



**The Rainbow Children's Centre Inc.**

# **Section 2 Child Health & Safety Policies**

(Developed Sept 2010, amended September 2017)

## **General Rationale**

### **The inherent health conflicts of the early childhood education and care service environment**

Rainbow recognises that a safe environment is in the best interests of the children and others attending the centre.

At the same time we recognise that research has demonstrated that the early childhood education and care service can be an inherently unhygienic environment because of the number of young children together in one place. Children are exposed to the pool of germs and multiple sources of infection from all the families using the centre. As children play so closely together and do not have much sense of personal space, there is a ready transferral of germs from child to child. Because of their age, the children usually do not yet understand effective personal habits and hygiene procedures.

In order to ensure as safe an environment as possible, centre staff need to pay close attention to health hygiene and cross infection issues. The following range of procedures are designed to minimise health concerns for staff and children, while recognising the reality of the early childhood education and care service environment and ensuring appropriate documentation is in place to record what actions the centre has taken.

However in regard to its policies Rainbow also recognises that no amount of policy and procedure nor action from staff or families will make the environment a perfectly safe place for children. By its nature a group of staff and especially young children living, playing, learning and exploring together for up to ten hours each day will suffer occasional accidents and illnesses.

Our aim is not to attempt to eliminate all such accidents or illnesses as we consider such an approach would render the early childhood education and care service environment sterile and uninteresting for children and would limit children's learning potential. Instead we seek a balance between children's need to learn and be educated and each child's right to be safe.

These policies seek to provide that reasonable balance and to ensure all incidents involving children are managed in a reasonable and safe fashion and that the centre remains a pleasant and healthy place for children, staff and families.

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### **The external mandates covering the early childhood education & care environment**

The Education and Care Services National Regulation 2017 contains numerous clauses and requirements relating directly to all of the matters covered by these policies and Rainbow will of course fully comply with that Regulation and nothing in these policies should be read as intending to override or set aside the provisions of the Regulation. The NSW Disability Services Standards set out specific additional requirements where the child has a disability.

As well, it should be noted that these policies draw on numerous source documents from various Government and Health authorities. We see no reason to list those documents in this policy, recognising that advice about health matters is subject to constant change, and the centre will continue to monitor various sources of information and advice about health matters so that we remain as up to date as possible.

While all policies are updated regularly, the centre also monitors various sources for advice about changed health recommendations. That monitoring process includes subscription to various journals and industry publications which point out changing recommendations. As well advisory information comes from many Government and semi-Government bodies which inform the centre about up to date information concerning a broad range of health and safety issues ( e.g. road safety, accident prevention, sun safety, poisons, immunisation, dental care, child protection) . As a matter of course the centre accepts that advice and abides by those recommendations unless it receives multiple sources of advice which are contradictory. Where new information or recommendations are received, the relevant procedures are updated immediately and the relevant policies are updated as appropriate.

The centre receives numerous pamphlets, posters, newsletters etc. from official advisory bodies. The centre is happy to pass on that information to parents and makes those items available to parents in the centre foyer, the pamphlet rack and on centre notice boards. The centre will also pass on via our newsletters, new information and recommendations about information considered crucial to families of young children. However the centre does not consider that its role is to act as a source of such information in a more proactive way. There are numerous bodies in the community which are funded by Government (e.g. RTA, Community Health Centres, Child Safety Australia, Cancer Council, etc.) re health and safety for children and it is not the role of The Rainbow Childrens Centre Inc. to undertake that work.

### **Conflicting family beliefs about child health and safety**

The centre also acknowledges that health and safety can provide a source of conflict for families. Our philosophy states that we consider the families as the primary carers and the centre provides a support to families in that role. As such we attempt whenever possible to implement care and education within the centre in accordance with each family's expressed wishes. However on occasions the wishes of particular parents may be contrary to the advice we receive from government and health authorities and the standards they require us to follow. The centre is put in the position where it is obliged to follow those external standards and as such is unable to comply or is put in conflict with the expressed wishes of some families. Examples of this include parents who do not wish children to be immunised, families who do not want children to have sun screen or insect repellent lotions applied, and families who ask for children to be put to bed with a bottle. In such cases we must follow health guidelines and so are unable to conform with the wishes of families. Hence in some cases the experiences of children within the program must be compromised – e.g. exclusion of non-immunised children in some circumstances or children without sunscreen or insect repellents

not able to play outside at certain times or very young children's bottles being removed prior to bed – contrary to the wishes of the family.

## 1) Children's food and nutrition<sup>1</sup>

**a) Explanation** We recognise that the provision of appropriate nutritious food to children is a part of providing good quality care within our program. Hence we will ensure meals and snacks provided are appropriately chosen, prepared and provided within the program. As well we recognise the part good food and positive mealtime experiences have in the education of young children. So mealtimes will be planned and provided as positive experiences for children. Children will be encouraged to develop good eating habits through the examples and role modelling of the staff, and education within the program. Parents will be encouraged to share family and multicultural values and ideas to enrich the variety and food experiences of their children.

### **b) Implementation**

- i) The centre will notify families about the menu provided to children and invite suggestions from families about items to be included.
- ii) Staff trained in nutrition will develop varied and nutritious menus for food provided at the centre. Where possible local, fresh produce will be used and the menus will reflect appropriate balance of food from recommended food groups. Wherever possible the centre will provide foods free from preservatives colourings and artificial flavourings.
- iii) Families will be given a choice on enrolment of their children receiving the full menu or a restricted menu free from meat, dairy and wheat products. The restricted menu is suitable for vegetarians, dairy intolerant and celiac children. The centre considers that providing individualised meals for each child including or excluding various foods in each choice is beyond the capacity of our resources. The restricted menu is suitable for most children unable to eat the full menu and parents will be able to supplement their child's eating at home if necessary to make up for any nutrition missing in the restricted menu. On occasions meals and food items will be designed so that the children receiving the full menu receive the same food provided to those children receiving the restricted menu so as to ensure all children feel included within "mainstream" experiences.
- iv) Children who have medical reasons for excluding particular foods from their diet will receive individualised meals, if medical evidence is provided confirming the child's need to exclude those foods.
- v) Fresh drinking water will be available to the children and staff at all times. Suitable drinks, i.e. water or milk, will be provided as part of a balanced menu.

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<sup>1</sup> This policy has been developed taking into account "Health & Safety in Childrens Services Model Policies and Practices", UNSW Publishing, 2003; National *Food Standards Code (FSANZ)*; Food Act (2003) NSW; Food Regulation (2010) NSW; "Safe Food Australia – A guide to the food safety standards", Food Standards Australia and NZ, 2001; the website [www.nutritionaustralia.org](http://www.nutritionaustralia.org); and the Dieticians Association of Australia [www.daa.asn.au](http://www.daa.asn.au); National Health & Medical Research Council Guidelines 2009

- vi) Meals will consist of a variety of foods, served separately, to allow children to make choices. Family, religious and multicultural practices will be acknowledged and addressed in the choice of food provided to children. Children's personal preferences will be respected although staff may encourage young children to try unfamiliar foods. Staff will maintain a list of children with allergies and ensure children are not given inappropriate choices and that appropriate alternatives are available to all children.
- vii) Staff will be trained to recognise and deal with allergic reactions to food<sup>2</sup>. Nut products will not be used or stored in the centre due to the high incidence of nut allergies among young children.
- viii) Meal times are seen as a social event, where children and staff can relax and talk about their day and experience a variety of foods. Staff will demonstrate, good healthy and hygienic eating habits while with the children. Children will be seated while eating and drinking to minimise the possibility of choking and to encourage social exchanges.
- ix) The centre food sub-committee shall consist of the cook plus at least one other staff person, a member of the management committee plus at least one other parent. The sub-committee shall meet to review and oversee all aspects of the centre's provision of food and drinks for children. The sub-committee shall ensure the food provided to children at the centre meets all relevant health and nutrition recommendations.
- x) The centre will acknowledge and celebrate special occasions such as children's birthdays in ways which honour the occasion for the child and the family but does not involve birthday cakes or other sweet treats such as lollies, confectionery etc. The high sugar content of birthday cakes, lollies and confectionary does not fit with the centres responsibility to consistently provide healthy foods. Given the number of children enrolled at the centre, children's birthdays occur so regularly that birthday cakes cannot be considered 'sometimes' foods.

## 2) Food safety and hygiene<sup>3</sup>

- a) **Explanation** The centre recognises the importance of adequate and effective food handling at all times and the need to ensure all food storage, preparation, service and cleaning are at appropriate levels. As well, in making mealtimes a positive learning environment for children it is important to allow children an opportunity to make choices and to be involved in the food preparation, handling, serving and clean up processes. Allowing for young children's relative lack of skills and awareness within some of those processes, there becomes an increased level of potential hygiene hazard, and the

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<sup>2</sup> <http://www.allergyfacts.org.au/> Anaphylaxis Australia

<sup>3</sup> See footnote 1 – the same sources were used in developing this clause. As well <http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=302&id=2901> Parenting and Child Health Government of South Australia 2010 <sup>3</sup> This policy has been developed with reference to The cancer council NSW website [www.cancercouncil.com.au](http://www.cancercouncil.com.au)

<sup>3</sup> Sun smart Recommendations for Child Care Centres <https://www.cancercouncil.com.au/35811/cancer-prevention/sun-protection/sunsmart-program-for-childcare-services/sunsmart-resources-childcare-services/why-become-a-sunsmart-service>

centre will need to ensure a balance between the educational benefits of children's involvement and any increased hygiene risks.

**b) Implementation**

- i) All staff preparing food will be trained in food handling to ensure all food preparation and kitchen procedures meet health and hygiene guidelines.
- ii) All staff will undertake food handling courses in recognition that all staff are involved from time to time in food preparation and serving. The staff directly involved in cooking will, be offered opportunities for more frequent in-service and appropriate resource materials will be kept at the centre outlining Food standards.
- iii) Children will be encouraged, where appropriate, to serve themselves in a hygienic manner to foster their independence and ability to make choices. Staff will monitor children's actions and model and discuss appropriate hygiene with children during mealtimes. Children will be encouraged to take part in cleaning up after meals.
- iv) Staff who have been trained in food handling will monitor and supervise the actions of new staff, casual staff, volunteers and students to ensure appropriate food handling practices are implemented.

**3) Children's medication while at the centre<sup>4</sup>**

**a) Explanation** Children attending an early childhood education and care service may sometimes be well enough to attend, while receiving medication. In that case, in accordance with the centre's desire to provide appropriate care to children, staff may need to administer medication to a child. To ensure the interests of staff, children and parents are not compromised, strict procedures need to be in place in the centre regarding how that medication is administered.

**b) Implementation**

- i) Medication, for the purpose of this policy, shall be
  - (1) any medication prescribed by a doctor and provided to the centre in a form which confirms the medication has been prescribed for the child
  - (2) any natural remedies provided by other practitioners with appropriate written explanation
  - (3) paracetamol in appropriate forms for children
  - (4) non-prescription medications and preparations with clear accompanying written instructions for use and information about any possible side effects or complications from a medical practitioner, naturopath or chemist.
- ii) Parents who wish medication to be administered to their child at the centre must ask a staff member to assist them to complete the medication form provided in their child's room detailing the medication, time, dosage etc to be given. Staff need to

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<sup>4</sup> This policy has been devised based on advice from various sources including – "Medication Management" Dept of Education and Children's Services South Australia, May 2005

ensure the details on the form are clear and clarify any questions. Medication must be given directly to a staff member at this time and not left in the child's bag.

- iii) Prescription medication will be administered only to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Hence the medication must be provided to the centre in the original packaging from the chemist showing the child's name, prescribing doctor and instructions. Medication not in the chemist packaging, must be accompanied by signed documentation from a medical practitioner, therapist or chemist giving similar information.
- iv) Medication that is not "prescription" but has been provided by a registered naturopath or other natural therapist, accompanied by written instructions of use provided by the therapist and provided in the original container will be treated in the same way as prescription medication.
- v) While the centre recognises that parents may wish to supply and ask staff to administer non-prescription medication (e.g. panadol, cough and cold preparations) the centre considers that children who require such medications during the day are too ill to attend the program. If such medication is provided with a doctor or chemist's certificate, stating that despite needing the medication the child is well enough to attend the centre and does not constitute a cross infection risk to other children, then the centre will administer that medication
- vi) Staff will secure medication in a designated secure place out of reach of children, and refrigerated if necessary. The designated space for medications will be the first aide cabinets in each home room. Medications requiring refrigeration will be secured in the fridge in the main kitchen. Each designated storage space will be identified with a first aide/medication storage sign.
- vii) Before staff administer any medication, the staff member will verify with another staff member the details re
  - (1) identification of the child,
  - (2) name of the medication,
  - (3) time and dosage when last administered,
  - (4) time and dosage to be given;
  - (5) dosage within recommended dosage limits; and
  - (6) the expiry date of the medicationare correct. Once medication has been administered both staff will sign the medication form.
- viii) Staff will not give medication dosages not in accordance with recommended dosage limits except on the written instructions of both the child's parent and medical practitioner.
- ix) Where medication is required to be administered to a child at the centre on a regular and long-term basis, the centre will negotiate suitable documentation on the medication form to allow the medication to be recorded without the parent having to fill in the form each day. The centre will ask the parent to provide explanatory

documentation setting out symptoms, use of the medication and possible side effects to allow staff to appropriately monitor the child's condition.

- x) Where medication for an ongoing illness is provided in case it may be necessary, (e.g. Epipen or Ventolin) such treatment will be part of the child's emergency action plan. If administration of that medication is required an incident form will be completed to allow the medication to be recorded.
- xi) On enrolment all families will be asked to authorise staff to administer paracetamol for their child in the event of the child developing a high temperature at the centre. The centre is prepared to administer this medication to deal with the onset of illness at the centre if required, as:
  - (1) This medication is considered safe and effective for children with fever.
  - (2) The centre will keep on hand supplies of paracetamol suitable for children.
  - (3) Parents are asked to inform staff on any day that their child has been given paracetamol prior to arriving at the centre, to ensure staff are aware of the dose given and do not unwittingly overdose the child.
  - (4) If a child requires paracetamol during the course of the day, and the centre has written authority to administer it, the child's parents will be contacted by phone and verbal confirmation sought to give paracetamol at that time. The details of this medication will be recorded on an incident form and the parents asked to sign it at the end of the day.
  - (5) If a child requires paracetamol during the course of the day, and the centre does not have written authority to administer it, the child's parents will be contacted and asked to pick up the child.
  - (6) If a child's temperature is high, and cannot be brought down and parents cannot be contacted, an ambulance will be called.
  - (7) Children who are ill and it is known that they will require paracetamol during the day are too sick to come to the centre and should not be brought in on that day.
- xii) Parents are strongly recommended to inform the centre if a child is receiving medication at home. For the safety of the child, parents are asked let the centre know the nature of the medication, it's purpose and any side effects it may have so that staff can properly care for that child while they are at the centre. As well, in an emergency, staff will be able to bring this information to the attention of medical staff, e.g. ambulance or hospital.

#### 4) Emergency medical action plans<sup>5</sup>

- a) **Explanation** When a child with an ongoing illness is enrolled in the centre, the staff and family need to reach agreement about how to proceed in the event of a medical emergency occurring while at the centre. As a medical emergency is more likely for this child than for another child without a known long term medical issue, the centre will take the extra time to develop a specific plan for each child who is considered to be at risk.

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<sup>5</sup>This policy has been developed with reference to Victoria Government Education and Training  
<http://www.education.vic.gov.au/childhood/providers/regulation/Pages/medicalconditions.aspx>

**b) Implementation**

- i) When a child with a chronic illness (e.g. asthma, epilepsy, migraine, diabetes etc) enrolls in the centre the family will be asked to complete a medical emergency action plan. The Director and parents, in consultation with the relevant health workers, will establish a risk minimisation and management action plan for the child, and gather information to fully inform all direct care staff about the illness and its minimisation and management. In particular the plan will set out what is to happen in the event of the child experiences a life threatening episode of that illness.
- ii) The risk minimisation plan will identify the child's special health care needs, allergies or diagnosed medical conditions. Any environmental risks likely to affect the child's medical or health need will be identified and a risk minimisation action plan will be developed.
- iii) Each child's management plan will show details of any routine treatment, all medications and actions which may be taken in the event of increased symptoms or severity. The management plan will also detail where the child's medication is stored and any details regarding administration. Each child's management plan will be up dated on a regular basis in consultation with the child's parent and medical practitioner if required.
- iv) If the action plan requires the use of any specific medical equipment (e.g. Epipen) the centre will ensure sufficient staff are trained in the use of that equipment to ensure a suitable trained staff member is available to respond at all times.
- v) The centre recognises the privacy issues involved in maintaining the confidentiality of families whose child has a medical condition. At the same time this will be balanced against the need for all staff to have ready access to the action plan in the event of an emergency. As such the action plans will be stored in a location within easy reach by staff if ever needed.
- vi) In the event of a medical emergency, if a child is required to be taken from the centre (e.g. to hospital), the child will be accompanied by a staff member until such time as a parent arrives who can take responsibility for the child.

**5) Child sun protection <sup>6</sup>**

**a) Explanation**

- i) Rainbow is aware that children need to be protected from the harmful effects of the sun. Hence the centre needs to institute procedures that will minimise any concerns regarding excessive exposure to the sun for children while at the centre.

**b) Implementation**

- i) In recognition of the safety guidelines provided by health and Cancer Council authorities, the centre program will limit children's outdoor play during the critical

period in the middle of the day as per recommendations<sup>5</sup>. When children are outdoors in that period it will be predominantly in well shaded areas with children wearing hats and sunscreen cream. Most outdoor play will occur during the early or late part of the day when the sun's rays are less harmful.

- ii) Staff will monitor UV levels between 10am-2pm during the non-daylight saving months to determine days when outdoor play is acceptable as the UV reading is below 3.
- iii) During daylight savings months staff will monitor UV levels between 8am-4pm to determine days when outdoor play is acceptable. When UV levels are moderate between 3-5 children and staff are required to wear sunhats, sunscreen and play predominantly in the shade. When UV readings are high between 6-7 children and staff must avoid non shaded areas, wear sunhats, sun protection clothing and sunscreen. Children and staff are not to be exposed to extreme UV levels between 8-10. Children and staff must remain in shaded areas during this time.
- iv) Staff will act as role models to children in demonstrating sun safe behaviours. This includes applying sunscreen at appropriate times as per sun safe recommendations, wearing sun safe hats and clothing and talking with children about sun safe practices. Staff will also encourage other adults visiting the centre including parents to also follow such practices.
- v) Children will be expected wear suitable sun hats while outside with wide brim to cover face, back of neck, ears and head. (Baseball caps are not acceptable). Families are asked to ensure children have shirts and clothing that covers as much as possible their shoulders, arms and legs, trunks and necks.
- vi) Staff will ask children to wear hats and shirts during outside activities. The centre will provide suitable hats for use by children who do not bring their own hat or who bring an unsuitable hat. Children not wearing a suitable shirt and hat will be required to play in sheltered areas (verandah or inside). Staff will enforce the 'no hat no outside play' rule.
- vii) Parents are asked to apply sunscreen to their child before arrival at the centre each day. A sunscreen recommended for children by relevant authorities will be available in the centre and applied by staff to children after rest time and twenty minutes before outside play. Parents who do not wish their child to have sunscreen applied to their child should inform the centre. Parents may provide an alternative sunscreen if they wish and the staff will apply it to their child after rest time. Families whose children are restricted from using sunscreen for medical or cultural reasons must provide written authorisation from the parents before the child is allowed to play in non-shaded areas and will be restricted to short periods out of shade and will be required to wear clothing covering most of their body.
- viii) The outdoor learning environment will include substantial shaded areas as provided by verandahs, dense shade cloths and large dense tree cover. Static learning experiences, will be placed in shaded areas whenever possible. The staff will

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<sup>6</sup> Sunsmart childcare policy recommendations The Cancer Council NSW 2008

monitor the positioning of learning experiences and move experiences into shade when possible, in recognition that children can spend long periods at an activity, and may not recognise the danger of prolonged periods in the sunny areas.

- ix) The centre acknowledges that there is conflicting advice from relevant authorities about sun exposure for very young children up to 15 months of age<sup>6</sup>. Staff will particularly monitor very young children (those not yet fully mobile) to minimise the infant's direct sun exposure as much as possible and ensure most if not all outdoor activity occurs in shaded areas. Staff will recognise the value of short periods of indirect UV exposure in heavily shaded areas outside of peak UV radiation periods, in ensuring adequate vitamin D build up in infants, balanced against the danger of direct sun exposure, especially for the skin of very young children. Carers of such infants will ensure other aspects of the sun policy re use of sunscreen, hats and clothing are followed.
- x) Excursions from the centre will be planned to minimise sun exposure for children and staff and all normal sun policies (as above) will apply on all excursions. However, the educational value of the learning experiences during the excursions which may not be available outside sunsafe periods, will be balanced against the danger of the one off short term additional sun exposure involved if the experience is within periods when children are normally kept out of the sun.
- xi) The centre will monitor sources of information about sun safe practices to ensure the service is up to date with current recommendations.

## 6) Adequate and appropriate clothing <sup>7</sup>

### a) Explanation

- i) Rainbow is aware that many young children may not have the ability to regulate their own clothing and footwear needs while at the centre. Children arriving early or leaving late may require different layers of clothing than is required during the day and need to be protected from the harmful effects of the sun. Hence the centre needs to institute procedures that ensures staff monitor each child's clothing to maintain appropriate temperature, covering and freedom of movement.

### b) Implementation

- i) Everyday clothing. Parents will be asked to ensure each child should have each day a change of clothes with shirts that cover the shoulders for sun safety. Sufficient spare underwear to allow for accidents. A hat which shades the face and neck and a jumper or jacket in case of cooler weather.

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<http://www.cancer.org.au/policy/positionstatements/sunsmart/sunprotectionandinfants.htm> as endorsed by the Australasian College of Dermatologists

<sup>7</sup> This policy has been developed with reference to

[http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Child\\_safety\\_reducing\\_injuries?OpenDocument](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Child_safety_reducing_injuries?OpenDocument),  
<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=305&id=1725>, ACCEQA Quality Area 2

Resources

[http://files.acecqa.gov.au/files/QualityInformationSheets/QualityArea2/ActiveSupervision\\_EnsuringSafetyAndPromotingLearning.pdf](http://files.acecqa.gov.au/files/QualityInformationSheets/QualityArea2/ActiveSupervision_EnsuringSafetyAndPromotingLearning.pdf)

- ii) Staff will monitor each child and will remove or add layers of clothing in response to weather and activity changes, especially in very young children.
- iii) All items of clothing should have permanent marking that identifies the item's owner. As many families purchase from the same local shops, numerous children will bring similar items and they can easily become mixed up.
- iv) Parents are asked to ensure that children have robust clothing which can withstand the early childhood education and care day and which is OK to get dirty. As some learning experiences include messy activities, children need to feel relaxed and comfortable to participate fully, and not worry about getting dirty.
- v) Protective aprons will normally not be used as it is believed that they make little real difference to the cleanliness of children and often inhibit the child's spontaneous responses and artistic flair
- vi) Sandals, joggers or boots are recommended as suitable shoe types. Thongs, scuffs and gum boots often lead to children tripping over and are not appropriate for active play. The centre will allow children to play in bare feet in suitable weather, unless families indicate otherwise. Research confirms that it is valuable for children's development to have the sensory experience of playing in bare feet.
- vii) Water activities will be often made available to children, usually as part of the outdoor learning experiences, although occasionally indoor as well. At those learning experiences, staff will recognise the need to maintain dry clothing to be used by children after the water experience has finished. Children may strip down to t-shirts, underwear/nappies and hats for that experience. The experiences will be limited in time frame to minimise any resultant extra sun exposure.

## 7) Supervision of children<sup>8</sup>

**a) Explanation** Supervision of children requires educators to be active in their supervisory responsibilities and aware of any risks or hazards in the environment. Children need to be supervised at all times and have a staff person close by to assist in the event of any problems occurring. However, staff members also need to take an active role in observing, facilitating, supporting and enhancing children's play. Interactions between staff and children during play extend children's learning and lead to improved learning outcomes for the children. Such interaction by its nature however reduces somewhat the level of supervision provided. As well, children are in a highly visible situation in a centre and effective children's play and exploration may also require some occasions when children have a degree of privacy in their play. The effective supervision of children in the program will take into account each of these aspects.

As children age, their supervision requirements change. Too close supervision of a school age child can impinge on a child's development and may be both unnecessary and not in a child's best interest. We need to strike a balance with older children that ensures we meet Regulations re supervision and keep children safe, while also providing opportunities to maximise child learning.

### **b) Implementation**

- i) The centre has responsibility for a child from the time a parent hands the child over on arrival until the parent arrives back at the centre. During that time the centre has

the responsibility of looking after the child and keeping them from harm. Hence staff must pay close attention to children while they are at the centre.

- ii) There will normally be at least two if not three staff in any area where children are playing. Centre staffing levels, daily timetable and programming practices will be formulated with recognition of the number of staff available at any time.
- iii) Staff will not perform non child related activities (e.g. routine cleaning, cooking, etc) while they are primary contact staff. Tasks related to working directly with children, e.g. spot cleaning spills or toilet accidents) are regarded as primary contact duties.
- iv) Staff breaks will be rostered to ensure that maximum supervision is maintained during the busiest times of the day.
- v) In working with children in a room or area, staff will liaise with their fellow workers to maintain supervision. This will include when a staff member is required to leave the area, is deeply involved in children's play or is attending to one particular child or family member. Supervision of children will take priority over conversations with parents, conversations between staff or any requirement to leave the play space.
- vi) While the input of students and volunteers is much appreciated, staff cannot rely on such input for routine supervision and must ensure they are not given responsibility for supervision at any time.
- vii) Staff will monitor gates and fences to ensure there are no opportunities for children to leave the centre unattended.

## 8) Allergies and intolerance<sup>9</sup>

**a) Explanation** Children can have allergic reactions to substances in their environment. This can be to food, drink, flora and fauna and certain types of medications. Reactions can vary from a slight rash to anaphylaxis (severe reaction, where breathing can become compromised). Staff need to be fully aware of any child at Rainbow who has any allergies or intolerance. As well, staff need to be fully aware of possible allergy causing substances, the reactions they cause, and management of those reactions, since reactions can occur in children not previously known to be allergic.

### **b) Implementation**

- i) The parents of any child who has an allergy will complete an emergency medical action plan with the centre prior to the child's enrolment. The plan will include
  - (1) known general symptoms of exposure to the substance;
  - (2) details of the effect when the child was previously exposed to the substance;
  - and
  - (3) written agreement between the centre and the family regarding the management of any reaction if exposure occurs.
- ii) Where there are food items that can cause serious allergic reactions in children the centre will whenever possible avoid the use of that food whether or not there are children enrolled at that time with known allergies to those substances.

- iii) When any child is intolerant to any food, and the family provides confirmation from an appropriate medical practitioner, the centre will supply an appropriate alternative in consultation with the parent about suitable alternatives.

<sup>8</sup> ACCECQ Quality Area 2 Resources

[http://files.acecqa.gov.au/files/QualityInformationSheets/QualityArea2/ActiveSupervision\\_EnsuringSafetyAndPromotingLearning.pdf](http://files.acecqa.gov.au/files/QualityInformationSheets/QualityArea2/ActiveSupervision_EnsuringSafetyAndPromotingLearning.pdf)

<sup>9</sup> <http://www.allergyfacts.org.au/> Anaphylaxis Australia

- iv) Lists of all children with food allergies will be maintained and will be used to remind staff when providing or preparing meals. The centre recognises the confidentiality
- v) of such a list, and that any child's food allergy is not the business of other families. However in the interests of ensuring the health of each child it is essential the list is readily available to staff. As such the list may be seen by parents or visitors.

## 9) Child Dental Health <sup>10</sup>

- a) Explanation Children will consume a significant proportion of their daily food intake in a early childhood education and care service. That food and drink needs to be managed in a number of ways to ensure children's dental health. As well, attention to learning appropriate dental health in the centre can be an important adjunct to children's learning good dental hygiene practices from their home and family. However, in a centre, with so many young children who do not yet understand the concepts of cross infection, there is a practical limit to dental health practices that may be better learnt in the home (e.g. tooth brushing). Food choices can be a superior way to assist child dental hygiene in the centre rather than the use of toothbrushes. Since Rainbow supplies almost all food consumed by children at the centre, we are able to limit foods and eating behaviour which will be more likely to cause dental problems for children.

### b) Implementation

- i) All food served at Rainbow (other than special items brought in by families) will be chosen to include those types of foods which minimise dental problems. Foods will include low levels of sugar and when possible any sweeteners used will be natural non sugar items. Wholemeal and wholegrain items will also be chosen when possible to ensure foods contain low levels of highly processed components. Where possible, dishes provided will be made from natural, unprocessed and raw foods rather than packaged and/or pre-prepared foods and sauces.
- ii) The centre will ask all families not to send food to the centre with their children, so that Rainbow can have control over foods consumed on the premises. The centre will provide as wide a range of foods as necessary to meet family special expectations. If families insist on providing food for their children, staff will cooperate in every way required.
- iii) Menu plans will include fresh fruit and vegetables at the end of meals rather than dessert items.
- iv) Water will be available at all meals if desired by children as a drink, and other drinks provided will include milk. No cordials or other sugar based drinks will be provided. Water will also be available to children during the day, through a bubbler located in the backyard of the centre, and other water sources as required.
- v) In recognition of the damage that can be caused to children's teeth by baby bottles:

- (1) Rainbow discourages families from allowing children to consume sweet drinks or fruit juices from bottles at any time, including while at the centre.
  - (2) Rainbow will feed children with baby bottles containing formula, milk or water as supplied by families, and will encourage children to drink from suitable cups instead of bottles as early as possible.
  - (3) On the advice of medical authorities<sup>8</sup>, Rainbow staff will not allow children to take bottles filled with milk, sweet drinks or fruit juices to bed.
  - (4) On the instructions of families, the centre will allow children to take a bottle filled with water to bed. However, staff will remove such bottles once the child is asleep.
  - (5) Rainbow will provide appropriate information about bottle feeding to families which sets out the dangers of prolonged bottle feeding and children taking bottles to bed.
- vi) Parents are not encouraged to provide special treats as one-off birthday or farewell celebrations, and they will be asked to limit such items in quantity and centre staff will vet any foods brought in to ensure they do not pose a threat to the health or wellbeing of any children. As well, the centre will provide other fresh food to supplement the treats. Staff will assist parents to recognise possible treats that could be provided which are healthier alternatives while still allowing a sense of special occasion.
- vii) The centre will not provide nor encourage children to bring in toothpaste or toothbrushes to the centre. The use of such items in a group setting with young children poses significant challenges due to probable cross infection concerns. However the centre will allow such items to be used by a child if requested by that child's family.

## 10) Safe Water & Messy Play

**a) Explanation** Rainbow acknowledges the significant educational benefits that arise from children undertaking messy sensory play including water play. The early childhood education and care service environment at Rainbow is well set up to enable safe water & messy play that may be a challenge for families at home. As well, in considering children's interests within our program we find children are often very interested in water based learning experiences. We therefore strive to allow children to enjoy such experiences as often as is possible. However we acknowledge there are three drawbacks which are inherent to this type of play: the danger of drowning in water; the danger of cross infection from shared water play; and ensuring children do not spend long periods wearing soiled clothing.

### **b) Implementation**

- i) Staff will remain aware of and alert to children's interests in sensory and messy play, especially water based play and ensure opportunities are available for such play.
- ii) Staff will ensure such opportunities are both indoor (where practical) and outdoor and that water play is not seen as a purely "outdoor" experience.

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<sup>10</sup>[http://raisingchildren.net.au/articles/dangers\\_of\\_bottle-feeding\\_in\\_bed.html](http://raisingchildren.net.au/articles/dangers_of_bottle-feeding_in_bed.html),  
<http://pediatrics.aappublications.org/cgi/content/abstract/110/6/e77> , Bottle Feeding in the Bed or Crib Before Sleep Time and Wheezing in Early Childhood

- iii) Staff will also consider placement of any such play in the outdoors, to ensure shade so children standing at the water play for long periods are protected.
- iv) No water based swimming or wading experiences will be provided at the centre
- v) Staff will design and implement opportunities to undertake messy and water based play mindful of ensuring each child has dry and clean clothing available to be worn after the play.
- vi) All adults are expected to ensure constant supervision of water based experiences. Casual staff, visitors and students should be reminded of the potential danger of these experiences so as to ensure they remain vigilant.
- vii) Children and families will be provided with water safety messages as an integral part of the program, recognising the importance of children being aware of dangers.
- viii) Children and families will be provided with water sustainability messages as an integral part of the program, recognising the importance of children being aware of water usage and alert to water wastage.
- ix) In utilising, cleaning and storing equipment used in water based and messy play, staff will ensure equipment is cleaned and dried whenever possible in the sun to minimise mould and bacteria build up.
- x) Staff will monitor all areas of the centre and especially the outdoors for build up of water and ensure children cannot gain access to areas where there are hidden water dangers, i.e. emptying containers after rain, or not allowing play in areas where rainwater has collected in puddles.
- xi) Staff will ensure children are aware of the need to clean and dry hands after messy and water based play given the possibility of cross infection from such play.

## 11) Water Safety OOSHC

- a) **Explanation** We recognise the risks posed by bodies of water and take the safety of children and educators involved in water based activities and around bodies of water seriously. However in our region bodies of water are a part of the everyday experience of children. They live in and are surrounded by water and must learn to manage that environment. The region is a beach side area and also features numerous lakes and creeks and rivers. There are few if any large parkland areas in the region that do not contain water or are adjacent to water making it almost impossible to undertake any excursion without going near water. As we value the natural environment and make involvement with nature an objective of our programs, we need to manage rather than avoid involvement with bodies of water.
- b) **Implementation** The service will ensure that every precaution is taken so that children are able to enjoy water based activities and the outcomes will be supported by appropriate educator to child ratio for the activities. The service shall ensure the safety of children around bodies of water by
  - i) Undertaking a risk assessment that will determine the required educator to child ratio for the proposed activity
  - ii) Ensuring there are educators present that have current, approved first aid qualifications including CPR.
  - iii) Demonstrating a preference for venues that provide additional supervision in the form of life guards.
  - iv) Ensuring educators are placed in positions that allow them to directly and actively supervise any child accessing a body of water.

- v) Avoiding any venue with a body of water where sufficient precautions cannot be taken to ensure the safety of children.
- vi) We will attend still bodies of water where lifeguards are on patrol. We will allow for paddling in other water when permissible.

## 12) Hot Water Safety

**c) Explanation** Rainbow acknowledges the dangers of hot water and how easily children can be burned. However the hygienic operation of the centre including laundry, hand washing and food preparation require hot water to be available. The centre recognises the need to ensure any hot water supply is managed suitably to minimise safety concerns.

### **d) Implementation**

- i) All hot water accessible to children is a warm water only tap
- ii) All hot water for washing or kitchen supply is in areas inaccessible to children. Staff shall ensure such doors are not left ajar at any time while children are present at the centre.
- iii) In any learning experience which requires the supply of hot water ( e.g. making “cooked” play dough) staff shall ensure extra care is taken and such experiences are not undertaken at peak staff demand times when staff may be less able to concentrate on the experience. Such experiences are educationally richer for children if they involve all aspects of the task (e.g. adding hot water) and staff will undertake education of children in such instances so that children become more aware of the dangers of hot water.
- iv) Any care tasks that require hot water (e.g. bottle warming) shall be undertaken with close attention to child safety and primary contact staff will seek the assistance of ancillary staff (e.g. cook or ksup) in ensuring such tasks are undertaken safely.

## 13) Accident, illness and incidents (including incidents related to dangerous products)

**e) Explanation** In operating a early childhood education and care service it is almost certain that accidents, illnesses or incidents will occur at the centre. On those occasions it is essential the staff are well able to handle the situation in an effective way, while also recognising the possible consequences and effects on parents, other children and indeed staff. A child involved in an accident or incident or who becomes ill will require attention. They may require first aid or medical treatment. The centre should ensure appropriate procedures are in place to deal with those situations. The centre, in caring for a child, assumes responsibility for acting in the best interests of the child in the event of an injury. The careful exercise of this responsibility is part of the staff’s duty of care. In the event of a minor accident, illness or incident staff should be able to take whatever steps are necessary to deal with it. In a more serious incident, emergency action may be necessary. An injured child may need emergency treatment and may need to be taken from the centre. In the event of tragic circumstances such as the death or serious injury of a child it is important staff recognise their legal and procedural responsibilities as well as the more personal issues involved. In some circumstances such as building collapse, natural disaster or threats of violence there may be a need to evacuate children from the centre. During such an emergency, children can become frightened and disoriented and can be exposed to a greater risk

of danger. Therefore it is important that the staff are prepared and that emergency procedures have been practised with the children.

**f) Implementation - Accidents**

- i) In the event of an incident occurring in the centre the staff member who first becomes aware of the matter should assess the situation and respond in an appropriate manner. That response will include an assessment whether :
  - (1) Assistance from other staff is needed
  - (2) The child's immediate and longer term needs are being met
  - (3) There are potential dangers to other children or adults
  - (4) Emergency services need to be contacted
  - (5) First aid is required, (if the staff member is not a trained first aider, a trained staff person must be consulted)
  - (6) Parents or others need to be contacted
  - (7) Other children need to be comforted
- ii) Parents are required during enrolment to authorise the centre to take appropriate action considered necessary by staff to safeguard the welfare of a child while in the care of the centre. As well the parent is required to inform the centre of the child's regular doctor. Regardless of such authorisation the centre has the right under law to seek emergency treatment when a parent cannot be consulted or when any delay to allow contact with the parent would be considered to endanger the child.
- iii) In the event of an incident resulting in injury which requires treatment outside the centre or which renders a child unable to remain in the centre, the family should be contacted as soon as possible. In the event of an incident requiring minor first aid, after which the child is fit to remain in the centre, the staff will determine whether it is necessary to contact the parent immediately.
- iv) In the event of a major accident requiring urgent medical treatment, an ambulance will be called. If the child is taken from the centre by ambulance prior to the parent arriving at the centre, a staff member will accompany the child, take the child's enrolment form with them, and remain with the child until a parent arrives.
- v) Following the incident when it is safe to do so, the staff member will complete an Incident / Accident form to ensure an appropriate record of the matter and how it has been dealt with. A copy of this form will be provided to the family at the first opportunity and they will be asked to acknowledge receipt of the form. The centre will retain records of accidents & incidents as required by law.
- vi) Following any incident or accident which results in injury or the need for medical treatment, staff will reassure other children, keep them informed about what is happening and away from the injured child or adult.

**g) Implementation - Provision of first aid**

- i) If a child, staff member or visitor has an accident while at the centre they will be attended to immediately by a staff member who holds a current first aid certificate. In the event of an incident resulting in injury which requires first aid a qualified first aider will determine appropriate treatment to be given, and provide the first aid ensuring all treatment is witnessed by another adult. First aiders can only administer first aid in minor accidents or to stabilise the victim until expert medical assistance arrives in more serious accidents.
  - ii) Anyone injured will be kept under adult supervision until they recover or an authorised person takes charge of them.
  - iii) The centre will ensure all regular staff have first aid certificates and will provide training for staff. The centre will maintain a list of all trained first aiders and ensure the list is displayed in the centre and near first aid kits. The list will show the date of expiry of staff first aid certificates and all staff are responsible for ensuring they let the centre know when their training needs to be renewed.
  - iv) A fully stocked and updated first aid kit will be kept in designated areas in the children's rooms, staff room and outdoor areas. The kit is to be easily accessible by staff, but inaccessible to children. Staff will be familiar with the contents of the First Aid Kit. A separate travelling first aid kit will also be maintained to be taken on excursions or during an evacuation. All first aid kits will contain at least the minimum equipment as suggested by St Johns Ambulance Service, including a first aid manual. Cold packs will be maintained in centre refrigerators. The centre will appoint a first aid co-ordinator who will maintain an inventory of all the kits and will review and maintain the kits as required.
- h) Implementation - contacting support services**
- i) Lists of telephone numbers of emergency contacts, medical and poisons information will be maintained in the centre so as to be easily accessible in the event of an emergency.
  - ii) The centre will maintain a current subscription to an Ambulance fund.
- i) Implementation – episode of an ongoing illness**
- i) On enrolment, the centre and parent will have completed a written agreement detailing how staff will proceed in the event that the child suffers an attack of an ongoing illness while at the centre. Staff will be made aware of that agreement and proceed as agreed in the event of any such illness.
- j) Implementation - serious injury or death of a child**
- i) If a child suffers from a life threatening situation while at the centre, staff will provide first aid and resuscitation procedures. Staff will contact emergency services and request an ambulance to attend the centre. The staff will continue with first aid measures until expert medical assistance has arrived.
  - ii) As soon as possible, the centre will also contact the parents of the child, Community Services NSW, the President of the Committee and in the case of the death of a child, the Police.

- iii) Staff will consider the distressing nature of any serious accident and ensure other children are appropriately cared for at this time.
- iv) A detailed report will be completed as soon as possible, detailing the incident, or events leading up to the child's serious injury or death. The report will also include all necessary information and be provided to all relevant parties.
- v) Counselling will be made available for all children, parents and staff.

**k) Implementation - Emergency evacuation**

- i) Emergency evacuation procedures will be clearly displayed near the main entrance and exit of each room used in the centre, including the administration and Director's offices. The evacuation plan will include routines and clear staff responsibilities for :
  - (1) Raising the alarm.
  - (2) Routes of leaving the building suitable for all ages and abilities.
  - (3) Safe assembly points away from access of emergency services and alternative assembly points in case the main assembly point becomes unsafe. Supervision of children at the assembly point and taking a roll call of children
  - (4) Collecting the emergency evacuation bag, children's attendance records and parents contact numbers before leaving the centre
  - (5) Checking to ensure all persons are evacuated and that all doors and windows are closed as far as possible, to reduce the spread of fire.
  - (6) Contacting appropriate emergency services, management and parents as required.
- ii) Sufficient practice drills will be held to ensure staff and children are familiar with the procedures.
- iii) All staff, including relief staff, will be informed of the procedure and their specific tasks identified in their orientation into the centre.
- iv) No child or staff member is to go to their lockers or bags and collect personal items during and emergency evacuation. This would lead to confusion and delays.
- v) Fire extinguishers will be installed and maintained in accordance with Australian Standards. Plans showing locations of extinguishers will be displayed. Staff will be instructed in the operation of extinguishers but should only attempt to extinguish a fire if it is small, there is no threat to their personal safety, they feel confident to operate the extinguisher and all children have been evacuated from the building.
- vi) The centre will install and maintain smoke detectors and a fire blanket.
- vii) Staff should be aware of bush fire danger and implement routine clearing of debris around the playground, inform the Director of any build up outside the centre's boundaries and ask the council to have debris cleared as soon as possible.
- viii) The centre will liaise with local fire authorities for advice and training in fire safety.
- ix) Centre staff will develop an agreed list of situations in which evacuation may be required. That list will include expected events during which it is safer for the

children to leave the building, e.g. internal fire, building damage or a threat of violence against staff or children from a person entering the building. Centre staff will also develop an agreed list of occasions when leaving the building is not advised, e.g. external fire, storm, flood or a threat of violence from outside the building. Staff will assess each situation when making a decision whether to evacuate the centre.

- x) In the event of an incident that requires evacuation a staff member will be appointed to liaise with the officer in charge of the appropriate emergency service re the nature and location of the emergency and further procedures to be followed.

#### **l) Implementation – notification of incidents**

- i) Under Regulation, a “serious incident” or a “complaints and incidents” are required to be completed and returned to the ECEC Directorate in a number of circumstances involving accidents, illnesses and incidents.
- ii) The Nominated Supervisor shall ensure up to date information on the use of these forms is available in the centre at all times, that copies of the relevant forms are readily available to staff and that all certified supervisor staff are aware of the need to complete such forms in those circumstances.
- iii) The Nominated Supervisor and all other certified supervisor staff shall ensure that all incidents, illnesses and accidents that occur in the centre are recorded and when required an incident or serious incident form is completed.
- iv) The Nominated Supervisor shall ensure that the forms are signed as required by the Public Officer and a member of the Management Committee and returned to the ECECD as soon as possible after the incident.

#### **m) Implementation – trauma**

- i) In the event of a traumatic incident occurring in the services, staff shall determine whether any children., staff or visitors have been traumatised or otherwise affected by the incident. However Rainbow recognises that staff are not trained in trauma identification and any effect may not be apparent to staff or management at the time
- ii) If any person is traumatised by an incident and staff or management are aware of this trauma, then the centre shall undertake appropriate steps to seek appropriate assistance for the traumatised person and provide referral to other appropriate services which may be able to assist them.
- iii) Where the traumatised person is a child enrolled in a Rainbow service, a responsible person from the service shall contact the child’s parent to pass on all relevant information and liaise with the family re ongoing support that may be required while the child is in care in the future.

### **12) Infection control**

- a) **Explanation** At Rainbow, we aim to provide a safe and hygienic environment that will promote the health of the children. In order to achieve that environment we:
  - i) Require that sick children do not come to the centre and that children who become ill while at the centre are removed as soon as possible.

- ii) Recognise that toileting, by its nature, with close contact with urine and faeces, is a high risk point of possible cross infection in the centre. Hence we aim to ensure that nappy changing is conducted in a way, which minimises the risk of infection to children and staff. As well, as nappy changing is a close one to one activity between staff member and child, it is important to ensure nappy changing is a pleasurable experience for the child. Toilet training is also an important time for children as their personal confidence and self esteem can be affected by toileting success. The use of the toilets, allowing that young children do have toilet accidents, also leads to high cross infection risk. Toileting requires a sensitive and caring approach from staff as well as a close attention to hygienic practices by children.
- iii) Understand that health authorities have noted that the most important infection control feature in any environment is Universal infection control procedures. An essential part of that procedure is frequent effective hand washing. Effective hand washing reduces the transmission of infectious diseases protects the health of both staff and children and is easily taught to young children.
- iv) Believe that animals can be a valuable source of learning and enjoyment for children. In recognition of that, animals may be brought into the centre, either as pets or as exhibitions (e.g. farm visits). Any animal that enters the centre must be kept safe for children and must be kept safe from children.

**b) Implementation - child illness and disease**

- i) If a child is unwell the family is asked not to bring the child to the centre.
- ii) If a child comes to the centre and in the view of staff, they are not well enough to attend; the parent will not be entitled to leave them at the centre. If a parent in that circumstance does not agree with the staff assessment they will need to provide a doctor's certificate that the child is not ill before leaving the child at the centre.
- iii) all concerns or instances of child illness or disease are to be discussed with the room leader and or Director, prior to any decision to send children home.
- iv) If a child becomes ill or develops symptoms at the centre, the parents (or if they are not able to be contacted within half an hour - the emergency contact), will be contacted to take the child home. As the care needs of a sick child cannot be met without dramatically reducing the general level of supervision of the other children or risking other children's health, parents will be asked to collect children who are unwell as soon as possible.
- v) A child, who is asked to leave the centre as they are unwell, cannot return until the symptoms of the illness are no longer present. Alternately the parent can provide a doctor's certificate showing the child is not too ill to attend and does not constitute a risk of cross infection to others.
- vi) Where a child is ill with an infectious illness, the child will be excluded from the centre. A doctor's clearance certificate will be required before the child can return to the centre. Where no doctor's certificate is supplied the general recommendations of the NSW Department of Health will determine the period of exclusion.

- vii) If the centre has a number of cases of an infectious illness, we are obliged to notify the Area Health Centre and may be subject to closure. During any outbreak of infectious illness, any child who is not immunised will be excluded from the centre.
- viii) A regularly updated copy of the NSW Department of Health guidelines on infectious disease will be kept at the centre for reference by staff, management and made available to parents on request.
- ix) Parents will be informed about the occurrence of an infectious disease in the centre without using children's details, ensuring that the individual rights of families are not infringed upon.

**c) Implementation - infection control procedures**

- i) The centre will follow standard infection control procedures as set out by Health Authorities for dealing with bodily fluids. Such procedures involve appropriate cleaning, hand washing, hand sanitising, use of disposable gloves and close attention to disposal of contaminated waste (e.g. soiled nappy, bloodied tissue etc.).
- ii) Appropriate sinks will be provided for hand washing, located as required. The sink will be accompanied by warm water (or hot/cold for adults) soap, paper towelling and waste disposal.
- iii) Hand sanitiser dispensers using waterless hand sanitising gel will be located around the centre and positioned out of the reach of children, to allow staff and parents to sanitise hands as appropriate or when leaving an area to wash and dry hands may compromise child supervision and child:staff interactions.
- iv) Disposable gloves will be available in all areas where staff are working with children and may be required to deal with bodily fluids (i.e. blood, urine, faeces, vomit, nasal discharge etc). Staff are required to carry gloves and tissues while working with children. Gloves should be used in all appropriate situations, and discarded as contaminated waste.
- v) Instructions for appropriate hand washing and hand sanitising will be placed in prominent positions near each hand washing/sanitising area, including children's bathrooms. Posters which promote hand washing by staff and children will also be displayed. The centre hand washing procedure will be based on up to date recommendations from Health authorities, and copies given to all staff. The hand washing procedure will include instructions to wash hands prior to and after certain activities undertaken as part of the daily work and daily timetable of staff and children. Hand washing procedures will always include hand drying as well, using paper towelling, in recognition that without thorough hand drying, hand wetting can increase cross infection. Hand sanitising instructions will conform with manufacturer recommendations for use.
- vi) Children will be taught hand washing as part of the daily program. Staff will supervise children in bathrooms to ensure they develop good hand washing habits.

vii) Hand basins for hand washing should not be used for food or drink preparation, rinsing of soiled clothing or cleaning bodily fluids.

viii) While on excursions suitable alternative hand cleaning facilities (e.g. lubricated hand towels or hand gels) will be made available to staff and children and are to be used if there is not access to suitable hand washing facilities.

**d) Implementation - Toileting**

- i) Staff will support children during toilet training, providing a positive and open approach and allowing children to feel their success without being scolded or embarrassed by any failures.
- ii) Staff will follow universal infection control guidelines when dealing with children's toileting, and ensure hand washing, disposable gloves and appropriate disposal of waste is a priority. Spot cleaning of toilet areas will occur on a regular basis to cover any toileting accidents and to ensure toilets are useable by children at all times.
- iii) Staff will develop signs and daily routines that assist children to understand appropriate toileting behaviour such as flushing toilets, hand washing with soapy water, drying of hands on paper towelling and disposal of paper towelling.

**e) Implementation - Nappy changing**

- i) Nappy change work practices will follow relevant Regulations and health recommendations. The centre will monitor relevant recommendations to ensure centre nappy change practices match best practice standards at all times.
- ii) The centre recognises that there are many points of view and many issues to be taken into account in choosing the most appropriate type of nappy to use. In recognition that in a play environment shared by a number of young children, disposable nappies have the advantage of minimising leakage of body fluids, the centre will require the use of disposables for children while at the centre. Staff will require families to provide disposable nappies for children while at the centre, unless the parent is prepared to provide all necessary equipment and storage to enable the use of non-disposable nappies and acknowledge that any such equipment will be discarded if left in the centre in a soiled state at the end of the day.
- iii) Staff will develop a nappy changing procedure and ensure it is prominently displayed near the nappy changing area. The agreed procedure will detail appropriate practices and always include hygiene control methods and waste disposal.
- iv) Parents are asked to ensure their child has a clean nappy on hand over to staff on arrival. Where children have soiled or wet nappies while travelling to the centre, parents are welcome to use centre facilities to change their child prior to hand over of the child to a staff member. When changing a nappy at the centre, parents are required to follow the centre's nappy changing procedure.

- v) There will be storage for each child and family for bags, clothing changes and nappies situated close to the nappy change area. There will be an adequate number of easily cleanable, safe and hygienic nappy changing stations each with storage space for related supplies. There will be a set of steps for children able to walk confidently to reach the change mat, to encourage child independence and minimise staff lifting children onto the change area.

**f) Implementation - Care of animals**

- i) When animals come to the centre, staff will ensure that children, parents, visitors treat the animals in a respectful and humane manner. If any animal is brought to the centre, staff will seek assurance that the animal can be properly cared for while at Rainbow.
- ii) If any animal is brought in which may be a source of infection, conditions must be set up to ensure appropriate safeguards are in place.
- iii) If there are children in the centre with individual allergies to particular animals, there will need to be safeguards in place to ensure the child is not exposed to that animal.
- iv) All animals kept at the centre shall be maintained in a clean and healthy condition and be provided with food, housing and veterinary care as appropriate.
- v) Children will be educated about and further reminded about the hygiene practices required after handling animals and staff will ensure this is maintained.

**g) Implementation - Cleaning**

- i) The centre will ensure that suitable daily cleaning procedures are undertaken. Such cleaning will include suitable professional after hours cleaning each day.
- ii) Centre staff will undertake ongoing spot cleaning for everyday spills and soiling within the learning activities, especially taking into account floor spills from craft materials and toileting accidents in children's bathrooms.
- iii) Staff will develop back up cleaning procedures to address any urgent or hazardous situations.
- iv) The centre staff will develop and implement systematic cleaning of equipment used by children. These procedures will recognise the uses young children will put objects to, including mouthing toys, and the possibility of children soiling those toys during use. These cleaning procedures will include regular attention to items such as stretcher beds, store rooms, children's furniture and room fittings and fixtures.
- v) All cups, plates and utensils etc. used by children will be washed after each use.
- vi) All rubbish and left over food will be placed in covered bins not easily accessible to very young children and disposed of on a regular basis.
- vii) All soiled clothing or cloth nappies removed from children will be sealed in a plastic bag and placed in the child's bag for cleaning at home.

**h) Implementation – Child Immunisation (amended Sept 2017)<sup>13</sup>**

- i) The centre acknowledges that immunisation of children is a required practice under various legal mandates applying to children's services. The centre acknowledges that it is covered by Regulations set out in the National Quality Standards 2017 and NSW Health regarding immunised children and outbreaks of immunisable disease and the centre will follow all such legal requirements.
- ii) Families on enrolment will be asked to provide proof of each child's immunisation status as per the requirements of NSW Health<sup>9</sup> and will be asked to upgrade that status over time as further immunisation is received by the child.
- iii) The centre recognises that for medical reasons some children are not able to undergoing immunisation. The centre will follow the procedures and recommendations set out by NSW Health in these circumstances. Where a child is not immunised the centre will follow the procedures set out by NSW Health relating to exclusion.
- iv) The centre will provide reminders to families about obtaining and maintaining recommended immunisation, as required by Regulation.
- v) The centre will maintain an immunisation register for all children enrolled in the early childhood and care service, identifying the immunisation history of each child and any required immunisations scheduled.

**13) Child protection<sup>14</sup>**

- a) Explanation** Rainbow recognises that the welfare of children is of paramount importance and that the centre has an obligation to ensure each child's care and protection both while at the centre and at other times. Staff and management have a responsibility to take action to protect children they suspect may be abused or neglected, and to ensure nothing occurs within the centre which is not in the interests of the children. While it should be obvious, it is worth stating clearly that the policy of Rainbow Children's Centre Inc. is that all staff and management will follow the law in all respects in relation to child protection.

The relevant Legislation and the Regulations stemming from those Acts, and the published guides and explanatory material published by various child protection agencies provide very clear guidelines about how both staff and management are to proceed, and it is not proposed that this policy should duplicate that material. In the implementation of this policy it should be taken as read that staff and management are to proceed as per those procedures set out by the authorities.

- b) Mandates** As mandatory reporters staff and Committee office bearers have a personal responsibility in regard to child protection beyond their normal responsibility as staff members of the centre or members of the Committee. Because of the amount of

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<sup>13</sup>NSW Health [http://www.health.nsw.gov.au/immunisation/Pages/vaccination\\_enrolment.aspx](http://www.health.nsw.gov.au/immunisation/Pages/vaccination_enrolment.aspx)  
The Guide to National Quality Standards (ACECQA 2018) <https://www.acecqa.gov.au/sites/default/files/2018-01/Guide-to-the-NQF.pdf>

Legislation covering this area the centre has little discretion in most matters, and procedures are mandated by the following Acts.

- i) Children and Young Persons' (Care and Protection) Act 1998 – this Act requires certain persons to report to authorities when they have reasonable grounds to believe a child is at risk of harm .
- ii) Child protection (Prohibited Employment) Act 1998 as amendment 2007– this Act makes it an offence for “prohibited” persons to work with children and requires employers to satisfy themselves that their employees are not prohibited persons.
- iii) Ombudsman’s Act 1974 (Amendment) – this Act requires early childhood education and care service organisations to report to the ombudsman any allegation of child abuse made against an employee of the organisation. Child Protection in the Workplace Responding to allegations against employees guidelines 2004.
- iv) Commission for Children and Young Person’s Act 1998 as amended as at 17 Sep 2010– this Act sets up a legal framework for screening all persons working with children and requires employers to screen all prospective employees and notify the Commission of any conviction of an employee for child abuse or any allegation against an employee of child abuse which has not been proven to be false.

**c) Implementation**

- i) All staff and Committee office bearers in children’s services are mandatory reporters. A mandatory reporter is required by law, under Keep Them Safe (CHILDSTORY) requirements to “notify” Community Services NSW Helpline by phoning 132111 if they have “reasonable grounds” to suspect a child is at significant risk of harm and those grounds arise out of their work and involvement at Rainbow. As well where mandatory reporters have reasonable grounds to believe a child is at risk or harm, although not significant harm, there is a requirement to institute action to support the family and to liaise with other agencies as required and appropriate to do so. Rainbow will ensure all staff and Committee office bearers are made aware of their responsibilities in regard to mandatory reporting. (Any reference to staff in the following paragraphs in relation to notification should be taken to also include Committee office bears and members)
- ii) The centre will ensure all education and care staff undertake child protection training and training is up to date in accordance with regulatory requirements.
- iii) Staff development re child protection will be further encouraged by inclusion in staff meetings of agenda items re child protection guidelines and staff responsibilities.
- iv) Rainbow will ensure staff work within optimum conditions of employment that recognise that staff stress and overwork can lead to inappropriate behaviours. Conditions will include ensuring:
  - (1) staff take regular leave and are provided with daily breaks
  - (2) staff are empowered to seek long term changes in working hours to allow them to meet family and personal commitments
  - (3) relief from regular duties to undertake other tasks and multi-skilling by task and job rotation
  - (4) staff are always working with other staff in close contact as support and empowered to ask for assistance when required.

- v) Rainbow will communicate with families about child protection issues and outline strategies used by the centre to ensure children at Rainbow remain safe.
- vi) The centre will undertake child protective behaviour strategies and education of children, allowing for the age and developmental competence of each child.
- vii) When a staff member has concerns that a child is at risk of harm or a child makes a disclosure of abuse to a staff member,:
  - (1) The staff member is asked to notify the Director and other staff as applicable, about their concerns. It may be helpful if the views, knowledge and observations of a number of staff can be taken into account and discussed regarding the concern. If necessary, the Director will undertake systematic observations and recording processes to clarify and confirm the concerns, allowing that if the matter is considered urgent notification may occur immediately.
  - (2) The centre and staff must not undertake any investigation of the concern beyond observation and discussion among staff as subsequent legal investigation can be compromised by tainted evidence. The staff will not discuss the concern with the child nor question the child about the concern.
  - (3) The centre encourages staff to share any concerns about risk of harm of the children in their care with other staff to ensure they feel supported in any decision made to notify authorities or contact other agencies about any child.
  - (4) Any staff member who chooses to notify due to a personal belief that the child is at risk of significant harm will be supported in that decision by Rainbow management and staff.

When the centre receives a request from another agency or organisation for cooperation and exchange of information re a child at risk but not significant risk under CHILDESTORY guidelines, the centre will require such request to be in writing, clearly identifying a person and an organisation as the source of the request and the authorisation to make such a request. If the Director, or the President of the Management Committee in the absence of the Director, considers the request to be reasonable and in line with our responsibilities under CHILDESTORY guidelines, then a response and appropriate cooperation shall be provided in a timely manner.

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<sup>14</sup>ChildStory Reporter Community <https://reporter.childstory.nsw.gov.au/s/>

#### **14) Food and Drinks OOSHC**

- a) **Explanation** The provision and preparation of food within OOSHC poses a different challenge to food with long day care. While we are not providing a set portion of a child's daily nutritional intake, we still want to follow our general objectives in providing nutritious healthy food with as few additives as possible. However food for this age group plays a social role as well, with food preparation after school each day being an activity for children to undertake – rather than a service provided by the centre. As well the occasional provision of a treat ( e.g. ice cream, popcorn, hot chips) during vacation care is in line with an understanding that this is a “holiday” period for children. Hence we are balancing reasonable expectations of good quality healthy food with the need to allow children to be involved in preparation of the food on most occasions.

**b) Implementation**

**i) Cooking and preparing food.**

- (1) We recognise the need to offer cooking experiences to children whom attend our OOSH service to assist them in developing knowledge of healthy eating and the importance of good food handling practices.
- (2) Food choices will follow our usual objectives, steering away from packaged food and using lower salt, sugar and fat choices. However given the complexity of preparing food from base ingredients there may need to be some compromises in using packaged food (e.g. tomato paste) that allow higher levels of involvement of children
- (3) We will recognise children with varying dietary requirements and offer and modify dishes we prepare in OOSH to ensure all children feel and are included in any cooking experience we may undertake.
- (4) We will embed food handling principles in our cooking activities, expecting children of this age to have a better understanding of cleanliness and germs and food procedures than we would with preschool age children.

**ii) Provision of “special foods”**

- (1) The OOSH programs, and especially vacation care will recognise the social value of treat foods occasionally being provided to the group e.g. during excursions, although such treats will remain an occasional and special treat and not a usual expectation.

**iii) OOSH children bringing own food.**

- (1) We will ensure children during vacation care bring their own snacks and lunch will be in accordance with our nut policy and we will monitor contents to ensure children are bringing a nutritionally sound lunch box.
- (2) We will provide appropriate food storage options including fridges and eskies etc as storage of food brought in by children .