shade (centre-based services)
Regulation 168	Education and care service must have policies and procedures
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 procedure

National Quality Standard Quality Area 2 including:

- 2.1 Health – Each child’s health and physical activity is supported and promoted
- 2.1.2 Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented
- 2.2 safety - Each child is protected

The Early Years Learning Framework

The Cancer Council program for Sun Smart schools and early childhood

<http://www.cancer.org.au/preventing-cancer/sun-protection/sunsmart-schools>

The Cancer Council’s Position Statement regarding Sun Protection and Infants 0-12 months

[http://wiki.cancer.org.au/policy/Position_statement_-_Sun_protection_and_infants_\(0-12_months\)](http://wiki.cancer.org.au/policy/Position_statement_-_Sun_protection_and_infants_(0-12_months))

Related Policies

Enrolment (*including Procedure and Management of the Waiting List*)

Related Forms

Enrolment Form

Over the Counter Medication

Authority



- **Signed:**
- **Date: August 2023**



Policy Statement

At this service children arrive and depart the service with their parents or an identified carer. However, on a regular basis children take walks or are prammed to the university campus. On occasion the Centre may arrange for the children to participate in an offsite visit as part of the Educational programme which would require them to be transported.

Curtin University Early Childhood Centre aims to ensure all children are safe and carefully supervised to protect their wellbeing and safety during any excursion or journey to and from the centre involving transport in a vehicle organised by the centre, when going on walks, or when in a Centre buggy (pram).

Policy Considerations

Transporting children may present additional risks, including during transition between a vehicle and a service premises or other location.

At no time will a child ever be transported alone with a staff member in a car or be taken alone from the Centre by a staff member unless there is a pre-existing private arrangement that is approved by the director to continue, and no conflict of interest is identified.

Strategies for Implementation

Centre Responsibilities

The centre will ensure a risk assessment is undertaken for every excursion where transport in a vehicle is arranged by the centre, children are taking a walk in a buggy or are walking on foot to the University grounds.

Parents will be provided with clear and complete details of any transport arranged and will have adequate notice to allow for discussion of all arrangements.

Written parental authorisation is required for any excursion from the centre. A general yearly permission slip is signed for all buggy rides and walks on campus.

Staff will receive education on the Supervision Policy at orientation.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

- Sections 165, 165A, 167, 174

Education and Care Services National Regulations 2012

- Regulations 99, 100, 101(2), 102, 168(2)(g), 170

National Quality Standard Quality Areas 1, 2, 4 and 7 including:

- 1.2 Practice – Educators facilitate and extend each child's learning and development.
- 2.2 Safety – Each child is protected



- 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

- 4.1.1 Organisation of educators – The organisation of educators across the service supports children’s learning and development.
- 7.1.2 Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service.

The Early Years Learning Framework

Related Forms

Excursion Off Campus

Excursion Contact List

Permission Forms

Authority



- **Signed:**
- **Date: August 2023**



Specific authorisation for programmed excursions will be sought from the Director on each occasion and children will only be transported by car, bus or train with the written authorisation of the parent/guardian.

Any excursion / outing will be managed through a risk assessment process prior to taking place.

Before the Day of Excursion / Outing

- Movement rules are revised with all participants, reinforcing all safety measures before children are moved out of the front door.
- Children are prepared for the outing with all safety measures discussed including holding hands, staying in their group with their designated group leader, and listening for instructions of how and when to move and where to move to.
- Parents and volunteers will be required to attend a briefing/instruction session on all safety aspects prior to the excursion date.

The Excursion / Outing

On a regular outing children may walk in a group, or they may walk holding onto the evacuation rope. Educators will be at the lead and the end of the line / group, with additional Educators moving with children at the side of the line / group.

For an excursion the Team Leader will be responsible for allocating enrolled children into groups of 4 or less to a designated educator or parent volunteer with each adult being issued with the names of the children for whom they are responsible.

All children and adults gather in their groups in the foyer and names checked against the master list and permission slips before leaving the Centre.

Children will hold hands with a partner and their designated Group Leader as they walk towards their transport.

For pick up and set down a vehicle must be completely stationary and legally parked on the curb side of the road close to the building / venue entrance.

Children will be walked to the vehicle with their Group Leader. As the children board the vehicle they will be checked once again on the master list by a second educator who will be the holder of the Master List. Group leaders will assist each of their children to put on the seat belts and will then sit in close proximity.

Upon arrival at the destination, the vehicle must stop completely before seat belts can be undone. The Group leader will lead her group of 4 to the exit point of the vehicle and help them as they descend leading them to a designated point awaiting all the groups to gather at the pre-determined area.



On returning to the parked bus to travel home all children will be checked off on the master list. And again, as a group while they board the vehicle in an orderly way.

Transportation

Procedure Page 2 of 2

Transport arrangements will be limited to:

- government operated bus transport operators or private company buses that are fitted with seat belts and have drivers that have Working With Children Check as well as current licenses
- the use of train travel, however this is used for a specific excursion only. Buses would be used to transport the children to the station and return the children from the station

For those parents not in possession of a Working with Children Check it will be necessary for staff in consultation with the Director to make discrete reference checks to assess suitability for the volunteer role. Volunteers who are not parents of children on the excursion will be required to have a Working with Children Check.

In case of breakdown of a vehicle, or accident, or other emergency:

All Group Leaders will ensure the children are taken safely to a safe 'Assembly Point' similar to the centre's evacuation procedure.

The Team Leader will reassure everyone and remind staff and children to:

- Keep calm
- Attend to anyone who may be hurt or frightened
- Use the mobile phone to call for help and/or seek the assistance of bystanders if necessary or appropriate.
- Phone the centre to talk to Director or Coordinator to get direction and assistance.
- If thought necessary call parents from the Excursions Contacts List taken on the excursion or call the centre to call the parents.
- Wait for replacement vehicle and/or emergency services.

In case of illness or accident follow "In-Centre" procedures. Assess the symptoms administer first aid, inform parents/guardians or authorised emergency contact to collect child; monitor child until collected.

In the case of an emergency, follow instructions of the Officers of any Emergency attending such as Fire, Ambulance or Police.

Regulations

As our Service does not provide regular transport for children this requirement does not apply. However, as per the procedures points 1,2 and 3 apply during any outings taking place away from the Centre.

As transportation can present as a risk to the safety of children when children get in or out of vehicles and when they arrive at or leave the service, the following new regulatory requirements will apply to centre based services that provide regular transportation:

- Approved providers and nominated supervisors must ensure a staff member or nominated supervisor (other than the driver) accounts for children as they get in or out of a vehicle at the education and care service.



- Approved providers and nominated supervisors must ensure records are made showing children are accounted for as they get in or out of a vehicle at the education and care service.
- Approved providers and nominated supervisors must ensure records are made confirming a check of the inside of a vehicle was completed at the service after all children have left to ensure no children remain.
- Approved providers must notify the regulatory authority when they start providing or arranging regular transport, and again when they finish. This can be done through the NQA ITS.

Policy Statement

The Early Years Learning Framework states that natural environments in an education and care centre include plants, trees, edible gardens, sand, rocks, mud, water and other elements. These invite open-ended interactions, spontaneity, risk-taking, exploration, discovery and connection with nature. They foster an appreciation of the natural environment, develop environmental awareness and are provided with a platform for ongoing environmental education.

Policy Considerations

Any visit to a body of water needs to have a qualified first aider within the child/adult ratio should an emergency arise and CPR be required.

- Children's engagement with the environment will be enhanced with an increased awareness of water and its importance in the environment.
- Children's safety and wellbeing will be protected in and around water through risk assessment, supervision and harm prevention strategies.

Strategies for Implementation

Centre Responsibilities

Safety Education

Educators will provide opportunities for children to engage in learning about safety in an around water. These may be through direct play with water or through stories, discussions or the use of audio-visual resources.

Risk Assessment

A risk assessment will be conducted prior to any excursion / walk on campus taking place. Particular attention will be focused upon water safety where the excursion / walk on campus is near a body of water.

Water for Play

Access to water is an important part of children learning about the environment and water safety. Such access can also provide excellent sensory experiences. These activities will be planned, always supervised, and containers or troughs will be emptied onto garden areas immediately after use.

Water and the Environment

Staff will include water conservation as a focus in water play as well as other areas of water use through the planning, set-up and disposal of the waterplay.



Considerations and Sources

Education and Care Services National Law (WA) Act 2012

- Section 167

Education and Care Services National Regulations 2012

- Regulations 100, 101, 102, 113, 168(2)(a), 170

National Quality Standard Quality Areas 2, 3 and 7 including:

- 2.1 Health – Each child’s health and physical activity is supported and promoted
- 2.2 Safety – Each child is protected
- 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- 3.2.3 Environmentally responsible – The service cares for the environment and supports children to become environmentally responsible.
- 7.1.2 Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service.

The Early Years Learning Framework

Related Policies

Supervision (*including Procedure*)

Transportation (*including Procedure*)

The Curriculum – Developing Programs (*including Procedure*)

Environment – Influence and Use

Sustainability

Related Forms

Excursions off Campus

Walks on Campus/Regular Outings

Authority

- **Signed:**



- **Date: August 2023**

Water Safety

Procedure

Fishponds / Water Reserves with the Children

The Directors/Supervisors permission will be gained for a visit to any pond or place containing a body of water while on Campus.

The Director, Supervisors and parent permission must be gained before an excursion or visit that includes a water reservoir off Campus and a risk assessment will be completed.

Adult to child ratios will be 1 to 4 on visits to any water reservoir.

If visiting fishponds on Campus ensure children are supervised closely, settled and seated away from the edge of the pond and brought over to see the fish in small groups.

If younger children (-2yrs) are taken to see the fish on Campus they must be strapped into the centre strollers.

Water Play

When children are playing with water as part of their program this activity must be supervised at all times. Educators need to be supervising closely near the water trough/water activities at all times and cannot move away unless designating another educator to step in. Once the water cannot be supervised it must be emptied immediately.

To assist children to understand the concept of 'saving water' and re-using it, it is important to discard the water on the grass and the garden.

Watering the Garden

Always supervise the use of the hose by running the water first away from the children to ensure it is not hot or stagnant should the children inhale it.

This also applies to the children's pump in their outside play spaces.

Supervise the children filling their watering cans from the water tank or hose to ensure they are not overflowing and use the water safely and wisely.

Staff will foster children's independence and competence by supporting children to undertake risk assessments when near water.



Policy Statement

Correct Manual Handling practices and procedures are specifically promoted in this centre to avoid any unnecessary risk or hazard.

The centre has an overall duty of care to all employees to provide a safe environment and ensure safe work practices are applied at all times. Employees must accept responsibility for their own safety by following instructions, complying with safe work procedures, wearing personal protection equipment (PPE) where necessary, and using appropriate equipment correctly.

Manual handling refers to any activity or sequence of activities that requires a person to use their physical body (musculoskeletal system) to perform work which may involve lifting, lowering, pushing, pulling, carrying, moving, holding or restraining an object.

Activities may include but are not exclusive to: making up a cot, moving a cot, packing away toys, pushing trolleys, lifting and carrying a child or equipment, moving equipment and resources or assembling equipment.

Policy Considerations

- Centre Philosophy and Goals
- University related Policies

Strategies for Implementation

It is important that:

- The correct lifting techniques are employed to minimise the risk of injury. Always have a straight back and hold the load close to your body to ensure a good lift. Never lift anything that is beyond your ability.
- No item of more than 10kg should be lifted alone.
- To protect the back find ways to reduce having to lift; avoid bending or hunching over cots or low tables; and, if it is too heavy don't lift it or ask someone to help you.
- Avoid lifting a load from above shoulder height or below mid-thigh; avoid bending the back in a sideways motion when lifting.
- Always bend your knees with feet apart (one foot beside the load, the other behind it), hold the load firmly and close to the body, raising the body in an upright (straight back) position.
- Staff are responsible to identify, assess and control manual handling hazards.
- Responsibility should be shared and help sought whenever a risk is anticipated particularly with large, heavy or awkward items.
- Should kit furniture be required to be assembled read the information sheet follow the instructions and request assistance when necessary.



- Be aware of hazards- some hazards to working in child care with manual handling can be wearing inappropriate shoes without good traction, carrying loads or children which can obstruct the view of the floor or walkway, toys scattered over the floor- (constant tidying away is required) and spills not cleaned up or poorly cleaned up.
- When interacting with children, educators should squat down to get to a child's height or sit on the floor or a suitable chair.

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Manual Handling

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- Doing a preventative exercise program to reduce the risk of back strains is desirable should be adopted where possible.
- All staff members are encouraged to 'warm up' before manual handling.
- All incidents or near misses must be reported on the University Health and Safety online Incident and Hazard reporting system.

Considerations and Sources

Occupational Safety and Health Act (WA) 1984 version 06
 Code of Practice Manual Tasks 2010
 Government of WA Department of Commerce

National Quality Standard Quality Areas 4 and 7 including:

- 4.2.2 Professional standards – Professional standards guide practice, interactions and relationships
- 7.1.2 Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service

Related Policies

Orientation of Staff
 Health and Safety

Related Publications

Staff Handbook
 Orientation – General
 Introduction to your Health and Safety Package - PowerPoint

Authority



- **Signed:**
- **Date: August 2023**



As a process staff are to follow the Curtin University Safe Work Procedure: Safety Hazards and Risk Control which is introduced as part of the induction process. Staff watch Curtin based videos on Manual Handling and on Slips, Trips and Falls and the Centre develops its own Risk Assessments according to the areas of work.

Staff are encouraged to undertake all tasks with maximum safety protocols in place. As much of what we do in the early childhood Centre is floor based or low to the floor, staff is encouraged to choose a pathway prior to moving from one space to another to avoid trips and falls.

PPE such as the wearing of gloves is important during diaper changing, food preparation and disposal of trash with thorough hand washing being carried out straight after each of these tasks. PPE may also be worn for all other tasks where it is deemed necessary.

Staff should be aware of the things they are lifting (including children) to reduce back and upper extremity injuries.

Do

- Look for ways to minimize lifting children for things such as diaper changing, and comforting.
- Where fitted, use change tables that have steps on the side for the child to climb up to the table.
- To comfort a child, kneel on a mat or hold them while they sit on a change table or other raised surface, rather than lifting them up.
- If a child needs to be lifted, place your feet and knees at least shoulder width apart i.e bend at the hips, while keeping back in its normal “S” curve.
- Face the child directly with feet pointed at the child rather than twisting the back.
- Squat while keeping your chin up. This will maintain your back and neck in a relaxed, neutral position.
- Keep one or both arms free if possible. When you squat down or push back up, use your hand or elbow as support on your thigh or any available structure. This takes some of the compression and strain off your lower back.

Don't

- Staff should not lift unless they must; look at other options first.
- Don't lift with feet close together. This gives poor leverage, instability, and a tendency to round the back.
- Don't lift with knees and hips straight.



- Don't squat so that knees are parallel to the floor. It is very difficult for anyone to get up from this position.
- Don't tense or twist neck or back when lifting.
- Don't lift children that are too heavy.

Holding Children

- When holding toddlers, avoid placing them on one hip.
- When holding or rocking children, use a chair with upper back support, keep children centred on your body and use both arms
- Avoid bending down at the waist to interact with children. Use a squatting or kneeling position.

Safe Lifting and Handling Tips: Child Care Facilities [WHS-Guide-Safe-Lifting.pdf](#)
(centresupport.com.au)

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Chemicals, Toxic Substances and Potentially Dangerous Products

Policy Statement

Curtin University Early Childhood Centre will aim to minimize the use of potentially dangerous products and will ensure they are inaccessible to children through locked storage, labelling and safety checks.

The National Law does not require centres to eliminate all risk and challenge from children's play or environments however, the Centre will take precautions such as:

- daily safety checks of the environment and equipment
- secure storage of hazardous products including chemicals
- purchasing products that meets Australian Standards

Policy Considerations

The centre will maintain a register of SD Sheets for hazardous substances kept on the child care premises.

- All hazardous products are used in accordance with the relevant Safety Data Sheet (SDS).
- The centre will risk assess any new product that is brought into the centre to consider the safety, the management of its use and the storage required. These are in a Hazardous Substance Register.
- Centre staff will take reasonable precautions when using any product they are not familiar with.
- Contractors will abide by the centre and University policies and will ensure that the children are not exposed to any hazardous substances or products.

Strategies for Implementation

Centre Responsibilities

All staff will be made aware of which products may pose a danger to children in the centre and will do their best to minimize the use of these products without jeopardising the hygiene of the children or themselves.

All potentially dangerous products will be clearly labelled and stored in appropriate containers out of reach of all children. Containers that normally hold food or drink must not be used.



The relevant Safety Data Sheet (SDS) for any chemical product will be readily accessible. Storage areas will be clearly labelled in a manner that does not attract the curiosity of children.

First Aid Action Plans as per SDS for each potentially dangerous chemical are followed.

Staff will discuss the dangers of certain products with the children at a developmentally appropriate level.

Staff will receive education on the chemicals, toxic substances and dangerous products policy at orientation.

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Chemicals, Toxic Substances and potentially Dangerous Products

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

- Sections 167

Education and Care Services National Regulations 2012

- Regulations 106(2), 136

National Quality Standard Quality Areas 2 and 7 including:

- 2.1.2 Health practices and procedures – Effective illness and emergency management and hygiene practices are promoted and implemented.
- 2.2 Safety – Each child is protected
- 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- 2.2.2 Incident and emergency management – Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- 7.1.2 Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service.

The Poison Information Centre on 13 11 26

Related Policies

Orientation of Staff

Health and Safety (*including Procedure*)

Curtin University Health and Safety Policy

Related Forms

Playground Safety Checks



Authority



- **Signed:**
- **Date: August 2023**

Chemicals, Toxic Substances and potentially Dangerous Products Procedure

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Contact the Poison Information Centre on 13 11 26 if necessary.

- Flammable materials are stored separately from anything that constitutes or is likely to constitute a fire hazard. (*Education and Care Services National Regulations 2012*)
- Ensure that children do not have access to plastic bags for play and that polystyrene and plastic cling film is disposed of to ensure children do not have access.
- The Centre will provide up to date information on the storage of potentially dangerous products to staff.
- The Centre will ensure that the premises is treated by a licensed pest control operator as is necessary for the control of pests and vermin, whenever possible outside centre's operating hours.
- The Centre will ensure that plants accessible to children are not toxic or harmful.
- The Centre will provide information to staff on the correct dilution ratios, appropriate uses, health hazards and first aid, correct handling and cleaning up of spills for each of the products stored at the Centre.
- Staff will be required to use substances according to the manufacturer's written instructions (SDS)
- Parents are informed and reminded that all medications must be handed to a staff member to store correctly (*See Medication Policy*)
- Locations of potentially dangerous products kept are identified by simple warning signs.
- Staff will ensure medications and chemicals are never left unattended when in use and stored immediately after use.



- All potentially dangerous products will be clearly labeled and stored in appropriate containers out of reach of all children. Containers that normally hold food or drink must not be used. The relevant Safety Data Sheets (SDS) for that product will be readily accessible. Storage areas will be clearly labeled in a manner that does not attract the curiosity of children. (Education and Care Services National Regulations 2012)
- Without adult supervision children are not permitted in and do not have access to areas where potentially dangerous products are located.
- Staff will conduct daily checks of the buildings and grounds for maintenance requirements, foreign objects and vermin.

Chemicals, Toxic Substances and Potentially Dangerous Products Procedure

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- When maintenance staff members are operating during opening hours staff will ensure that children are directly supervised to ensure their safety.
- Staff will ensure correct supervision of children is practiced by adhering to the supervision procedures.

FIRST AID ACTION PLAN FOR DANGEROUS PRODUCTS

- All permanent qualified staff will hold a current First Aid certificate
- Staff are to refer to the First Aid plan on the SDS sheets
- The telephone numbers of the Poisons Centre will be readily accessible
- To administer First Aid the affected person will be removed with a familiar person from the children's room wherever possible.
- Parents of children or emergency contacts will be notified as soon as possible
- An accident or incident report will be written as close to the time of the incident as possible



Policy Statement

Curtin University Early Childhood Centre aims to maintain a safe environment for all staff, children, parents, guardians and visitors. This means that children's safety and wellbeing; the safety of all staff and people entering the building will be protected as much as practicable while in the centre through risk assessment, supervision and awareness strategies.

The Centre will keep up to date with developments through the government media broadcasts and follow best advice from The WA Department of Health, ECRU (our licensing body) and the University for any actions to be taken to protect the well-being and safety of children, their families and staff.

Policy Considerations

At the Curtin University Early Learning Centre our policies will be guided by best advice from The WA Department of Health, ECRU (our licensing body) and the University in order to ensure we offer the safest environment possible for all who attend the Centre. Measures are in place to ensure best practice in good hygiene, and records of the movements of those who come into the centre are captured on the iPad sign in procedure. Hand sanitiser is readily available, resources are washed on a frequent basis and visitors, and when called for family members to the centre will be limited in number. Through close communication with the Department of Health their recommendations for our consideration are to have processes and procedures of low, medium and high risk for implementation.

Strategies for Implementation

Centre Responsibilities

Safety Education

Depending on the level of risk as advised by the The WA Department of Health, ECRU (our licensing body) and the University

Risk Assessment

Follow best advice offered by the above and implement stage 1, 2 or 3 of the procedure accordingly. Follow processes and procedures for **Dealing with Infectious Diseases HS10** combined with best advice on the operation of the Early Childhood Centre in line with The WA Department of



Risk assessment done to ensure the safe operation of the Centre.

Considerations and Sources

Education and Care Services National Law (WA) Act 2012

- Part 4.2 Sections 84, 90, 226, 174

Education and Care Services National Regulations 2012

- Regulations Part 2.2 Service Approval
- Regulation Part 4.2 Sections 84, 90, 226, 174
- Regulation part 4.3

National Quality Standard Quality Areas 2, 3, 4 and 7 including:

- Safety – Each child is protected

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Pandemic Specific to Covid 19

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- Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- A safe environment is maintained for children, staff, families and visitors to the centre
- Professional standards – Professional standards guide practice, interactions and relationships
- Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service.

Related Policies

Educational Programme and Practice EP1.4

Health and Safety HS04; HS09; HS10, HS12, HS13

Relationships with Children RC02

Governance and leadership GL7.1; GL7.4; GL7.8

Related Forms

The WA Department of Health; **COVID-19 Preparation and Response Guide-lines for Early Childcare Services** (January 2022)

Curtin University **Information for Engagement on Proposed COVID-19 Vaccination Policy** (January 2022)

Authority

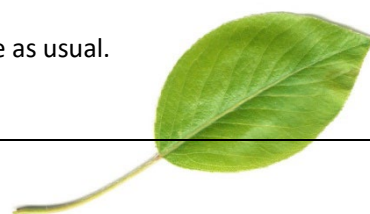
- **Signed:** 

- **Date: January 2022**





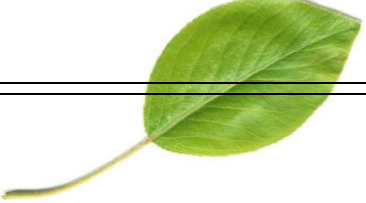
Standby	Activities
<p>Cases detected in other parts of Australia (not yet in Western Australia)</p>	<ol style="list-style-type: none"> 1. Practicing good hand hygiene and sneeze/cough: 2. All children who enter the centre to wash hands with soap and water / adults may use hand sanitiser on arriving at the centre. 3. Educators should wash hands before and after eating, after going to the toilet, after assisting children with general hygiene requirements, after feeding children and settling children and upon leaving the service. 4. Cover coughs and sneezes (i.e. sneeze into the elbow), dispose of tissues, and use hand sanitiser / wash hands. Teach children same behaviour 5. Refrain from touching nose and mouth. 6. If feeling unwell, avoid contact with others, this includes touching, kissing, hugging and other intimate contact. 7. If feeling unwell families and staff should avoid coming into the centre. Children should be monitored carefully and parents advised by Educators if they are not fit and well enough to be in the Centre. 8. Placement of student teachers and educators to continue. These students are required to be fully vaccinated or hold an approved exemption that is sighted by the centre prior to placement. Students are required to comply with WA Government and Curtin requirements in relation to COVID-19. 9. Activities in other University indoor/outdoor spaces to continue 10. Follow Department of Health/ University mandated requirements for vaccination. Record staff vaccination against virus. Children are up to date with all recommended immunisations. 11. Children’s wellness is confirmed upon arrival at the centre and parents advised to take them home if unwell for any reason. 12. Ensure that gloves are worn when assisting children with personal hygiene, serving of food and cleaning within the service. 13. Cleaning and disinfection- all surfaces cleaned ad-hoc by educators several times during the day and a thorough clean by cleaners in the evening 14. Toys and utensils in a child care environment to be cleaned and disinfected on a weekly basis. All mouthed toys cleaned after use by the child to limit the spread of infection. 15. The centre follows all recommendations of the University Safer Community Team, ECRU and the COVID-19 Health Information Line (24hr) 1800 020 080 16. Follow all health and hygiene policies and procedures in place in the centre. 17. Follow the appropriate handling and disposal of potentially infectious waste as per the centre processes and procedures. 18. Soiled linen is removed and washed immediately with minimal handling. 19. All bedding, and hats are for single person use and washed regularly to limit cross contamination and infection. 20. All Centre practices, processes and procedure to continue as usual.



Phase 1	Activities
<p data-bbox="97 174 397 280">Pandemic in W.A. State not widespread in the community</p> <p data-bbox="97 349 397 611">Precautions taken The public health threat can be managed within normal arrangements and monitoring for change is in place</p>	<ol style="list-style-type: none"> <li data-bbox="400 174 1145 203">1. Staff and visitors to wear masks when mandated to do so <li data-bbox="400 210 1321 239">2. Practicing good hand hygiene and sneeze/cough, social distance of 1.5m <li data-bbox="400 246 1406 331">3. Continue to receive briefing from University Safer Communities personal, West Australian Department of Health and check ECRU website for updates <li data-bbox="400 338 1437 423">4. Updated communication to all families regarding processes and procedures in the centre through email and Storypark, signs on doors and notices around the centre <li data-bbox="400 430 1091 459">5. Update staff through the team meetings and Bulletin <li data-bbox="400 465 1445 495">6. University Risk Assessment will be carried out for Vulnerable Workers/Staff at risk. <li data-bbox="400 501 1469 586">7. Staff to continue following all centre processes and procedures regarding Health and Safety in the centre <li data-bbox="400 593 1449 678">8. All people who enter the centre to wash hands with soap and water or sanitiser on arriving at the centre. <li data-bbox="400 685 1469 714">9. All people who enter the centre are to sign in manually or by using the Kiosk system. <li data-bbox="400 721 1469 860">10. Placement of student teachers and educators to continue. Students are required to be fully vaccinated or hold an approved exemption that is sighted by the centre prior to placement. Students are required to comply with WA Government and Curtin requirements in relation to COVID-19. <li data-bbox="400 866 810 896">11. Staff meetings may go ahead. <li data-bbox="400 902 1433 987">12. Activities in University indoor/outdoor spaces to continue unless advised that the venue is a recent COVID-19 exposure site. <li data-bbox="400 994 1374 1023">13. No outside activities that incorporate external providers to be implemented. <p data-bbox="400 1030 1410 1059">Additional steps that we take to limit the spread of virus within the centre:</p> <ol style="list-style-type: none"> <li data-bbox="400 1066 1458 1151">14. Cleaning staff and Educators (during the day) cleaning and disinfection- all surfaces, toys and utensils in the centre should be cleaned and disinfected according to the Health and Safety processes and procedures. <li data-bbox="400 1158 1445 1243">15. Follow the appropriate handling and disposal of potentially infectious waste as per the centre processes and procedures. <li data-bbox="400 1249 1469 1335">16. Educators may periodically need to wear masks in the centre, but may remove them in the room when engaging with children. <li data-bbox="400 1341 1442 1426">17. Limited capacity maintained in the staff room and surrounding staff areas, 4 in the pod room, 7 in the staff room; 6 outside in the courtyard <li data-bbox="400 1433 1426 1518">18. Children who sleep for less time, (where applicable) will be provided a bed in the outer common area where they can complete quiet activities. This will assist to reduce the density in the sleeping rooms. <p data-bbox="400 1525 1414 1554" style="text-align: center;">If feeling unwell families, guardians and staff <u>must not</u> come into the centre</p>



Phase 3	Activities
<p>The infection has become highly active in the Community. Large number of daily cases.</p> <p>Management of Centre to ensure safe arrangements with continue monitoring</p>	<p>All Processes and procedures as above.</p> <p>Additional steps that we take to limit the spread of virus within the centre:</p> <ol style="list-style-type: none"> 1. All processes and procedures above are ongoing 2. University may take action if evidence of vaccination is not provided and person may 'be treated as unvaccinated' according to the University requirements on the Staff Portal. 3. Cleaning and disinfection - all surfaces, toys and utensils in a child care environment should be cleaned and disinfected as per Health and Safety processes and procedures on a daily basis throughout the day as per the schedule for a pandemic. 4. Limit the number of people who come into the centre. One person for drop off and pick up. Older siblings wait in foyer area. 4. The centre follows all recommendations of the West Australian Department of Health, the University Critical Incident Management Team <CIMT@curtin.edu.au>, ECRU in relation to general exclusion periods for staff and children 4. Educators monitor children for illness and report to Director if children are deemed unwell. Follow directions given by W.A. Health Department with regards to calling parents. Director to follow through with mandatory reporting if COVID-19 is suspected/confirmed 5. Staff social distance with each other at all times 6. During drop off and pick up adults must use sanitiser before touching iPads in the common areas 6. All visitors to the centre either sign-in to the visitor/contractor book or into the iPad sign-in system. 7. Pick up and drop is to the door only. Adults may no longer enter their child's room. They must ring the doorbell to gain attention and wait for educator to come to door 7. All processes exception to this is the Gazebo Room – parents may enter. 8. Staff follow all health and hygiene policies and procedures in place in the centre 9. Employ an additional cleaner to ensure all surfaces are wiped and clean throughout the day. 10. Children in sleeping room are to sleep head to toe alternatively to increase space 9. Cleaning and disinfection - all surfaces, toys and utensils in a child care environment should be cleaned and disinfected as per Health and Safety processes and procedures on a daily basis throughout the day as per the schedule for a pandemic. These systems maintain a minimum of 1.5 times the required amount of fresh air as required in the relevant Australian Standards This is approximately 10-20 times per second. 10. Wash and disinfect all outdoor equipment on a daily basis 11. The centre follows all recommendations of the West Australian Department of Health, the University Critical Incident Management Team <CIMT@curtin.edu.au>, ECRU in relation to general exclusion periods for staff and children. 12. B003 10 x split systems and 1 x central evaporative system 12. All airconditioning filters are rated above the required standard and are maintained in line with the manufacturer's requirements. 15. All additional drinking systems (i.e. hot water) commence operation at 4.30am (2.5 hours before the centre opens) to ensure fresh air throughout the facilities at the commencement of each day. 13. Staff socially distance from each other during room time 14. Create a list of staff who can be called upon as 'casual' to take the place of regular staff who may need to isolate. 16. Windows and doors can be opened to all rooms to increase airflow throughout the rooms. This is encouraged unless it is a very hot day, it is a balance between increasing the airflow and maintaining a comfortable temperature within the rooms. 15. Staff meetings are now arranged through electronic means rather than face to face. 16. Educator office space is arranged to maintain physical distancing requirements 17. If feeling unwell families, children, visitors and staff must not come into the centre.



Closure	Activities
<p>Staff or child from the Centre is diagnosed as having COVID-19</p>	<p>After Hours</p> <ul style="list-style-type: none"> • Upon being informed, follow directions to close the Centre from West Australian Health Department or Critical Incident Management Team Curtin University. Ensure both are notified. • Contact the West Australian Health Information Line (24hr) 1800 020 080 and follow their recommendation • Notify ECRU • Notify all staff via phone to remain at home in isolation until further advice. • Agency Randstad and Flexistaff staff, if already booked, to contact their staff who have worked in the centre during infectious period/ or not to come into work until centre is cleared. • Have a parent phone list available. Follow the lead of the Health advice if the Centre is to remain open or is to close. If necessary notify parents via phone, Storypark or email not to bring children in until further notice • Continue to work with advice from COVID-19 Health Information Line, Curtin University critical incident management team and ECRU with their recommendations on how to move forward. <p>Opening Hours– Should the centre remain open</p> <ul style="list-style-type: none"> • Notify all staff via phone to remain in rooms in isolation until further advice. • Contact the COVID-19 Health Information Line (24hr) 1800 020 080 and follow their recommendations. • Agency; Randstad and Flexistaff to contact their agency to advise, but remain where they are until further advise is given via the COVID-19 Health Information Line • Stop further entry into the building with a sign on the door “Do Not Enter” • Contact Critical Incident Management Team Curtin University • Call David Menarry to keep updated • Make contact with parents by phone with a coordinated approach as advised by Health Department • Get information out to all parents in a timely manner re: collection of children • Continue to keep community informed on decisions regarding centre operation



Preparation for reopening	Activities
<p>Phase 1</p> <p>Instructions either from The West Australian Department of Health or the Curtin University critical incident management team to close the centre</p>	<p>Should the centre close After Hours / Open Hours</p> <ul style="list-style-type: none"> • Notify all staff via phone to remain at home in isolation until further advice • Notify parents via email / Storypark not to bring children in until further notice • Notify ECRU • Notify security to notify trades peoples and suppliers via a note on the door • Follow all advise given by safer Communities, ECRU and the West Australian Health Department • No staff or children on site • Director to arrange thorough clean of all areas ready for reopening • Director to arrange staffing ready for return For children • Director to arrange communications to parents in relation to reopening • Director to arrange Employee Assistance program support for staff if required • Director to check all large/fixed equipment e.g. stoves, oven, cool room, freezers, washing machines and arrange maintenance or replacement prior to the return of children if required • Director to arrange a ventilation/aircon system check/filter check/clean with the Service Coordination Centre ext 2020 prior to the return of children • Director and Coordinator to review non-food supplies/consumables and reorder in preparation for reopening • Chef to complete a stocktake of all food items, dispose of expired stock and reorder supplies as required • Director to arrange the completion of a Workplace Inspection of the site and arrange any maintenance work to be completed before the return of children



Multiple staff off	<ul style="list-style-type: none"> • Adhere to regulations with regards to ratios. Call in from Casual list staff who are available and meet mandated requirements • Use Randstad, Flexistaff to cater for additional staff as required • Look at numbers in each room. If multiple children are off also then we may have staff to cover. • Use people in other positions such as receptionist /office staff to replace qualified staff in rooms • Send children home to meet ratio numbers as per regulations
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Area of concern	Contact	Email/ Phone
COVID notifications – positive, close or casual contact COVID positive – immediate notification required	Safer Communities Team	securitycomms@curtin.edu.au 9266 4444
General COVID concerns regarding staff or students	COVID Concern	covidconcern@curtin.edu.au
Staff vaccination enquiries	Staff Vaccination Query	StaffVaccsQuery@curtin.edu.au
Student vaccination enquiries	Student Vaccination Query	StudentVaccsQuery@curtin.edu.au
Student service, support and advice	Curtin Connect	curtinconnect@curtin.edu.au
All queries not relating to the above including information on State Directions	Critical Incident Management Team	CIMT@curtin.edu.au

More information is available from the following documents on the Staff Portal or see ***copies below***:

- [Curtin COVID-19 Leave Guidelines](#)
- [Curtin COVID-19 Line Manager Guidelines \(close and casual contacts\)](#)
- [Temporary Work from Home Approval form.](#)



Government-Phase 2

Curtin University Early Childhood Centre – Phase 3

- ***New drop off and pick up process from Tuesday 8th March.*** After signing in on the iPad go to your child's room and ring the doorbell. **DO NOT ENTER their ROOM.** A staff member will take your child from you at the door. Likewise at pick up, ring the doorbell and await staff to bring your child.
- Parents will not be able to enter the room, siblings and children should not play in the courtyard area during drop off and pick up.
- ***If you must wait your turn, please observe the 2sqm ruling and distance from other families.***
- Visitors are to wear masks
- Practice good hand hygiene, wash hands, sneeze/cough protocol, social distance of 2m
- Adults to use Hand Sanitiser before entering the centre, **and before using the iPad**
- ***All people*** who enter the centre that are mandated to be vaccinated must be fully vaccinated with the Government approved vaccine for COVID-19 and be able to show evidence through the West Australian Government Apps if asked.
- Hand over from Educators will be kept short.
- The Centre will limit the number of people who come into the Foyer to 3 families. One person per visit to drop off or pick up. 1 families only at each iPad in the foyer to sign in and 1 family socially distanced waiting. Additional families must wait outside until the foyer clears. **DO NOT push passed families to go through to the Centre without signing in first.**
- All people waiting both inside and outside must socially distance 2m All families must have access to, and check Storypark for updates to procedures.
- Should a staff or a child have a confirmed case of COVID-19 we will take advice from the West Australian Department of Health and advise all families via Storypark of all actions to be taken.



- Parents must keep children with cold and flu like symptoms and a temperature 37.5 or greater at home and if COVID is suspected please visit a testing clinic and not return the child to the centre until they have received a negative result and all isolation protocols are observed. Proof of this will be needed for the child to return. (The temperature of 37.5 is lower than that of the Centre policy of 38 degrees but the lower temperature will be maintained during this COVID phased).
- Should a child require Panadol or Nurofen before attending the service e.g. early in the morning, they cannot attend, as this can mask illness, including COVID-19.
- If a child falls ill in the Centre during the day with symptoms and a temperature greater than 37.5 the family contact will be called to pick them up *immediately*.
- Those who have been in contact with someone who has tested positive for COVID-19 must declare this to the Centre and will not be permitted entry into the Centre until a COVID test is carried out and a negative result is returned 7 days after notification.
- Families being tested for COVID-19 must keep child(ren) away from the Centre until a negative result has been received for all family members. Evidence required.

Govern-Phase 2

Curtin University Early Childhood Centre – Phase 3

New steps for the service in Government Phase 2/Service Phase 3

1. Float staff – are required to wash their hands when they walk into the room and when they leave the room. i.e. If they are moving from Koolbardi to Marli they wash their hands in Koolbardi before leaving then again in Marli as soon as they enter. Because they are moving around the centre float staff are to wear masks at all times. We will make every attempt to minimise Float movement between rooms.
1. Social distancing **IS A MUST** with your colleagues. Even when working with children please socially distance from your work mates. 2sqm
2. Staff Area
 - a. Max of 4 people in the POD area, Masks compulsory
 - b. Max of 3 people on couches (1 on each couch), masks compulsory unless eating
 - c. 4 people at dining table, masks compulsory unless eating
 - d. 6 people in the courtyard with a max of 4 at large table masks *do not* need to be worn
3. Moving around the centre – Minimise how much you move around the centre and do not bring children with you when going into the kitchen area or to the photocopier.
4. I am very aware that many of you were distressed last year when staff meetings were cancelled last minute. We have tried to mitigate this by doing it on TEAMS. However, with the new 2sqm distancing coming into play we feel we have no choice but to cancel. We will make every attempt to find another way of delivering the video and any messages to you but we will cancel the meeting on Thursday 9th until further notice based on health advice.



5. We will continue with the additional cleaning and please take care yourself to wipe resources, equipment....great waterplay for kids to have them washing their equipment i.e. matting, slides, balance beans etc. they can each have their own bucket of suds.
6. Parents will not enter the rooms. They will drop off and pick up from the door (From Tues 8th)
Exception to this is the Gwaga Room – parents may enter.
7. Short handover (less than 15 mins)
8. Parents waiting in line for drop off and pick up are to socially distance 2sqm
9. Children and adults may not use the inner courtyard for play while waiting for drop off and pick up.
10. Ventilate rooms with open windows or with airconditioning.
11. Take good care of yourself. This includes washing your hands often and as soon as you get home from being outside anywhere.
12. We are slated to have student educators in April /May. These will be postponed if we are still in phase 2
13. Intergenerational programme postponed till further notice.
14. Parent Meeting postposed during Phase 2

Curtin University Early Childhood Centre – Phase 4

- 1 Float staff – are required to wash their hands when they walk into the room and when they leave the room. i.e. If they are moving from Koolbardi to Marli they wash their hands in Koolbardi before leaving then again in Marli as soon as they enter.
- 2 Every attempt to minimise float movement between rooms.
- 3 Wearing masks is no longer compulsory. Individual choice
- 4 Social distancing is no longer required but is recommended with your colleagues and children
- 5 Staff Area may return to usual numbers with consideration given to ventilation, social distancing and the wearing of masks but not compulsory.
- 6 Staff meetings will go ahead as calendared
- 7 Staff who test positive will remain off work for number of days according to Government requirements.
- 8 Close contacts will be notified and follow Government requirements for testing and reporting.
- 9 Children who test positive will remain at home for number of days according to Government requirements.
- 10 Close contacts will be notified and follow Government requirements for testing and reporting.
- 11 Parents may enter the rooms.
- 12 Handover (less than 15 mins)
- 13 Ventilate rooms with open windows or with air conditioning when possible during winter.
- 14 Take good care of yourself. This includes washing your hands often and as soon as you get home from being outside anywhere.



15. Intergenerational programme will recommence in Semester 2.

16. Parent Meeting may resume

