

# Policy Document

## Safety, Wellbeing and Rights

### Applicable Legislation and Standards

<b>Human Services Quality Standards</b> - Queensland Department of Communities Child Safety and Disability Services
<b>Education and Care Services Act and Regulations 2013</b> - Queensland Department of Education, Training and Employment
<b>Education and Care Services Act and Regulations 2011</b> – Australian Children’s Education & Care Quality Authority
<b>National Quality Standard</b> - Ministerial Council for Education, Early Childhood Development and Youth Affairs
<b>AS4989:2015</b> – Australian Standard – Trampolines for Domestic Use – Safety Aspects

### Links to Related Policies and Forms

F.0B	PBS Template (Positive Behaviour Support Plan)	F6.12B	Daily Outdoor Checklist
F.40A	Parent-Carer Authorisations	F6.12C	Daily Indoor Checklist
F2.03A	Interest in Enrolment Application Form	POL1.1	Management
F2.03T	Child’s Learning Details - Queensland	POL2.0	Service Access
F4.010B	Nomination or Change of Support Person (Advocate Form)	POL3.0	Responding to Individual Need
F4.02C	Allergic Reactions Plan	POL4.1	Child Protection
F4.03A	Asthma Action Plan	POL6.1	Workplace health and Safety
F4.0A	Special Diet Form - Non Medical	PRO1.110	Incident Reporting
F4.06A	Community Experience Consent Form	PRO4.010	Providing Advocacy Services
F4.06B	Community Experience Risk Management Plan	PRO4.011	Guidelines and Protocols for Managing a Chicken Coop
F4.08A	Medical Condition Communication Plan	PRO4.012	Trampolines
F4.08B	Medical Condition Risk Minimisation Plan	PRO4.02	Anaphylaxis (Severe Allergies) Procedure
F4.08C	Epilepsy Action Plan (1 type of seizure)	PRO4.03	Asthma Procedure
F4.08D	Epilepsy Action Plan (2 types of seizure)	PRO4.06	Community Experiences
F4.08E	Room Medication Record	PRO4.08	Medical Conditions
F4.08F	Epilepsy Emergency Medication Plan	PRO4.09	Sunscreen Application
F4.08G	Long Term Medication Form	PRO6.112	WH&S Buildings and Equipment
F4.0B	Nursery Sleep Chart	PRO6.12	WH&S Regular Inspections and Activities
F4.0C	Withdrawal of Authorisation to Collect your Child	PRO6.13	WH&S First Aid
F6.02A	Staff Code of Ethics	PRO6.14	WH&S Hygiene and Infectious Diseases
F6.11C	Hazard and Maintenance Register	PRO6.16	WH&S Hazardous Chemicals

### Other Related Documents

Privacy Act 1988	Disability Services Act 2006
Privacy Amendment (Enhancing Privacy Protection) Act 2012	Disability Services Act 1993 (SA)
Disability Discrimination Act 1992	Occupational Safety and Health Act 1986 (SA)
Guardianship and Administration Act 1993 (SA)	Volunteers Protection Act 2001 (SA)
Education and Care Services National Law Act 2010	Education and Care Services National Regulations 2011
Associations Incorporation Act 2009	Guideline – Reporting of Incidents to SA Police by Non Government Organisations
Children’s Protection Act 1993 (SA)	

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### Key Stakeholders

Review Group	Centre Managers	16-Sep-2014
Approval Group	Executive Management Team	04-Sep-2014

### Revision History

Issue #	Revision detail	Date of issue
1	Re-release of policies in new format POL4.0, 4.1, 4.2, 4.3, 4.4, 4.8, 4.9, 4.10, 4.11, 4.13, 4.14	29-Apr-2014
2	Addition of form F2.5J to “Delivery and Collection of Children”; Revision of forms related to Community Experiences; Addition of Children’s Protection Act (SA) 1993 to ‘other related documents’; Addition of section ‘Duty of Care’ and relevant Acts	06-Jun-2014
3	Section ‘Key Stakeholders’ added; Section ‘Policy’ reference to car seats and booster seats removed; Section ‘Food, Beverages and Nutrition’ text added relating to the provision of food treats as reinforcers; Section ‘Rest & Relaxation’ note added relating to prompting children to stay on beds at rest time; provision for heating of formula and cow’s milk by microwave removed	18-Sep-2014
4	Addition of clause confirming AEIOU’s right to refuse entry to AEIOU’s premises	21-Sep-2015
5	Addition of clause requiring children in a nursery to be regularly checked when sleeping	16-Nov-2016
6	Sections on Medication and Medical conditions updated to reflect addition of new medical condition action plan templates (asthma, epilepsy, anaphylaxis) and the requirement for medication to only be administered by trained personnel (if required)	15-Jan-2016
7	Amendment to the nursery check section – from 18 months to 15 months	12-Feb-2016
8	Inclusion of procedure for the installation of a chicken coop at Sippy Downs. Updated related policies and procedures and forms and removed hyperlinks in this section	7-Mar-2016
9	Update to hygiene practices in relation to food handling	12-May-2016
10	Update to include reference to Room Medication Record	27 May 2016
11	Amendments to Authorisations, Room Medication Records and Breast Milk	13-Jul-2016
12	Removal of requirement for milk/formula/breastmilk to be stored only in the body of a refrigerator (any place in a refrigerator is acceptable)	2-Aug-2016
13	Inclusion of insect repellent	20-Oct-2016
14	Inclusion of new Procedure – Trampolines	10-Nov-2016
15	Inclusion of new Form – Special Diet Form (Non Medical)	26-Apr-2017

**Required for Parent Folder?      Yes**

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### Purpose

AEIOU Foundation (AEIOU) provides a physical environment that is safe, appealing, constructive, well-maintained and welcoming to all individuals who use it.

**NOTE:** This Policy relates only to the safety, wellbeing and rights of children enrolled at, and attending AEIOU centres. Staff and general workplace health and safety issues are covered in **POL6.1 Workplace Health & Safety**.

### Who is affected by this policy?

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This policy applies to all AEIOU staff members, visitors, volunteers, students and the children attending the service and their families.

### Policy

Children interact and explore their learning environments throughout the day grouped according to their age and/or developmental stage.

AEIOU aims to provide, promote and encourage the maintenance of a safe and healthy environment from which children will learn about the world in which they live. In relation to our physical environment, the service will provide an environment that fosters children's learning, development and safety by:

- Providing appropriately sized furniture and equipment in both the indoor and outdoor settings for the age ranges represented in the service.
- Providing challenges in relation to indoor and outdoor elements in the environment to encourage appropriate challenges and risk taking as per each child's developmental level.
- Providing an environment that is well organised so children, educators and others in the environment can generally move around without having to disrupt other children's activities.
- Incorporating any specific requirements of children with additional needs as seamlessly as possible including entry and exits that are accessible to all clients that may enter including wheel chair access.
- Incorporating soft fall material into our environment and placing any climbing play equipment, swings or slides on soft fall materials.
- Undertaking appropriate risk assessments of the service's environment to ensure that risk is minimised at all times.
- Providing visual supports to enable non-verbal children to communicate wants and needs.
- Providing experiences for children to interact with nature by including natural elements (e.g. plants, trees, gardens, rock, mud or water) in our outdoor environment
- Providing adequate and ongoing training for new and existing educators and volunteers in relation to the children's learning and relevant safety considerations.
- As part of our sun protection strategy, providing adequate shading as per the recommendations of recognised authorities.
- Establishing the environment to allow children to be appropriately supervised at all times.
- Fencing the area in order to provide safety.
- Engaging the children in a wide variety of indoor and outdoor experiences.
- Enabling the children to access appropriate furniture, resources, materials, toys and equipment. These resources will be adequate in number for the amount of children attending our service and be developmentally appropriate.

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- Providing an environment where children can explore, solve problems, create, construct and engage in critical thinking that is developmentally appropriate in the service.
- Providing an environment that encourages large and small group and independent activities.
- Providing an environment that incorporates commercial, natural, recycled, home-made and real resources that can be used in a variety of ways to encourage children's learning.
- Providing adequate and accessible hand-washing, toileting, eating and sleeping facilities as per the amount of children attending our service.
- If children attending the service use nappies, the service will provide adequate and appropriate hygienic facilities for nappy changing. If children at the service are under 3 years of age, there will be at least 1 properly constructed nappy changing bench. The nappy change facilities are designed, located and maintained to ensure that children cannot access them without being directly supervised.
- Establishing an environment that incorporates natural and artificial lighting, appropriate ventilation, heating and cooling and fresh air.
- Provide quiet areas where children can sleep or rest.
- Providing a separate indoor space for children who are under two years of age, (for centres who have baby and toddler rooms).
- Providing a space for administrative functions, consultation with children's parents and for private conversations to take place.
- Ensuring children's safety by ensuring that power points not in use have safety caps, all power-boards are out of reach of children and all electrical cords are secured.
- Discussing with children the safety aspects of using toys and equipment. When circumstances allow, we will involve the children in setting these rules, where applicable.
- Keeping maintenance logs.

### Duty of Care

AEIOU has a duty to take reasonable care, for the safety and welfare of all children, employees, volunteers, students, family members, visitors and contractors. All employees have a general duty of care to maintain their own safety and the safety of others. Implementing duty of care involves taking all reasonable steps to ensure the safety and welfare of persons, from both known and reasonably expected risks of harm and/or injury.

### Statement

This is achieved by:

- Providing an Induction program and ongoing education for all employees and volunteers with information and instructions on workplace hazards and supervision requirements.
- Providing an environment in which people are not exposed to hazards and providing personal protective equipment to be used when required.

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- Ensuring that daily duties and health care supports are performed ethically and appropriately to support the rights and interests of children, their families and employees.
- Promoting and monitoring compliance with the Staff Code of Ethics (**F6.02A**) to encourage employees to act honestly and in the overall best interests of service users.
- Using safe work practices and systems that comply with Work Health, Safety and Welfare legislation and codes of practice.
- Complying with policies and procedures related to discrimination, harassment and bullying.
- Implementing appropriate reporting mechanisms to meet duty of care requirements.
- Using employment practices that require police checks and approved competencies to perform tasks effectively and safely.
- Ensuring that insurance coverage and requirements are reviewed and adequate.
- Complying with the Trade Practices Act and state consumer protection laws in relation to goods and services.
- Ensuring that corporate governance and financial duties are performed with care, skill and attention to detail with avoidance of conflict of interest activities.
- Assessing the level of risk involved in any individual activity including the probability of the risk occurring and consulting with Managers and Supervisors or appropriate personnel if required
- Notifying employees that prosecution may occur if reasonable duty of care has not been taken to avoid causing harm and/or injury to others.

### Alcohol, Illicit Drugs and Tobacco Free Environment

In compliance with the Education and Care Services Regulation 2013 (items 17 & 18), AEIOU ensures that children at our centres 'are provided with an environment that is free from the use of alcohol, illicit drugs, and tobacco'.

In addition, we ensure that no staff member is 'affected by alcohol or drugs, including prescription medications, so as to impair his or her capacity to supervise or provide regulated education and care'.

### Choosing Appropriate Resources and Equipment

- The Finance & Administration Department will maintain an up to date inventory/registry of equipment at each service.
- The Approved Provider / Centre Managers will be ultimately responsible for any purchases of equipment in accordance with approved delegations.
- Each centre will be responsible for equipment maintenance and replacement.
- Resources and equipment will be chosen to reflect the cultural diversity of the service's community and the cultural diversity of contemporary Australia, including the incorporation of the Aboriginal and Torres Strait Islander community.
- All new equipment will be checked against Australian Safety Standards where applicable.

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- Equipment that should only be used under supervision will be stored in a safe place or appropriately secured.
- The use of pools and toys or equipment which involves the use of water will be used under the direct supervision of educators. All equipment will be emptied of water when not in use, and stored in such a manner that it cannot collect water.
- Children will only use a trampoline whilst under the direct supervision of an adult educator.
- Equipment will be checked regularly by the educators to ensure it is in a clean and safe condition.
- All equipment purchased for the service will be within budget limitations.

### On-going Maintenance

- The service will consistently reflect on its environment and put in place a plan to ensure that the environment continuously reflects our ideology of providing an environment that is safe, stimulating and engaging for all who interact with it. This may include completing a risk assessment.
- Each centre will keep an ongoing Hazard and Maintenance Register **(F6.11C)**.
- If asbestos is present, the Asbestos Management Plan shall be reviewed as required and any renovations/maintenance work is to be conducted with the plan.
- The Approved Provider/Centre Manager will ensure that the service and its grounds comply with Local Government and Building Code of Australia (BCA) regulations in regards to fire ventilation, natural and artificial lighting and safety glass.
- The Centre Manager shall ensure that all workplace health & safety checklists are completed as they fall due.
- Should the service undertake major renovations, management plans will be put in place to ensure that the safety of educators, children, families and others at the service is not compromised.

### Safety Checks

A daily inspection of the premises will be undertaken before children begin to arrive. Refer to **PRO6.12 WH&S Regular Inspections and Activities**.

This inspection will include the:

- Perimeters & Fences
- Fixed Equipment
- Gates
- Paths
- Buildings
- All rooms accessible by children

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In the event of an unhygienic item or sharp object being found (for example a syringe) educators will wear gloves and use tongs to pick up the object and place it in a bag and then place within the external bin or the 'sharp object box'. This box will be disposed of as per the recommendations of our local council.

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

In regards to non-fixed play equipment in the service grounds it can be no more than 1.2m high and will not obstruct the sight of supervisory educators.

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

The Indoor and Outdoor Daily Safety Checklists will be used as the procedure to conduct these safety checks. A record of these will be kept by the service. Any required maintenance will immediately be reported to the Centre Manager who will make the appropriate arrangements to have repairs carried out.

Refer to **PRO6.12 WH&S Regular Inspections and Activities** as a guideline to produce Checklists for the service's individual needs.

### Cleaning of Buildings, Premises, Furniture and Equipment

Refer to **PRO6.14 WH&S Hygiene and Infectious Diseases**, **PRO6.112 WH&S Buildings and Equipment** and **PRO6.16 WH&S Hazardous Chemicals**.

### Delivery and Collection of Children

The following procedures must be adhered to at all times to ensure the safety of the children.

#### Arrival:

- All children must be signed **IN** by their parent or responsible adult as nominated in their enrolment forms.
- Until parents leave the service, they are responsible for their child's wellbeing. Once the parents leave the legal responsibility lies with the service provider.
- Parents are responsible for any siblings brought into the service at all times and the sibling should remain in close supervision of the parent.
- To ensure each child is cared for at all times, an educator will greet and receive the child at all

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times.

- A locker should be made available to children and their families.

### Departure:

- Centre Managers are to ensure that the Authorised Nominee pick-up list for each child is kept up to date (**Parent/Carer Authorisations F4.0A**).
- No child will be released into the care of any persons not known to educators. If educators do not know the person by appearance, the person must be able to produce some form of photo identification to prove that they are an Authorised Nominee as listed on the child's enrolment forms. To add an Authorised Nominee or to revoke the permission of an authorised nominee, the parent/carer must complete a **Parent/Carer Authorisations Form F4.0A**). Note, to remove a parent as an Authorised Nominee, the parent being removed from the list must agree and sign the form or an appropriate Court Order/document must be provided.
- Parents must give prior notice where the person collecting the child is someone other than those mentioned on the enrolment form, e.g. in an emergency situation. The person nominated by the parent must be able to produce some form of identification. In an emergency situation parents must provide staff with written consent for an unknown person to collect in the form of an email, or text message to authenticate their request.
- Children are not to be released into the care of persons not authorised to collect the child, e.g. court orders concerning custody and access.
- Parents must give prior notice of any variation in the persons picking up the child. If notice is not given, and educators cannot contact the parent, the child must not be released into the care of that person.
- Should a staff member suspect that a carer has arrived to collect a child from a centre and is intoxicated, under the influence of drugs or similarly unfit to take responsibility for the child, they will take the following actions:
  - Bring the matter to the attention of the carer in a manner that best prevents the child from being made aware of the discussion,
  - Suggest to the carer that another parent/Authorised Nominee be contacted to collect the child,
  - Contact the police if the carer refuses to cooperate, providing them with the circumstances, the carer's name and their vehicle registration.
- Educators cannot prevent a parent from collecting a child, but do have a moral obligation to persuade a parent to seek alternative arrangements if they feel the parent is in an unfit state to accept responsibility for the child.
- All children must be signed **OUT** by a parent or Authorised Nominee in order for parents to be eligible for Childcare Benefit. This also assists educators in knowing who has left the service.

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- At the end of each day educators must check all beds and the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes.
- Children may leave the premises in the event of an emergency, including medical emergencies.
- AEIOU Foundation reserves its right to restrict entry to our premises and may, if deemed necessary, decline to accept an authorised nominee's entry. Such decision will be confirmed in writing to the parent(s) or carer(s).

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### Late collection:

- Where it is necessary for a centre to remain open after the nominated hours of operation due to a late collection of a child by their parents/guardians it is necessary to provide not less than two suitably qualified staff to support that child.
- AEIOU sets a late collection fee for any collection which falls outside the normal hours of operation. This fee comprises of:
  - The late collection penalty of \$25.00 will be incurred for the first 10 minutes and \$1.00 per minute late collection thereafter. Collection times will be taken from the child's daily sign in sheet.
  - Parents/guardians who are late in the collection of the child must notify the centre as soon as possible of the impending late collection so staff can make suitable arrangements to prepare the child for the change in routine.
  - In the event that a Parent/guardian does not arrive or contact the centre within 30 minutes of the service closing, the local police will be contacted and the child will be relinquished into their care. Staff are unable to transport the child in this case.

Individuals visiting our service must also sign in when they arrive at the service, and sign out when they leave. Details of absences during the day must also be recorded.

### Emergency Care

AEIOU recognises that there may be occasions where it is in the best interests of a child or children to attend an AEIOU centre on a day for which they are not enrolled, and where such attendance results in the licensed capacity of that centre being exceeded. This is known as emergency care.

In these circumstances, AEIOU will ensure:

- Emergency care is not to be provided to the child or children where emergency care was provided on the previous day;
- That the amount by which the number of children being cared for exceeds the service's licensed capacity is not more than the number of children receiving emergency care.

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The provision of emergency care is to be reported to the department using form **ECS23 Queensland Education and Care Service Complaint and emergency care notification**  
<http://deta.qld.gov.au/earlychildhood/pdfs/ecs-act/ecs23.pdf>

### Clothing

Clothing is an area where staff and families must work together and share responsibility to promote positive outcomes for children at the service. In order to promote respect for the children and their families, staff will:

- Respect each child and family's individual decisions, beliefs, values, practices and traditions.
- Convey respect for children and an appreciation of their individuality by building in opportunities for them to make choices in relation to getting dressed, and the clothing they wear. However, issues relating to health, safety and the child's play and learning are the most important.
- Be aware of individual children's and families' attitudes towards privacy and modesty when children are having their clothes changed or staff are dressing them. Work with children and families to ensure that individual needs and preferences are understood and catered for.
- Acknowledge that respect is important in addressing issues about clothing with families.
- Work with families to have a better understanding of their particular cultural traditions regarding clothing and understand that there may be a range of cultural and religious issues related to dress.
- Encourage families to label all their children's clothing to alleviate lost / misplaced items.

It is vital that staff support positive messages about clothing and support children's learning through daily practices and programming. Strategies staff may implement might include:

- Role modelling appropriate clothing strategies.
- Wearing sun protective clothing at all times when outside.
- Wearing appropriate footwear at all times.
- Discussing preferences in clothing where possible.
- Supplying suitable dress up clothes.

#### Clothing for Messy Play:

Messy play forms a large component of the program as it is a valuable way to explore a child's creativity and is also a way to encourage sensory exploration of new textures and materials. Examples of these activities may include painting and collage experiences or clay and water play. Staff may encourage children to wear the provided smocks / aprons during these messy activities. As this is not always possible / appropriate for children to wear these aprons / smocks, families are encouraged to either avoid sending their children in "good clothes" that may be marked during messy play or to provide an appropriate clothing choice to promote and not inhibit positive play experiences.

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### Health and Safety Considerations

#### Sleepwear:

- Staff should monitor the temperature of the rest environment and address clothing needs in relation to the temperature.
- All garments with hoods or cords are removed before the child has a rest to reduce the risk of choking.
- All sleepwear must take into consideration:
  - Child's age
  - Temperature of the rest environment
  - Bed linen being used
  - Individual needs of the child.

#### Sun Safe Clothing:

- Children will be encouraged to wear appropriate hats and will be provided with individual AEIOU bucket hat when they enter the service.
- Parents will be advised through the Parent Handbook to dress their children in sun protection clothing where possible. For example, shirts and dresses with collars or high necks and sleeves, longer shorts or skirts and use of close weave fabric. Refer to the section on Sun Protection in this document for further details.

#### Clothing for Environmental Conditions:

- All children must have an adequate supply of clothing for use during care.
- It is expected that families will supply suitable clothing, hats and footwear which will meet the needs of different weather conditions at the time.
- Children should bring at least one set of spare clothes; if toilet training more changes of clothing will need to be provided.
- Clothing should be easy for the children to manage independently. This encourages self-help skills which extend to include changing clothes for role play.

#### Clothing and Footwear discouraged at AEIOU:

- Hooded jumpers with cords increase the risk of choking. It is recommended that all children under three years of age do not have cords on their jumper.
- Thongs or Crocs should not be worn whilst children are in care, as they make it difficult for children to participate fully in active games.
- Any clothing that inhibits a child's play or development of self-help skills should not be used whilst the child is in care. For example overalls and tights are often difficult items of clothing to be managed independently by a child.

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- Clothing that offends others. For example shirts or baseball caps with slogans, images or language that may potentially provoke a negative response, or offend a particular cultural group.

### Sun Protection

Queensland has the highest rate of skin cancer in the world. Of all new cancers diagnosed in Australia each year, 80 per cent are skin cancers. Given that children in childcare are there during peak ultraviolet radiation (UVR) times throughout the day, early childhood settings play a major role in both minimising children's UVR exposure and providing an environment where policies and procedures can positively influence long-term behaviour. Skin damage, including skin cancer, is the result of cumulative exposure to the sun. Research shows that sunburn contributes to skin cancer and other forms of skin damage such as sunspots, blemishes and premature ageing. Most skin damage and skin cancer is therefore preventable. Ultraviolet radiation (UVR) levels are highest during the hours that children are at childcare settings. As children will spend a portion of their day outdoors, we are committed to protecting them from harmful effects of the sun. With this in mind, the service realises the need to protect children's skin and educate them about Sun Smart behaviour, thus reducing the risk of skin damage from exposure to the sun.

See document **PRO4.09 Sunscreen & Insect Repellent Application** for further information.

Our organisation recognises that winter sun also contributes to skin damage and we implement our Sun Smart practices during winter as well. Our Sun Smart practices aim to ensure that all children attending our establishment are protected from the harmful effects of the sun throughout the year.

Our service will:

- Put in place autism specific strategies in order to promote hat wearing.
- Inform parents of this policy and our Sun Smart practices when they enrol their child.
- Provide a bucket hat for each child that enters the service.
- Increase the amount of shade in the grounds, where possible, by building shelters and planting trees.
- Encourage all staff to act as positive role models for children in all aspects of Sun Smart behaviour by:
  - wearing broad-brimmed / legionnaire styled hats and appropriate clothing for outdoor activities
  - using SPF 30+ broad-spectrum, water resistant sunscreen
  - seeking shade whenever possible.
- Supply or organise the purchase of communal sunscreen.
- Review this policy annually.
- Supervise children's application of sunscreen (SPF 30+)

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The service will encourage parents / carers to:

- Provide own hat if desired. Cancer Council Queensland recommends 7.5cm broad-brimmed, legionnaire-style
- Ensure that their child's clothing provides adequate protection from UVR. Cancer Council Queensland recommends clothing with the following features:
  - dark-coloured
  - collars and sleeves
  - closely woven fabric
  - natural fibre
- Before arriving at centre put 30SPF sunscreen on their child.
- Act as positive role models by practising Sun Smart behaviour.

### Insect Repellent

AEIOU understands that at various times of the year, children may be vulnerable to insect bites (eg. sand-flies) and that parents/carers may request for insect repellent to be applied to their child during the day. In order for AEIOU staff members to apply insect repellent, the parent/carer is required to provide the insect repellent with a pharmacy sticker affixed to the container. The pharmacy sticker is required to include usage information.

See document **PRO4.09 Sunscreen & Insect Repellent Application** for further information.

### Food, Beverages and Nutrition

AEIOU aims to promote healthy lifestyles, good nutrition and the wellbeing of all of children, educators and families. We also aim to support and provide adequately for children with food allergies, dietary requirements and restrictions and specific cultural and religious practices. Where a child is on a special diet for reasons of a non-medical nature (eg. cultural or religious reasons, vegetarian diet or parent belief that a certain food causes discomfort), **Form 4.0A** (Special Diet Form – Non-Medical) must be completed by the parent/carer. Where the special diet is required due to a non-severe medical condition such as coeliac disease, lactose intolerance), a Care Plan provided by a doctor must accompany the **Form 4.0A**.

In the case of severe allergies, please refer to **PRO4.02 Anaphylaxis (Severe Allergic Reaction) Procedure** and **PRO4.08 Medical Conditions**.

AEIOU has a responsibility to help children attending the service to develop good food habits and attitudes. By working with families and educators, we will also positively influence each child's health and good nutrition at home. As stated in the *National Quality Framework (NQF)*, and *Human Services Quality*

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*Standards (HSQS)* we recognise that these requirements do not apply to food or a beverage provided by a parent or family member for consumption by their child at the service.

### Hand Hygiene Practices definition:

See also **PRO6.14 WH&S Hygiene and Infectious Diseases.**

Whilst washing hands is the preferred method in good hand hygiene practices, hand hygiene practices also include the use of hand sanitisers and, where developmental consideration is given, the use of hand/baby wipes to wipe hands and then a paper towel to dry hands.

**In relation to the handling of food and beverages** and the need to prevent the spread of infectious diseases, all staff are required to apply the following:

- Hand Hygiene practices are to be followed before and after each meal time
- Tongs or cutlery to be used when distributing food to more than one child at a time (i.e. cupcakes, birthday cakes. Excludes distributing edibles as reinforcers
- Sanitiser to be kept out of reach of children at all times
- Ensure children have access to, and are encouraged to access, safe drinking water at all times. (Access meaning; for the children to have their drink bottles with them at all mealtimes, during outside play water bottles to be placed on a shelf to allow for requesting and to minimise children accessing peers water bottles. Water to be offered frequently to children who cannot spontaneously request.)
- Requests for water throughout the day to be honoured, for those that cannot request water is to be offered frequently, and signs of dehydration to be monitored
- Ensure children are offered foods and beverages throughout the day that are appropriate to their nutritional and specific dietary requirements based on written advice from families that is typically set-out in a child's Enrolment Form. We will choose foods based on the individual needs of children whether they are based on likes, dislikes, growth and developmental needs, cultural, religious, sensory or health requirements. Families will be reminded to update this information regularly or as necessary.
- Ensure food that is provided for educational purposes is based on the Australian Government's publications:
  - *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood*  
(<http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-quq-child-cookbook>)

And/or

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- *Dietary Guidelines for Children and Adolescents in Australia*  
(<http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/n34.pdf>)
- Encourage families to provide food using these Guidelines.
- Ensure that food that is provided for sensory or educational experiences is hygienic.
- Ensure foods and beverages have a reduced risk of choking.
- Ensure babies are fed individually by educators.
- Age and developmentally appropriate utensils and furniture are provided for each child.
- At times, food treats may be used as individual reinforcers after individual discussion with parents and staff. Gloves are not required to be worn when providing edible reinforcers. However, Hand Hygiene practices are to be carried out regularly throughout the course of the day. See **PRO6.14 WH&S Hygiene and Infectious Diseases** for guidelines on when and how to carry out hand hygiene Practices

### In relation to promoting healthy living and good nutrition

- Develop health and nutrition awareness and act to the best of our abilities on cross-cultural eating patterns and related food values.
- Make meal times relaxed and pleasant and timed to meet the needs of the children. Where appropriate this can be achieved by educators engaging children in a range of interesting experiences, conversations and routines. Discuss food and nutrition with the children where developmentally appropriate.
- Not allow the children to be force fed.
- Encourage toddlers to be independent and develop social skills at meal times.
- Talk to families about their child's food intake and voice any concerns about their child's eating.

### Breastfeeding

Healthy lifestyles and good nutrition for each child is paramount. As such, we encourage all families to continue breast feeding their child until at least 12 months in line with recommendations for recognised authorities. We aim to work with families of children who are still being breastfed and provide a supportive environment by feeding children breast milk supplied by their families or by providing a supportive environment for mothers to breastfeed. Families will be regularly reminded by educators and the service to update the service in regards to their child's preferences, habits, likes, dislikes, dietary requirements and restrictions.

### Breast milk

- Breast milk that has been expressed should be brought to the service in a clean, sterile, easy pour container labelled with the child's name, date of expression and use-by date.
- We encourage families to transport milk to the service in cooler bags and eskies; this should be immediately given to educators, who will put it in the refrigerator.

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- We will refrigerate the milk at 4 degrees Celsius until it is required.
- Breast milk will be warmed and/or thawed by standing the container/bottle in a container of warm water.
- The breast milk will then be temperature tested by educators before being given to the child.
- Any unused milk that a child has begun feeding from will be discarded. Under no circumstances is it to be re-heated, re-frozen or re-used.
- If the service does not have enough breast milk from the family to meet the child's needs that day, individual families will be consulted on what the service should do in these circumstances.
- To avoid any possible confusion, we will not store unused milk at the service. Unused milk will be returned to families at the end of the day when they come to collect their child.
- A quiet, private space will be provided for mothers/women to breastfeed or express milk. A sign will also be placed on the door when the mother/woman is using the facilities.

### For infant formula or cow's milk:

- Families must provide named, ready to use bottles, with correct amount of pre-boiled cooled water and pre-measured formula;
- Any unused milk that a child has begun feeding from will be discarded. Under no circumstances is it to be re-heated, re-frozen or re-used.
- Only formula/cow's milk that has been adequately refrigerated will be heated
- Formula/cow's milk will be heated by standing the container/bottle in a container of warm water.

### When feeding :

- Infants are to be held close and cradled while feeding. Under no circumstances is a baby to be propped up while feeding
- Under no circumstances will a baby be given a bottle when they are in a cot
- Staff will record milk consumption on the routine record and sign

### After feeding:

- All rinsed bottles and teats will be sent home to be washed and sterilised.

## Water Safety

To stop accidents and illnesses relating to wading pools, water troughs and other water situations our service will:

- Remove any items or objects that could be used to climb into the fenced area of a pool, trough, or water storage unit e.g. chairs, bins, bikes, any overhanging trees.
- Make sure no child swims in any water without:
  - Written permission from family member to learn water safety and swimming

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- Appropriate educator/child ratios in place
- Having sufficient numbers of educators present who have first aid or recognised water safety and rescue procedures.
- Ensure wading pools, water troughs and other water situations are emptied when not in use.
- At all times children near water are closely supervised. A child will never be left unattended near any water, and two educators must supervise if children are using a paddling pool/water trough.
- Ensure that all water containers, e.g. pond's, spas, nappy buckets, bathtubs are covered or made inaccessible to children and also make sure children's play areas are safely fenced off from water hazards such as rivers, dams, creeks, lakes, irrigation channels, wells etc.
- Immediately empty all wading pools/water troughs etc. after every use, storage should prevent the collection of water e.g. upright/inverted, also check grounds after rain or watering and empty water that has collected in holes or containers.
- Ensure wading/water trough are hygienically cleaned, appropriately:
  - On a daily basis remove leaves and debris, hose away surface dirt and scrub inside
  - Children with diarrhoea, upset stomach, open sores or nasal infections should not use the pool/trough
  - All children should wear appropriate bathers/swim nappy, go to the toilet before water play, and follow correct toileting hygiene practices while engaging in water play.

### Community Experiences

AEIOU acknowledges the value for children to participate in community experience activities, both within the centre and externally in the community. AEIOU upholds the right for children and their parent/s to access the community in which they live, and learn together from these shared experiences.

AEIOU also encourages an inclusive decision making process for desired learning outcomes. Children and families are encouraged to provide input when deciding on venues and timeframes for community experiences in order to provide the greatest opportunity for future independence of the family group.

For this reason, AEIOU will liaise closely with families to identify community experience opportunities and arrange inclusive community experiences with families which will facilitate learning outcomes.

Prior to a Community Experience taking place, AEIOU will complete a Community Experience Risk Management Plan (**F4.06B**), and must hold a completed Community Experience Consent Form (**F4.06A**) from a parent/carer of each child. Refer also to **PRO4.06 Community Experiences**.

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### Transport Considerations

All children with autism attending a community experience will be transported by their parent or carer. In the case of children attending a non-ASD room in the Sippy Downs Centre, transport can be provided by a person other than their parent or carer.

Under no circumstances is an AEIOU staff member permitted to transport or care for any child while attending a community experience.

For further detail, refer to **PRO4.06 Community Experiences**.

### Supporting Children Through Difficult Situations

When a child, family, educator or the service as a whole experiences a stressful or traumatic situation such as a bushfire, car accident, sudden illness or death, crime or violent situation it is important to provide appropriate support so they can recover from the ordeal. A child's reaction to a stressful or traumatic situation will depend on factors such as their age, stage of development and impact of the event on people around them. Staff are aware that children may react in unexpected ways. If required, parents may be referred to other agencies for support.

Staff are aware that the way in which they respond to the stressful or traumatic event may affect the child's response. Children look to their families and educators to find ways to deal with a situation they probably don't understand. Children need their family members (and other adults who are close to them) to help them understand the situation and their emotions and also offer comfort and support. If adults are distressed about a situation it is important for them to seek help for themselves.

At the service, we wish to help in whatever way we can if a family has undergone a tragedy. Families are encouraged to talk to educators (or confidentially to the Centre Manager) and staff will endeavour to work with families and children to support all parties through the situation.

Should it be required, educators will liaise with appropriate authorities, such as the Department of Education and Children's Services, and follow any recommendations made by these authorities.

### Injurious Behaviour

Injurious behaviour represents an act by a child which causes harm or injury to a child, staff member, visitor or volunteer.

These acts can take the form of any of the following:

- Biting (Broken skin or bruising)

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- Scratching
- Kicking others
- Hair pulling
- Pushing other children
- Hitting others (using Hands, other parts of body or objects)
- Pinching.

Staff recognise that injurious behaviour:

- Always serves a purpose
- Can be the result of limited communication / language skills
- Can be the result of sensory issues / overload
- Requires patience, understanding and empathy
- Requires commitment to seek constructive solutions and alternatives
- Must be functionally assessed in order to understand and teach appropriate replacement skills
- May require complex and / or prolonged problem-solving which includes a continual review process to ensure that the program in place is being implemented with fidelity across settings and staff members.

**When a child injures another:**

- Firstly, the child's parents/carers will be informed and if warranted by assessment at the time of the incident a Positive Behaviour Support Plan 'PBS Template' (F4.0B) may be developed.
- Should a child continue to cause injury to other children and /or staff, the parents/carers in conjunction with the centre manager and appropriate centre staff will reevaluate suitable strategies to manage the child's behaviour.
- If, after all reasonable and appropriate strategies have been put in place and the behaviour continues with the same or increased intensity, one of the following may be put into effect:
  - Exclusion of the child for a part of the day, where staff ratios do not allow for the safe supervision of all parties given the child's behaviour
  - Exclusion of the child for a number or specified days during the week
  - A request that parents /carers of the child seek additional assistance for their child which assists in positive behaviour outcomes
  - Termination of the child's placement.

The Centre Manager and parents will review the plan at an agreed date with a view to the child resuming usual access to the centre.

### Incident, Injury, Trauma and Illness

AEIOU is committed to ensuring the health and safety of all children, staff, contractors and visitors.

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Accidents and injuries typically occur unexpectedly and require prompt and appropriate action by responsible adults, qualified in administering First Aid. Parents put a great deal of trust in the staff caring for their children and expect that their child will receive a high standard of care at all times, including when first aid is required. First Aid equipment will be available at all times when required for staff, children or visitors to the centre.

This policy, and related policies and procedures at the service will be followed by Centre Managers, staff members and volunteers at the service in the event that a child is injured, becomes ill or suffers a trauma.

The service will provide a minimum of one staff member present at all times who has a current First Aid, CPR, Anaphylaxis and Asthma certificate. If the need arises, qualified first aiders will administer First Aid and stabilise the victim until emergency services arrive. Each centre will ensure that:

- All staff are made aware of where the first aid kit is located as part of their induction process.
- A separate travelling first aid kit is taken on excursions.
- Two or more ice packs are kept in the freezer at all times.
- We will ensure that a parent of a child is notified as soon as practicably possible and without undue delay if their child is injured, becomes ill or suffers a trauma. Parents will be notified no later than 24 hours after the involvement of their child in the abovementioned experiences.
- The service will ensure that an Incident report/temperature tracking record is completed in full and without delay, then signed by parent/ guardian.
- First Aid kits must be suitably equipped and easily recognised with regard to the design of the service.

See also the section on **First Aid** below.

For the procedure to follow if incident, injury or trauma should occur, refer to **PRO1.110 Incident Reporting**

### First Aid

When an injury occurs resulting in the need for First Aid to be administered to a child or staff member, the following First Aid procedure will be used:

- The injury will be washed with warm soapy water
- An ice pack will be applied to the area if required
- The wound will be covered to avoid bodily fluids from spreading
- Parents may be informed and where the skin is broken may recommend to have the wound attended to by a health professional.

Refer to **PRO6.13 WH&S First Aid**.

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### Bullying Amongst Children

AEIOU and its staff will choose from the following strategies when dealing with bullying amongst children;

- Our educators will practice all-encompassing and socially inclusive care
- Daily programs will recognise, value and reflect the social and cultural diversity of our community
- Our educators will role model and actively encourage appropriate behaviours
- Our educators will empower children by giving them responsibilities that will make them feel valued
- Our educators will help children deal with their anger. This includes offering alternative dispute resolution techniques that are socially acceptable
- Our educators will seek the support of children's services professionals when it is necessary
- Our educators will respond promptly to children's aggressive or bullying behaviour.

### Advocacy

Advocacy may involve speaking, acting, or writing on behalf of a client who has limited ability to exercise his/her rights. Advocacy is a mechanism to facilitate a client's right. Client's rights may include:

- Privacy and confidentiality
- Respect and dignity
- Access to quality services
- Information to assist with decision making
- Choice and control
- Resolution of complaints
- Non-discrimination, and
- Protection of legal and human rights and freedom from abuse and neglect.

Families will be provided with relevant advocacy services to enable them to access an independent support person/advocate if they wish. Staff may liaise with relevant organisations when appropriate for cultural & linguistic diversity clients and for clients with communication difficulties. Alternatively, a staff member at AEIOU may act as a client's advocate when requested or required to facilitate the client's care or wishes.

When acting as an advocate for a client all staff are to adhere to the following guidelines:

- The client has given written authority for you to act on his / her behalf. If a client is unable to write verbal consent must be given and this needs to be documented in the client's file / records. You always act in the best interest of the client.
- The client is at all times kept informed of any developments in relation to the issue where you are representing their interest and any decisions required will be made by the client.

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- You encourage the client to provide feedback to you on your role as advocate.
- You relinquish your role as advocate when instructed by the client.
- You avoid representing the client in circumstance where there may be a conflict of interest or it is outside the area of your role description.
- A Nomination of Change of Support Person/Advocate Form (**F4.010B**) will be completed if a staff member is acting as a support person/advocate on a client's behalf OR if the client wishes to access an independent support person or advocate.
- AEIOU will provide information in the form of the Advocacy Information Sheet listing relevant advocacy services and will assist the client accessing these services.
- Staff can opt not to be an advocate if approached by a parent.

AEIOU does not encourage staff to act as an advocate.

Refer to **PRO4.010 Providing Advocacy Services** for further detail.

### Definitions:

**Advocate** An advocate is a person who, with explicit authority, represents another's interests.

**Informal Advocate** A friend or family member who is nominated by a client as their personal advocate.

**Systems Advocate** An organising or professional advocate who can act for a disadvantaged client or a group of clients in an institutional setting.

**Legal Advocate** A nominated advocate whose role has legal status, for example holding and enduring power of Attorney.

### Medication

If it is possible, parents are encouraged to dispense medication that their child requires at home. However, centre staff will at times need to administer medication to a child out of necessity. This medication may be:

- **Prescribed** – medication that is prescribed by a medical practitioner and dispensed by a pharmacist with a printed label including the name of the child, the medication dosage and expiry date.
- **Non-Prescribed** – medication that does not meet the criteria of 'prescribed medication'. This may include over the counter medication.

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Centre staff will not administer prescribed medication to a child unless prescribed by a medical practitioner. Non-prescribed drugs will be not given to a child unless it is the original container and has a printed label from a pharmacist stating the child's name, required dosage and expiry date.

All medication must be given to staff on arrival. It will be placed in the kitchen fridge (out of the children's reach) in a locked medication container or, if not requiring refrigeration, it should be kept in a locked First Aid box.

All medication administered by centre staff is to be recorded on the Room Medication Form (**F4.08E**). The Room Medication Form must also be completed by the parent/carer to indicate date/time medication last administered.

A person who is not the parent or legal guardian of a child may only consent to medical treatment or authorise medication to a child if authorised on the **Parent/Carer Authorisations Form F4.0A**. Such permission may also be revoked on the **Parent/Carer Authorisations Form F4.0A**.

When administering medication there must be two staff members at all times to check the medication and dosage before it is given to a child.

Where medication is required to be administered by a suitably trained person – if none are present, the medication is not to be administered by another person, unless instructed and guided by emergency services personnel.

**Note: MEDICATION MUST NEVER BE LEFT IN CHILD'S BAG / LUNCH BOX**

### Long Term Medication

This term applies when medication needs to be administered to children over a long period of time e.g. asthma medication. A child's parent/caregiver is required to provide a complete a Long Term Medication Form (**F4.08G**) completed by the child's doctor when first requesting the medication to be given to the child.

This form must be reviewed every 6 months, with the date of review noted and initialed by the manager. Any Medication Authority form will be kept in the child's file until the child turns 21 years of age.

If there is a disagreement within the family about a child taking a certain medication, including between custodial and non-custodial relatives the Office for Early Childhood Education and Child Care (QLD), or Education and Early Childhood Services Registration and Standards Board of South Australia

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(EECSB) (SA) will be contacted for advice. No medication will be given until the relevant agency reaches a decision.

Short term medication, for example antibiotics can be recorded on the Room Medication Record **(F4.08E)** as detailed below.

### Recording Administration of Medication

Family members are to complete the relevant section of the Room Medication Record **(F4.08E)** upon request before the medication can be given. Refer to Long Term Medication above, where the medication is required for a long period.

The information parents are required to provide on this form includes:

- The child's name and date of birth.
- The name of the medication.
- The time and date the medication was last administered.
- The time and date the medication needs to be administered.
- The required dosage of medication.
- The required method of administration.
- A parent / guardian signature.

**Note: This needs to be completed EVERYDAY that a child needs to receive this medication.**

Two staff are required to fill out a Room Medication Record form **(F4.08E)** when medication is administered. The information staff are required to provide on this form includes:

- The time and date the medication was administered.
- The dosage of medication that was administered.
- The method in which the medication was administered.
- The name and signature of the staff member who administered the medication.
- The name and signature of the staff member who witnessed the medication being administered.

**NOTE: No medication will be given out if these guidelines are not followed.**

### Medical Conditions

In order for AEIOU and all educators to effectively respond to and manage **medical conditions**, parents are to inform staff about any medications their child has taken on a day at the service to ensure the safety and wellbeing of children, staff and visitors.

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Also refer procedure **PRO4.08 - Medical Conditions**.

AEIOU involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The service adheres to privacy and confidentiality procedures when dealing with individual health needs, and uses **Medical Condition Action Plans**, **Medical Condition Communication Plans (F4.08A)**, and **Medical Conditions Risk Minimisation Plans (F4.08B)** to deal with all cases of identified medical conditions amongst children.

The Medical Condition Action Plan should include:

- a photo of the child
- the condition
- what triggers the medical condition
- first aid steps to follow if needed
- medication required (including the purpose, dosage and method of administration)
- side effects to look out for
- contact details of the doctor who has signed the plan.

Alternatively, if this is a condition for which AEIOU provides a template, all the relevant information on the provided template needs to be completed.

A copy of this Policy must be provided to all educators and volunteers upon commencement at the service. The Policy must also be provided to parents of children with a known medical condition enrolled at the service. Educators are also responsible for raising any concerns with a child's parents about any medical condition known to the service, or any suspected medical condition that arises.

Should a child with a known medical condition requiring prescribed medication be enrolled at the service, they will be unable to attend without that medication as prescribed by their medical practitioner. Only AEIOU staff or parents/carers may administer the prescribed medication as we do not permit a child of any age to self-administer their medication.

Families are required to provide information about medical conditions on the Interest in Enrolment Application Form (**F2.03A**) and Child's Learning Details - Queensland form (**F2.03T**) and are required to provide the service with a *Medical Condition Action Plan*. The Medical Condition Action Plan must then be used to create a *Medical Conditions Risk Minimisation Plan (F4.08B)* which is to be created by staff in consultation with parents. A *Medical Condition Communication Plan (F4.08A)* must be in place between staff and parents to ensure that all relevant staff and volunteers are informed about the medical condition policy, the Medical Condition Action Plan and the Risk Minimisation Plan for the child. Parents are responsible for updating the service on any new medication, ceasing of medication, or any changes to their child's prescription and this should be documented in the Medical Condition Communication Plan.

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### Information that must be provided on Enrolment Form

The service's Enrolment Form provides an opportunity help the service effectively meet a child's needs and parents must inform the service of any of the following medical conditions:

- Asthma
- Diabetes
- Allergies
- Anaphylaxis or diagnosed at risk of anaphylaxis
- Epilepsy
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner using the Enrolment Form.
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner at any point during the child's education and care at the service.

The service will attach or include any further medical information given by parents into the enrolment section of the child's file.

A person who is not the parent or legal guardian of a child may only consent to medical treatment or authorise medication to a child if authorised on the **Parent/Carer Authorisations Form F4.0A**. Such permission may also be revoked by completing the **Parent/Carer Authorisations Form F4.0A**.

### Permission to take children outside AEIOU premises

A person who is not the parent or legal guardian of a child may only authorise an educator to take a child outside AEIOU premises if authorised on the **Parent/Carer Authorisations Form F4.0A**. Such permission may also be revoked by completing the **Parent/Carer Authorisations Form F4.0A**.

### Rest and Relaxation

AEIOU acknowledges that children will have their own individualised rest and sleep routines at home. AEIOU also acknowledges and respects the role, responsibility and rights of the family in relation to rest routines. Staff will engage in sensitive discussion around such specific rest time issues and reflect these in the programming and planning as best as possible.

When planning for rest and relaxation times, the centre will ensure that:

- Appropriate transitions are in place to ensure a smooth change from one activity to rest time and relaxation.
- Rest time is scheduled at the same time each day, but is flexible to meet individual requirements.
- An environment conducive to rest time is provided (e.g. adequate ventilation, space, tranquillity, time).
- An environment which is flexible and responsive to the children is set up.

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- Effective use of space is considered so there is plenty of room for all children.
- Staff obtain information from families / carers around the sleeping routines of the children and any cultural sleep / rest rituals.
- Staff provide families with information and records of sleeping patterns if appropriate.
- Child cues indicating a need for rest and relaxation are observed.
- Staff work in collaboration with each family to ensure that there is always open communication and effective feedback about rest and relaxation.
- Regular safety maintenance of beds / cots is carried out.
- The rest environment, equipment and materials will be safe and free from hazards.
- A bed is supplied for each child meeting AS 2172 and Child Care Regulations.
- The building is a smoke free environment.

### Responsibilities of Staff:

Staff will ensure that:

- All children who are resting are supervised in accordance with the Education and Care Services National Act.
- Students or volunteers are not left unsupervised when settling children for a rest.
- All children who have fallen asleep in the service are monitored regularly with specific attention to breathing patterns. Children under the age of 15 months are to be checked every 5 minutes and the Nursery Sleep Chart (**F4.0B**) is to be completed each time a child under the age of 15 months is checked.
- Adults do not rest or sleep in the same environment as a child or group of children.
- All children are placed on their back when first being settled for a rest and are then allowed to roll over and find their own sleeping position.
- All children rest with their face uncovered.
- Quiet activities are provided before and after rest /relaxation.
- Children who do not sleep may be offered a quiet play activity if appropriate.
- Each child has their own bed.
- A child is not put to bed with a bottle.
- Children are suitably clothed for the temperature.
- Older children are encouraged to prepare their own bed for sleep.

### Supervision of Nursery Sleep Room (Sippy Downs Centre only):

In the Nursery sleep room a baby monitor is used to assist the carers in monitoring the babies' sleep. Staff will visually check all sleeping children via observation windows and will record the information on the sleep chart every ten minutes displayed on the door of the sleep room.

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# Policy Document

## Safety, Wellbeing and Rights

### Responsibilities of Parents:

Parents are responsible for

- Providing a sheet bag with a clean, named, cot sized sheet set and blanket.

### Hygiene Practices:

Staff will ensure that:

- Bedding is packed away daily.
- Beds are cleaned daily.

Each child has their own bed linen. Bed linen is supplied and washed weekly by the child's family.

## Rights and Responsibilities

AEIOU acknowledges the rights of families and promote these at every opportunity. Families have the **right** to:

- Involve an advocate/support person of their choice to represent their interests as set out in this Policy.
- Be involved in all planning and review decisions regarding their child's program.
- Confidentiality, privacy and dignity.
- Raise concerns/complaints without fear of retribution, and to have issues dealt with in a fair and prompt manner.
- Information regarding the program, management structure and organisational directions.
- Interpreter services or other supports in instances where parents/families require assistance with requirements relating to the service.

Parents/family members/carers are **responsible** for:

- Interacting with other parents and staff in ways that respect the rights of others.
- The results of any decisions they make.
- Informing AEIOU of changes to contact details, custodial conflicts or court orders.
- Identifying risks the organisation may have to consider in service provision.
- Making arrival and departure arrangements that meet the requirements set out in this Policy.
- Providing the necessary medical and health reports which will enable AEIOU to develop and provide appropriate services to their child.
- Assisting in the review of their child's program.
- Implementing home activities/ plans developed as part of their child's ongoing program.
- Providing feedback when requested by teaching staff.
- Raising concerns/ complaints and work collaboratively with the service to resolve issues.

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# Policy Document

## Safety, Wellbeing and Rights

### Chicken Coop (Sippy Downs Only)

In accordance with Quality Area 3 of the National Quality Framework, the establishment of a chicken coop in the grounds of the Sippy Downs Centre has been approved. The coop will allow for children's food scraps to be fed to the chickens by children to incorporate hands-on sustainable practices as part of the children's daily education and routine. **PRO4.011** outlines the guidelines and protocols required to ensure the coop is maintained in an appropriate manner which meets hygiene and well-being requirements for children, staff and the chickens.

### Trampolines

A trampoline is a piece of recreational equipment used for fun, exercise and physical development. A trampoline can encourage development of gross motor skills and provide a stimulating environment that presents the child with manageable challenges, through which they can find and test their limits or simply be rewarded through play. However, a balance needs to be found between risk and safety as injuries associated with trampoline use are common and can be severe (eg. bone fractures). AEIOU believes that the benefits associated with trampoline play outweigh the risks, provided sound control measures are in place to minimise the likelihood of trampoline-related injuries. **PRO4.012** outlines the guidelines and protocols required to ensure safe use of trampolines by children and adults.

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