



Catholic Education

Diocese of Rockhampton



CATHOLIC EDUCATION
OUTSIDE SCHOOL HOURS CARE
POLICY AND PROCEDURES



Early Learning & Care

Introduction – Policies, Procedures & Associated Documentation

Policies and procedures have been informed by latest research, legislation, Government Guidelines, Catholic Education – Diocese of Rockhampton policies and procedures, quality practices in the sector and approved Australian Children's Education and Care Quality Authority (ACECQA) documentation (including approved learning frameworks). The policies and procedures and associated support documents have been allocated under the seven National Quality Areas:



Personnel Referenced in Documentation

Approved Provider:

The Roman Catholic Trust Corporation for the Diocese of Rockhampton, as the Approved Provider, has appointed the Diocesan Director and the Assistant Director Administration as their representative. Therefore, in reading these documents, the key contact in all references made to the Approved Provider should be understood to be the Diocesan Director, Catholic Education: Diocese of Rockhampton or the Assistant Director Administration.

Parents/Carers:

When parents are referred to in policies, procedures and associated documents, it is intended that this includes carers and/or guardians.

Catholic Education, Diocese of Rockhampton:

The Catholic Education Office, Rockhampton will be referred to as CEO.

Accessibility

The policies and procedures should be readily available for families (and potential families), staff, volunteers, practicum students, visitors to the service and regulatory authorities to read and review. The Early Learning & Care Portal is to be accessible to all Catholic Education services.

Symbolic Segments

Each National Quality Area is symbolised by a segment within a cyclic representation. This highlights the interconnected nature of the policies and procedures in the National Quality Framework. Even though a document may have been allocated to one particular Quality Area, it possibly could also be applicable to another.



Review & Consultation Processes

The policies are approved at a Catholic Education Office level and are only to be modified with the approval of the Approved Provider. They are formed in consultation with services, families, parish and Catholic Education personnel. This process is conducted annually. Procedures, however, may be modified in consultation with your education and care communities. Any adjustments must align with current legislation and Catholic Education – Diocese of Rockhampton protocols. Consultation with Catholic Education Office Coordinators – Health & Safety, Indigenous Education, Child Protection, Early Learning & Care, as well as Catholic Education Office finance and ESS department managers, is required when considering making changes to procedures.

All procedures will be reviewed annually in consultation with children (where applicable), service personnel, service families and communities, Catholic Education Office personnel, parish and schools (where applicable). Current research and legislation will also act as a change-agent in regards to policies and procedures.

The services must give 14 days' notice to families before making any change to a policy or procedure that would:

- have a significant impact on any enrolled child
- affect the family's ability to utilise the service, or
- affect the fees charged or the way fees are collected.

The notice period is not required if the change to a policy or procedure is to address an issue in relation to the safety, health or wellbeing of any child enrolled at a Catholic Education service.

Version control will indicate amendments to policies and procedures

Reference to Catholic Education Diocese of Rockhampton

Documents

Where reference is made to specific Catholic Education Diocese of Rockhampton documents such as policies or guidelines, then they may be accessed through the [Catholic Education Website](#) and/or [Employee Portal](#).

Special Thanks & Acknowledgement of Referenced Material

Special thanks to: Centacare Childcare Brisbane; Early Learning and Care Catholic Diocese of Cairns; the many Early Learning and Care educators and finally CEO personnel who contributed through the sharing of resources and knowledge, offering of feedback and proof-reading of documents.



Quality Area 1

Educational Program and Practice

The aim of Quality Area One of the National Quality Standard focuses on ensuring that the educational program and practice is stimulating and engaging and enhances children's learning and development.

In school age care (outside school hours care) services, the program nurtures the development of life skills and complements children's experiences, opportunities and relationships at school, at home and in the community.

Adapted from: Australian Children's Education and Care Quality Authority (ACECQA). (2018). Guide to The National Quality Framework. Retrieved October 15, 2019 from <https://www.acecqa.gov.au/sites/default/files/2019-07/Guide-to-the-NQF.pdf>.

Policies & Procedures

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Program & Practice Procedure

Support Documentation

Approved Guidelines:

Commonwealth of Australia (2011) *My Time, Our Place – Framework for School Age Care in Australia*
Australian Government Department of Education, Employment and Workplace (2009) *Early Years Learning Framework – Belonging, Being, Becoming*

Catholic Education Office Guiding Documents: CEO Spirituality in the Early Years (2012)

Early Childhood Australia (2006) *Early Years Code of Ethics*

CEO Child Safety Curriculum Early Years

Early Years Learning Framework

Principle: 1 Description

Catholic Education *Outside School Hours Care* (OSHC) within the Diocese of Rockhampton, promotes play and leisure opportunities that are meaningful to children and support their wellbeing, learning and development within a Catholic school community. The program focuses on the needs and interests of individual children within a context that promotes collaboration and active citizenship. Children in school age care settings have choice and control over their learning as they collaborate with educators to extend their life skills and develop dispositions towards citizenship.

This procedure supports decision making to extend and enrich children's play, leisure and learning in a Catholic school community.

This document supports the Educational Leader of the service in their delivery and guidance of other educators to implement the educational program/framework within the **Cycle of Planning*.

Principle: 2 Practice

Educators will implement the following practices in services in the Diocese of Rockhampton:

- Engage with a philosophy of learning that aligns with contemporary theory and practice and relevant guidelines.
- Plan a program based on the *Planning Cycle – Ongoing observations, Questioning, Planning, Actioning, Critically Reflecting*
- Reflect critically on their ongoing practice and in turn implement a program based on these reflections.
- Model and engage in reflection with children.
- Provide supportive and respectful contexts where everyone's ideas and misconceptions are challenged
- Appoint qualified practitioners in line with legislative requirements.
- Acknowledge children learn from adults (especially families), peers and others in the community and ensure they are integral in the learning community.
- Implement a program whereby children are part of a community of learners where individual, small group and large groups contribute varied knowledge and expertise to solve real life problems.
- Provide families with information about the program.
- Engage the child in meaningful real-life experiences as well as encouraging them to effectively participate in our rapidly changing and globalised world.
- Acknowledge and partake in inclusive practices that are responsive to the diversity of children in care.

- Develop programs collaboratively with children, families and the wider community that recognise children as able and competent.
- Respect every child's history, culture and community.
- Provide continuity and routine.
- Provide an extensive range of experiences where children are challenged and supported to deepen their understandings.
- Ensure safe and ethical practices are in place.

Principle: 3 Required Documentation

Educators will ensure the following planning documentation is available on request:

- **Programs** - based on observations, critical reflections and collaboration with all stakeholders. This program will have the following components:
 - Routines and Transitions.
 - Balance of planning for individual, small group & whole group experiences.
 - Reference to and links with the *My Time Our Place, School Age Care Framework* (Identity, Connectedness, Wellbeing, Confidence & Involved, Communicating).
 - Planning for the environment that connects children to their natural, man-made and globalised world.
 - Connections with the previous observations/learning stories/anecdotal records and critical reflections from previous interactions with children.
 - Who has initiated the program element e.g. child, educator, family, celebration
 - Prayer/liturgy/ opportunities for children to connect with their spirituality and God.
 - Short term and long term projects or interests that have been negotiated with children and families.
 - Appropriate resources and/or provocations.
 - Real-life and play experiences embedded throughout the session.
 - This program is to be shared with families and displayed within the service.
 - There are varied ways to provide programs including webbing with children, templates, scrap books etc.
 - Intentional actions recognising that learning occurs in social contexts, and that interactions and conversations are vitally important for learning.
- **Children's Files** – Within a child's file that will comprise of copies of Enrolment Forms, Birth Certificates and other relevant documentation including immunisation status. Educators will collect, document, organise, synthesise and interpret the information that they gather about children's wellbeing and enrichment to evaluate the effectiveness of their programs. A variety of documentation tools will be used to collect rich and meaningful information that depicts all children's wellbeing and development in context. Children may also have Individual Learning Plans (IEPs) if they have a disability or identified additional needs. A *Form 1* must be signed by families to enable sharing of information with regard to a child who has a disability or identified additional needs.
- **Critical Reflections** - In order for educators to be effective in their practices they must engage in the processes of analysis, reflection and experimentation. Educators are to engage in ongoing learning and reflective practice and these are to be recorded to inform planning and practice. The following may guide critical reflection:
 - **What happened? (Deconstruct)**
Describe what has happened consider particularly practices that has been described as normal or the right way to do *things*.
 - **What is working well, What are your challenges? (Confront)**
Examine the issues, thinking about things that you may not have previously questioned and put yourself in the perspective of others.

- **What information/ research/resources or experience helps you to understand what is happening? (Theorise)**
Draw on a range of information and ideas – where did you get your ideas from?
- **What do you need to change about your practice, What are the first steps? (Think otherwise)**
Think outside the usual ways of thinking and perhaps come up with other ways of thinking and doing and practicing.
- **What do you need to change about your practice, What are the first steps? (Think otherwise)**
Think outside the usual ways of thinking and perhaps come up with other ways of thinking and doing and practicing. * *Reflective model used in Macfarlane, K., & Cartmel, J. (2007). Report: Circles of change revisited.*



Quality Area 2 Health and Safety

The aim of Quality Area Two under the National Quality Standard is to safeguard and promote children's health and safety, minimise risks and protect children from harm, injury and infection.

All children have the right to experience quality education and care in an environment that provides for their physical and psychological wellbeing and provides support for each child's growing competence, confidence and independence.

Adapted from: Australian Children's Education and Care Quality Authority (ACECQA). (2019). Retrieved October 15, 2019 from <https://www.acecqa.gov.au/resources/research/meeting-nqs>.

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Alcohol & Illicit Drug-free Procedure

Legislation & Support Documentation

- *Work Health & Safety Regulation 2011*
- *Health (Drugs and Poisons) Regulation 1996*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Consuming alcohol while at work can affect consumer's health and safety as well as the health and safety of their co-workers and children in care.

Catholic Education – Diocese of Rockhampton approved services must ensure the environment is free from the use of tobacco, illicit drugs and alcohol.

Principle: 1 Alcohol

An employee or volunteer must arrive at work with a blood alcohol level of 0.00.

Where an employee or volunteer has a duty of care to children, that worker must maintain their blood alcohol level at 0.00 at all times.

If an employee or volunteer does not have a duty of care to children (for example an administration position) but is driving a vehicle as part of their work, that person must stay under the legal limit as stated by the Queensland law, which is at or below 0.05 blood alcohol level for persons on an Open Driver's Licence and 0.00 for persons on a Provisional Driver's Licence. The blood alcohol level should not be exceeded during work hours regardless of whether a staff member is required to drive.

If at work, an employee who attends meetings which take place at lunch or dinner and they are ***not*** responsible for children, the consumption of alcohol should be restricted according to the guidelines stated by Queensland Health. In these circumstances staff must remain aware that they are representing the Diocese of Rockhampton and the service and behave accordingly.

If an employee or volunteer is to be starting a shift and there is not enough time for their blood alcohol level to return to 0.00, they are not permitted to commence work.

If an employee or volunteer is driving a vehicle above the legal limit during their work time, when they do not have a duty of care to children, they will receive disciplinary action on an individual basis from the Catholic Education Office – Diocese of Rockhampton.

If an employee or volunteer is found to be on shift, whilst they have a duty of care to children and they are suspected of being under the influence of alcohol, disciplinary action will be taken. They will be dismissed if it is proven that they have a blood alcohol level above 0.00.

Principle: 2 Drugs and Medication

An employee or volunteer has an obligation to make sure that they do not place at risk the health and safety of any person at the workplace, this includes their own and the public's health and safety. CEO does not condone or support the use, possession, or trafficking of illicit drugs or the misuse and abuse of prescription or other medication.

The consumption of drugs (legal or illegal) has the ability to affect the way in which employees are able to meet their duty of care to children in care. An employee or volunteer are not to consume, arrive at work under the influence or have in their possession, illicit drugs.

An employee or volunteer suspected of being under the influence of illicit drugs at work will be suspended immediately. An investigation will be initiated and if it is proven that the employee or volunteer has consumed or has in their possession an illicit drug, they will be dismissed. The police will be contacted regarding the employee or volunteer and will be informed of the matter.

Principle: 3 Prescription Medication

Medication prescribed by a doctor may cause decreased mental or physical functioning of the body and drowsiness. Taking prescribed medication that has possible side effects with other drugs (i.e. alcohol) will increase the effects on the body. If such affects interfere with an employee or volunteer's duty of care to children, the following procedures must be adhered to:

- The worker **must notify their Nominated Supervisor** and discuss the issue as well as possible side effects that could have the potential to affect their work performance;
- The worker must read the label or enclosed leaflet giving information about the drug. A label will usually state that the drug will affect a person's ability to drive a car or operate machinery. There may also be a warning not to mix the medication with alcohol; and
- If the medication is available over the counter, that is without a prescription, or administered by a naturopathic practitioner, the employee must still seek information on the drug to ensure they are aware of any potential side effects that will influence their ability to execute their duty of care.



Asbestos Procedure

Legislation & Resources

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Asbestos is a substance that can have potentially fatal health effects. While asbestos is now banned from use, it was a component of thousands of different products used in the community and industry.

Principle: 1 Service Processes

Service personnel should contact Catholic Education Office (CEO) if they have any concerns regarding asbestos.

Should any asbestos be present in or around the building the service should participate in the monitoring process and report any damage to relevant building materials or discovery of suspected asbestos containing material to CEO.

If damage occurs to asbestos containing material or additional asbestos containing material has been located, the area should be isolated, no items should be removed and CEO contacted immediately by the nominated supervisor.

All contractors who are undertaking work where asbestos containing material may be impacted must be given access to the asbestos register.

CEO will advise if alternative premises are required when work involving asbestos containing material is being undertaken.



Chemicals & SDS Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*

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Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Many substances may present as hazards at work. But if the hazards are known and understood, appropriate precautions can be taken so that they can be used safely.

Principle: 1 Safety Data Sheets

A Safety Data Sheet (SDS) will assist a workplace to gather necessary information to safely manage the chemicals.

The Nominated Supervisor or Work Health & Safety Advisor should ensure contact is made with the supplier to obtain a SDS. The SDS will state the chemical properties of the product and if it is hazardous.

Part 13 (Hazardous Substances) of the *Work Place Health and Safety Regulation 2011* (the *WH&S Regulations*) provides that a **supplier** must provide a copy of a current SDS to a service and provide a copy of a SDS when requested.

Part 13 (Hazardous Substances) of the *WH&S Regulations* provides that a service must:

- obtain an SDS for a hazardous substance from the supplier;
- keep a register containing a list of all chemicals used at the workplace in conjunction with a copy of any SDS;
- take reasonable steps to ensure the SDSs are not altered other than by the manufacturer or importer; and
- keep the SDSs close to where the substance is being used.

The currency of SDS should be checked at least every 5 years.

The above SDS and chemical register requirements do not apply to those chemicals that are consumer products and used in amounts and for intended purposes associated with household use. However, consideration need to be given to accessing SDS for those chemicals identified with high toxicity e.g. acid washes. These substances should not be stored at the service where possible and where they are required, used under controlled conditions and stored in locked areas.

If any hazardous substances are used for purposes other than their intended use by the manufacturer e.g. art experiences/science experiments a SDS should be sourced.

Principle: 2 Labelling

Precautions need to be taken with all chemicals, the containers the substances are stored in and any instruments associated with the products. Therefore, Personal Protective Equipment (PPE) is to be used in accordance with SDS instructions.

Under Part 13 (Hazardous Substances) of the *WH&S Regulations* the suppliers are required to affix a label to a hazardous substance's container. Further, it requires a service to ensure a label is affixed to a hazardous substance's container and to ensure warnings are given about using chemicals.

If products are purchased in bulk and decanted for the purposes of dilution the Nominated Supervisor must ensure that the decanters are correctly labelled. A copy of the original label should be affixed to the decanter or a second label obtained from the supplier.

If a product is diluted the proportions must also be recorded on the decanted bottle.

Principle: 3 Training

An obligation is placed on Nominated Supervisor to give a worker, who may be exposed to a hazardous substance, induction and ongoing training about the substance and to keep a record of the induction and training for 5 years. The record of induction and training must include:

- The date of the session;
- Topics dealt with in the session;
- The name of the trainer;
- The name of the workers who attended the session; and
- The signature of each worker who attended the session.

People who should be trained include:

- Workers who may be exposed to a hazardous substance at work;
- Supervisors of workers at risk from exposure to a hazardous substance;
- Work Health & Safety Advisors;
- Workers responsible for the purchasing of chemicals, control equipment, PPE and for the designing, scheduling, organisation and layout of work; and
- Those who have direct involvement in line or other emergency action.

Principle: 4 Managing risks from chemicals

In order for appropriate control measures to be developed, chemicals stored in bulk or chemicals with high toxicity, must be identified.

SDSs should then be collected from the manufacturer/supplier for each relevant product by contracting that manufacturer/supplier whose name will appear on the container. This will identify which chemicals are hazardous substances.

If chemicals are to be used by students for program experiences, staff should consider the following important factors before conducting the activity:

- Age, capabilities and number of students;
- Individual needs/maturity of students within group;
- Rationale for activity;
- Toxicity of chemical;
- Whether the chemical is being used for its intended purpose;
- Adequate safety instructions for students and supervisors;
- Provision of sufficient safeguards according to requirements on SDS and label;
- Adequate supervision will be occurring;
- Whether a risk assessment has been documented and approved;
- Chemical is stored and disposed of appropriately.

As a preventative mechanism, staff should be advised to minimise the amount of chemicals used and stored in the workplace.

Consultation with workers using chemicals is an effective way of assisting in identifying the level of risk – “significant” or “not significant”.

The risk minimisation plans should be filed with the relevant SDS in the administration office. The location of each substance should be noted on the risk assessment. A copy of the risk assessment and SDS for each hazardous substance should be kept at the location where they are stored.

Nominated Supervisor or delegate should ensure that SDS stored in the service are current. The date the SDS was developed will be displayed on the document (SDS are current for five years from the date of issue). Where products are changed regularly, new staff members are handling the product or an incident has occurred, the risk assessment process will need to occur more frequently.

Ensure all staff including the cleaners and grounds persons and any other person who will use the substance at the workplace reads and familiarises themselves with the contents of the risk assessment and SDS (where one is required) and labels for each product prior to them using the substance.

When a staff member reviews a SDS or label they should pay particular attention to the areas listed on the SDS or label:

- Health Hazards;
- Precautions for use;
- First Aid treatment;
- What to do in the case of a spill;
- Disposal methods



Dealing with Infectious Diseases & Immunisation Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton aims to provide a safe and healthy workplace for staff and to minimising the risk of spreading of infectious diseases and ensuring appropriate management of illness, incident, injury and trauma in services.

To ensure that children are cared for in an environment, which incorporates practices, that minimise the risk of spreading infectious diseases, staff need to be kept up to date with information on best practice in minimising the risk of spreading infectious diseases and to minimise the risk of contracting contagious diseases and spreading infection to others.

Services should also notify families of exclusion periods for infectious conditions, through a poster displayed in the service. Additionally, where a child has been diagnosed as at risk of anaphylaxis, a notice stating this must be displayed at the service. This notice needs to respect the child and family's confidentiality.

Catholic Education – Diocese of Rockhampton aims to minimise the risk of spreading infectious diseases by encouraging staff at occupational risk to obtain vaccinations as identified by the National Health and Medical Research Council (in the most recent edition of Australian Immunisation Handbook). In addition to this the Nominated Supervisor will provide up to date information on both vaccine preventable and non-vaccine preventable diseases and safe work practices which will minimise the risk of spreading infection.

Please refer to the *Catholic Education Office First Aid Procedures for Catholic Schools & Services in the Rockhampton Diocese* for detailed First Aid procedures

Principle: 1 Immunisation for Staff

- All non-immune child care staff are encouraged to be vaccinated against: Hepatitis A and B; MR (Measles, Mumps and Rubella); Varicella (Chicken Pox); Pertussis (Whooping Cough)
- The staff member will be responsible for the upfront costs associated with the visit to their local general practitioner and the administration of any of the above vaccinations
- During outbreaks of measles and whooping cough non-immune staff may be excluded from the service for the period recommended by the National Health and Medical Research Council (NHMRC) as directed by QLD Public Health.
- Staff members are required to inform Nominated Supervisor as soon as possible if they are pregnant, and follow the recommendations of QLD Public Health.
- All staff members will be provided with up to date information about vaccine preventable diseases and non- vaccine preventable diseases.
- The Nominated Supervisor will support families in accessing factsheets on immunisation and disease prevention.

- Staff will be kept up to date with information available on minimising the risks of spreading infectious diseases through updates to policy and procedures.
- Good hygiene practices are essential in minimising the risk of spreading infection. Staff must take responsibility for following all hygiene policies and procedures.
- Exclusion Guidelines for infectious diseases are to be applied to both children and staff. After the exclusion period staff are required to provide a medical certificate stating that they are clear to return to work.
- Staff will be made aware of their responsibilities through the staff Induction process and staff handbooks.

Principle: 2 Training of Staff

- Staff must complete the Staff Information Checklist – Staff Immunisation Schedule is to be offered to staff to complete at their discretion, as a part of the induction process.
- Staff are also to be informed of the location of all relevant documentation and that exclusion guidelines apply to staff as well as to children.
- Staff are supported in gaining appropriate first aid training through a qualified training organisation.
- Staff will be offered training by relevant Catholic Education personnel on request with regard to Health & Safety and Education & Care Services requirements.

Principle: 3 Children Suffering from an Infectious Disease

- A parent must not send a child to the service if the parent knows or ought reasonably to know that the
- parent's child has a contagious condition (s.161, Public Health Act 2005).
- Parents are required to inform the service/centre of their child's immunisation status on the enrolment form. If the family objects, does not provide their child's immunisation records or indicates that the child has not been immunised, the parents are to be informed that their child may, depending upon advice from the public health unit, be excluded from care during outbreaks of some infectious diseases (such as measles and whooping cough), even if their child is well.
- Parents are required to inform the Nominated Supervisor as soon as possible if their child/ren is suspected or diagnosed as having the symptoms of an infectious disease so staff may monitor and protect other children, parents and staff.
- If a staff member suspects that a child has a suspected prescribed condition then they are to advise the Nominated Supervisor immediately (s162, Public Health Act 2005). The Nominated Supervisor is to contact the Catholic Education Office to inform the Catholic Education Work Health & Safety Coordinator of the contagious disease. Advice will be sought from the Public Health Unit Medical Officer (PHMO) at Queensland Health.
- In such circumstance the Exclusion Guidelines are to be implemented. The Nominated Supervisor may advise at least one parent of the student suspected of having a contagious condition. The Nominated Supervisor may also advise the parents of their obligation not to send the student to the service (s 163
- Public Health Act 2005).
- The service must notify the parent of their obligation to observe the prescribed period of time out of the service for the child's condition.
- The responsible person must keep written records of all advice received regarding contagious conditions.
- Parents are to provide a medical certificate stating the child no longer has a contagious condition or the prescribed period of exclusion has been fulfilled prior to the child returning to the service.
- Where a child exhibits symptoms whilst in care the Nominated Supervisor will contact the parents to collect the child. Where the parents cannot be contacted authorised emergency contacts will be contacted to arrange the collection of the child.
- Parents are required to maintain current information of contact details at all times.
- In the case of non-school age children, parents are encouraged to maintain current immunisation information.
- When an outbreak of an infectious disease occurs, the service will display health alerts informing parents of disease and related symptoms. A notice must be displayed for all families at

the entrance of

- the service informing of the occurrence of the infectious disease (of a child or staff member) at the service. This should be done in a manner that is not prejudicial to the rights of any child or staff member.
- The Nominated Supervisor may advise the parent of a child not vaccinated about the suspicion of a vaccine preventable condition (*If the Nominated Supervisor reasonably suspects that a child attending the service has a contagious condition that is a vaccine preventable condition, they may also advise at least 1 parent of a child who has not been vaccinated for the contagious condition and may be at risk of contracting the condition due to contact with another child who is suspected of having the vaccine preventable contagious condition - s,165, Public Health Act 2005*).
- There are penalties under the *Public Health Act 2005* exist for failure to act in certain circumstances and failure to heed a lawful direction.

Actions for vaccine preventable conditions

- If the contagious condition is a vaccine preventable condition and there is a reasonable suspicion that another unvaccinated child may be at risk of contracting the condition:
 - complete the required information within the Letter to Parent: Child who is not immunised against a contagious disease
- If the unvaccinated student continues to attend the service or the parent advises that they still intend to send the student to the service, seek advice from either the Catholic Education Office WH&S Coordinator, Catholic Education Diocese of Rockhampton in the first instance, PHMO or another doctor, e.g. the student's treating Medical Practitioner.
- At the conclusion of the contagious period, allow an unvaccinated student to be re-admitted if satisfied, on reasonable grounds, that the student is no longer at risk of contracting the condition.
- In the event a child enrolled at the service is suspected of contracting a contagious condition, Queensland Health or a medical practitioner may advise the service to remove those children who have **not been vaccinated** for this contagious condition. These children will not be able to return to the service for a prescribed period as directed by the Nominated Supervisor. Parents/carers are required to continue paying full fees for this prescribed period.

Information sharing with Queensland Health

- If requested, provide the PHMO with the following information:
- the contact a particular child suspected of having a contagious condition has had with other children at the service;
- names of all the children, including the child suspected of having had contact with the contagious condition
- places and dates of birth of all these children
- home addresses of all these children
- contact details of a parent for each child
- if the condition is vaccine preventable, advise whether the relevant children have been vaccinated against the contagious condition (if known)
- request information held by Queensland Health regarding a child attending the service where it is necessary for the management of a contagious condition at the service e.g. whether the child has been vaccinated for a vaccine preventable condition.

Principle: 4 First Aid (Also refer to First Aid Procedures)

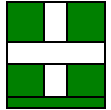
First Aid means the immediate care given to an ill or injured person until more advanced care arrives or the person recovers.

Who will administer First Aid?

A person with current anaphylaxis and asthma training, First Aid and CPR qualifications must be present at all times that the service is in operation. (Education & Care Services National Reg.). Where possible, the most experienced person will administer first aid.

First Aid Sign

The use of well recognized, standardized first aid signs assists people to easily locate first aid equipment and facilities. Examples of suitable signs should comply with AS13119-safety signs for the occupational environment.



First Aid Equipment

A first aid kit must provide for not only children, but also for staff in case of injury. *Refer to First Aid Procedures for detailed lists of suggested contents of first aid kits.*

Record Keeping

A first aid recording system should be maintained at the workplace for a number of reasons including:

- To identify areas or processes that are likely to give rise to injury
- To review safety procedures for preventing further problems
- To implement safer and healthier work practices
- To identify what and where first aid facilities and services are most needed
- For workers compensation purposes

Staff: A copy of the first aid record if possible, should accompany the injured or ill person if the person is transferred for medical treatment. A worker should be given a copy of their first aid record or have access to that record upon request. All staff must complete an incident report when they incur an injury in the workplace.

Children: The First Aid/Incident Register is to be used to record **all** first aid administered to children. The *CEO Incident Report - Child* should be completed when the injury is considered to be of a serious nature or a head injury. The original record should be retained at the service.

At least one person with a current Senior First Aid/CPR and anaphylaxis and asthma training qualification must be present on site whenever a service is in operation.

Emergency Contacts & Medical Plans

All rooms should display:

- a list of emergency contacts for emergency services
- individual Medical Plans required for the care of staff and children (the confidentiality of information regarding children and their families is to be considered in all cases)
- First Aid – Accident response plans: please consider the procedures outlined in the First Aid Procedure to inform these plans

Principle: 5 Temperature Control – Illness

Temperature Illness and Procedure Recording Form

(Procedures align to those advocated by Queensland Health)

Temperature Recording Form

The Temperature Recording Form is to be used to track the temperature should a child exhibit high temperatures whilst in care. If the form is completed and the temperature has still not reduced, the parents are to be notified to come and collect the child. Please note, as body temperature is **only one indicator** of illness, it is important for educators to monitor all signs and symptoms before deciding on the most appropriate course of action.

Monitoring

If a child presents at or becomes unwell during the course of the session their symptoms are to be monitored for 30 minutes or for a shorter period as determined by the Nominated Supervisor (*see below

for indicators of when to become concerned). If they do not improve during this time, the parents should be contacted. Children who are unwell are to be placed in a quiet, comfortable space and monitored by staff. A sick bed, bean bag, comfortable chair, etc. may be used for this purpose. Should vomiting occur, the health and hygiene precautions for managing the clean-up of body fluids apply.

Body temperature

Body temperature is tightly controlled to allow the body to function normally. It is regulated by a part of the brain called the hypothalamus, which acts like a thermostat. Normal body temperature ranges from 36°C to 37.3°C and varies slightly with the time of day. In the evening, the temperature may be up to half a degree higher than it is in the morning. A temperature greater than 41.5°C is called hyperthermia. Hyperthermia is not fever it is caused by drugs, heat stroke or damage to the brain and is a medical emergency.

There are two main ways in which the body may increase its temperature; by increasing the amount of heat it produces (for example, by shivering) and by decreasing the amount of heat it loses to the surroundings (for example, 'goose bumps' and reducing the blood flow to the hands and feet).

There are a number of reasons why someone may develop a fever:

infection (i.e. bacteria, parasites, viruses)

inflammatory conditions (e.g. rheumatoid arthritis, inflammatory bowel disease)

heat stroke malignancy

drug side effect (e.g. allopurinol, antihistamines, certain antibiotics)

Signs and symptoms

Signs and symptoms may vary depending on the reason why you developed a fever. Some of the more common associated symptoms and signs include:

- sweats
- rigors and Chills
- chattering teeth
- headache
- nausea

***When should I be concerned?**

Fever itself is not dangerous; it is part of the body's normal response to Infection/Inflammation, is beneficial and supports the immune system. However, fevers can be a sign of serious illness so it is important to contact the child's parent if you are concerned.

Other reasons to contact parents for the child to be collected include:

- failure to improve after three days
- worsening symptoms
- febrile convulsion/seizure
- confusion, lethargy, drowsiness
- a temperature greater than 40°C (38°C for 0-3month olds and 39°C for 3-6month olds)
- severe headache
- vomiting, neck stiffness, skin rash
- recent overseas travel

Treatment

Supportive treatment is also an important part of managing a fever. This includes maintaining hydration by drinking water regularly; as well as using physical aids such as a wet sponge, or cool fan to reduce the body temperature. However, it is important not to become too cold, as this will cause the body to trap more heat.

In all cases where a child presents with signs of illness, first aid procedures are to be followed.



Dealing with Medical Conditions Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

This procedure is to assist in caring for children attending the service who have support needs and to aid in the provision of emergency care for children who become unwell during care due to a medical condition. The aim of this procedure is to implement best practice and management of specific conditions. It is aimed at raising the awareness of educators, in the administration of prescribed medications and first aid and the management of specific conditions.

By providing clear guidelines and expectations, educators working with children with support needs, can effectively implement management and procedures effectively. Services rely on and value the co-operation of parents, medical practitioners, health services and relevant agencies to support them in this role, and will work in conjunction with all stakeholders to ensure the needs of children are met.

First Aid and Medical Administration Procedures should be adhered to in conjunction with this procedure.

Principle: 1 Action Plans

An action plan must be developed for any child as deemed necessary by an authorised medical practitioner or authorised asthma professional.

There are three different documents which may be used to assist in addressing a student's specialised health needs. These documents should be developed in consultation with and signed by a medical professional. If the information on the plans is transferred from a letter or other document signed by a medical professional, then that should be kept on file and noted on the plans where a signature is required.

ACTION PLAN

An action plan is developed by a medical or qualified health practitioner to provide guidelines to support a child with the specialised health needs of Anaphylaxis or Asthma. There are a variety of nationally approved and standardised Action Plan proformas developed by peak medical organisations available for medical or qualified health practitioners to complete.

There may be circumstances where a child requires a specific plan outlining their health needs and procedures to ensure their ongoing wellbeing. In these situations, *Emergency Health Plans* and *Individual Health Plans* may be developed, as advised by the child's medical practitioner or health professional.

EMERGENCY HEALTH PLAN

This provides clear step-by-step directions of how to safely manage a predictable medical emergency specific to certain chronic health conditions and the correct use of emergency (rescue) medication. The plan is developed by a qualified health practitioner, in consultation with the service staff, parent/carer, child, medical and other health professionals.

INDIVIDUAL HEALTH PLAN

Provides a daily guideline for the management of a student's health condition and may contain some instructions concerning the routine medication regime. The plan is developed by a qualified health practitioner, in consultation with the service staff, parent/carer, child, medical and other health professionals.

In all references to **Action Plan**, this may also be taken to include **Emergency Health Plan** and **Individual Health Plan**.

This procedure requires the family to provide their child's individualised health/management plan, if one is required. It must be signed by an authorised medical practitioner or authorised asthma professional. The family and service must negotiate what actions outlined in the individualised health/management plan are practicable and reasonable.

The child is not to attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition, if determined this poses a health risk to the child by the Nominated Supervisor (*National Education and Care Regulations* Div. 3 90).

A risk minimisation plan is to be developed in consultation with all relevant parties. This must include:

- Child's specific health care need or relevant medical condition;
- If relevant, practices and procedures in safe handling, preparation and serving of food;
- If relevant, parents are notified of any allergens that pose a risk to the child (notice to be placed on the front door of the service – Health Alert Poster);
- Ensuring all staff members are able to identify the child.
- If relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented;
- How information will be communicated to families and staff.

Principle: 2 Medication Administration

Staff must assist with the administration of prescribed medication or health care procedures to children who exhibit signs outlined in their action plan at the immediate onset of any symptoms.

Action plans and associated medication are required to be taken on all outings and excursions away from the primary place of care.

In the event of an emergency situation, all staff must be familiar with the location of:

- Action plans;
- Associated medication and equipment; and
- Emergency services/ambulance contact details (these should be predominately located close to phone)

Staff must follow hygiene and infection control procedures at all times.

The services are encouraged to acquire life-saving medication such as inhaler & auto-injectors for anaphylaxis and asthma emergencies.

Services may access *Asthma in Childcare* for guidelines in the management of asthma: http://www.asthmafoundation.org.au/asthma_in_childcare.aspx. Only staff members who have appropriate qualifications to administer asthma relievers and anaphylaxis training will be able to purchase medication from a pharmacy (Letters signed by principals/ Workplace, Health & Safety Coordinator, Catholic Education Diocese of Rockhampton are available to purchase auto-injectors).

The following procedures should be considered when administering medication to children:

- All staff should be familiar with action plans.
- The service should attempt to contact the child's parents/carers where possible prior to the administration of life-saving medication. However, if this is not possible, as soon as possible. In emergencies, qualified staff should demonstrate duty of care in all instances – parents are asked to sign the Enrolment Form that authorises the use of life-saving medication.
- A record of the medication administration is to be kept at the service.
- A child over preschool age may self-administer medication under the following circumstances:
- Written authorisation is provided by a person with the authority to consent to the administration of medication.
- The Nominated Supervisor provides authorisation for the child to self-administer medication (this will be done in consultation with families and educators).
- The child is supervised by an authorised educator whilst administering the medication unless otherwise stated by the medical practitioner on a child's action plan.
- The child is required to notify an educator when medication has been self-administered.
- The educator records the child's self-administration on the service's medical administration form

- and parents are informed.

Principle: 3 Parents Responsibilities

Parents are expected to:

- Cooperate with the child care service; staff/carers in relation to health matters;
- Inform the service; staff/carers of the health needs of their child at enrolment or when health conditions develop and negotiate reasonable and practicable procedures to support the child in the setting;
- Provide details of triggers, possible triggers, and child's reactions;
- Liaise with the child's medical practitioner about the implications of any health condition and relay this information to the service, staff/carers (e.g. if symptoms presented during the night at home);
- Provide all prescribed medications to the service required by their child for management of the child's health support needs, including replenishing medication which has expired, providing additional medication to ensure quantities are sufficient, and ensuring all devices and medication are clearly labelled in **its original pharmacy** container with the child's name, expiry dates and dosage;
- Provide a signed (by an authorised medical practitioner) action plan for their child, reviewed annually or more often as conditions, medication, or treatment plans change. With regard to any specific plans, they must be signed by a medical practitioner. Otherwise, in the event of an emergency, first aid procedures will always be followed.
- Negotiate with the service, the positioning of any action plans so that they are immediately accessible and visible to educators.

Principle: 4 Additional Service Responsibilities

The service is responsible for:

- Identifying children with health/management support needs during enrolment and informing parents of their responsibilities;
- Providing parents of children with health support needs with copies of the service *Dealing with Medical Conditions Procedure* for children with health support needs;
- Providing all staff/carers working directly with the child with a copy of the child's action plan;
- Displaying the child's action plan in a position where it is easily accessible to all staff
- (parent/carer to sign to allow the plan to be placed in an accessible and visible position, otherwise kept in a confidential position for reference);
- First aid kits or similar must contain individual child's medication, application devices (or associated equipment), action plans unless in location that can be easily accessed;
- Providing and/or encouraging staff/carers to undertake training in the administration of specialised prescribed medications and first aid;
- Promptly informing parents of any concerns about their child's health;
- Informing parents of expired medication held at the service and regularly maintaining all components of the First Aid kit or similar, (including cleaning devices after each use if required).
- Identifying and where practical, minimising triggers;
- Ensuring children are not left alone if their health deteriorates;
- Immediately following action plans if children at risk show any signs of their condition;
- Providing details to ambulance officers, parents or medical practitioners (as applicable) about child's condition, treatment provided, time and type of medication administered (this may include writing on a child's arm in marker pen the time medication was given, providing original packaging of medication provided, and copies of individual emergency response plan if required, to assist ambulance or medical staff in managing child's condition ongoing);
- Administering medication as per action plan, and documenting details accurately;
- Following basic first aid and safety procedures, ensuring ongoing support is provided to the child through any emergency situation.
- Ensuring medication is inaccessible to children. However, medication for asthma and anaphylaxis is to be easily accessible to educators (or children over preschool-age if applicable).



Death of a Child Whilst in Care Procedure

Legislation & Support Documentation Legislation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton aims to provide a safe and healthy workplace for all, minimising risk of incident, injury and trauma. If the tragic death of a child should occur whilst the child is in care, the service will do everything possible to support the parents of the child, the other children in the service, the staff and all those directly involved. Support and referral to appropriate agencies will be offered.

It is essential that the Nominated Supervisor or delegate notifies the Diocesan Director (as the Key Contact for the Approved Provider) as soon as is practicable after the event. The safety of the other children in care and the staff must be the primary priority.

Principle: 1 Initial Response

- Please see the *Emergency Response Procedure* for the **Catholic Education Office Critical Incident Response Plan** which will be put into place in the event of a child who dies whilst in an education and care service.
- The person with the highest qualification of first aid training will carry out first aid on the child.
- The Ambulance is rung as soon as possible.
- Parents of the child will be contacted and advised that a serious incident has occurred and that the ambulance has been called and their urgent attendance is required.
- Ensure the safety and well-being of all other children and staff.
- CEO will contact the regulatory authority within 24 hours of the incident.
- Preserving the site:

All personnel must ensure so far as is reasonably practicable, that the site where the incident occurred is not disturbed until an inspector arrives at the site or any earlier time that an inspector directs.

However, this does not prevent any action—

- (a) to assist an injured person; or
- (b) to remove a deceased person; or
- (c) that is essential to make the site safe or to minimise the risk of a further notifiable incident; or
- (d) that is associated with a police investigation; or
- (e) for which an inspector or the regulator has given permission.

- Resuscitation/first aid should continue until the Ambulance officers take over. If the child is confirmed as deceased, the Ambulance officers will support the people at the service and ensure the Police are notified.
- Removal of the deceased child is a Police decision and the timing of this will depend on the individual circumstances of the death and the notification of the child's parents. It is the duty of the Police to advise the child's parents (in person, not over the telephone) and every effort should be made to assist the Police.
- If the child is known to be a Catholic, the Priest should be urgently contacted to administer the last rites.
- Staff will be made aware of their responsibilities through the staff induction process.

Principle: 2 Support will be offered to the Bereaved Family

- On arrival at the service the parents of the deceased child may need time alone with their child and the staff should respect this need.
- The bereaved family may wish to travel in the Ambulance with the child to the hospital or the place where a post-mortem will be conducted. The staff may be able to assist with transport arrangements.
- Assistance, such as trauma counselling will be offered by the service to children, parents and staff through a Catholic Education Office appointed counselling service.

Principle: 3 Continued Support for Families & Staff

- Other children in the service may need to be collected or moved to another area in the service.
- Parents of the other children will be informed in person of the child's death, on collection of their children by a person designated by the Catholic Education Office.
- Some of the children in care may be aware of what has happened and may need help in understanding.
- Explanations given to the children will be issued through the Catholic Education Office.
- A Priest or Pastoral Worker should be contacted to offer support.
- Assistance, such as trauma counselling will be offered by the service to children, families and staff.

Principle: 4 Reporting

A written record of the circumstances of the child's death must be kept and retained for the required period. The form to be used for this record will be issued to the service from Catholic Education Office once notified of the circumstances.

- This written record should be signed by the Diocesan Director and remain confidential, subject to legal proceedings. A copy must be forwarded to Catholic Education Office as soon as possible.
- The Approved Provider must notify the regulatory authority immediately of the circumstances of the child's death. Copies of the relevant reports, as directed by the regulatory authority, are to be forwarded as soon as possible.
- Catholic Education Office personnel must notify Workplace Health and Safety Queensland immediately of the circumstances of the child's death. A copy of the written record is to be forwarded to Workplace Health and Safety Queensland immediately.
- The Catholic Education Office is to notify Catholic Church Insurances.

Principle: 5 External Management

All communication with parties is to be conducted in consultation with the Catholic Education Office: Early Learning & Care Coordinator, Media Department, Assistant Director Schools and Diocesan Director.



Dental Health Procedure

Legislation & Support Documentation

- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton is committed to providing a safe and healthy environment for all children and staff at the Service. Our services recognise the importance in establishing and reinforcing effective dental health care practices for each child.

Principle: 1 Programs Perspective Dental Health

The Nominated Supervisor will ensure staff, parents/carers are provided with appropriate, consistent and up to date information on the development and maintenance of good oral health for early childhood.

- The service will display and regularly provide dental health information and resources as it becomes available for all families at the service.
- Parents will receive information on both suitable and unsuitable food to provide for children
- Appropriate food will be refrigerated and served at safe room temperatures.
- Special occasions will be celebrated with a variety of healthy and treat foods.
- Food awareness activities will be included in the children's programs.
- The service resources will provide healthy pretend food resources to be utilised in the children's play.
- Only milk and water will be provided for children to drink.
- Water will be available at all times and children will be encouraged to drink regularly.

Principle: 2 Staff Responsibilities

Suggested ideas that may be considered in a dental hygiene program:

- Staff including teaching children about food and nutrition in the program
- Safe food handling throughout the service.
- Children will wash hands with liquid soap before handling food or eating.
- Staff will wash hands before handling food.
- An oral health program is implemented in all age groups at some time throughout the year.
- The oral health program includes teaching children to "swish and swallow" with water at the end of a meal.
- Staff may provide puppets, dolls or toys that have teeth for children to play with.
- There may be books about dentists and healthy food choices available for children when appropriate.
- Posters depicting concepts such as visits to the dentist, health foods, fruits and vegetables displayed when available.

Principle: 3 Informing Families

Suggested ideas for communication with families

- Service staff to liaise with families to promote effective dental health practices.
- Parents may be provided with information about how to prevent bottle decay.
- Information to parents may include the importance of healthy foods, dental health checks, thumb sucking, use of dummies.
- Strategies for tooth brushing in the home provided to parents if available.



Emergency Response Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- Building Fire Safety Regulation 2008
- Education and Care Services National Law Act 2010
- Education & Care Services National Regulations 2011

Catholic Education Diocese of Rockhampton will actively identify safety issues and place appropriate controls in place where required. In addition, the development and implementation of health and safety procedures will align with current research in best practices and relevant legislation.

Training and awareness of health and safety procedures are ongoing processes, embedded in service culture. Emergency procedures, where possible, align with those of the service's adjoining school, to ensure consistency for children.

The priority in all emergency responses is the health and safety of the children, staff and community.

The emergency and evacuation procedures are to be rehearsed every 3 months by the staff members, volunteers and children present at the service. These are to be documented on the *Emergency Response Evaluation Form* and kept on the premises. All rehearsals should be conducted on different days of the week and at different times and include some unannounced rehearsals.

Critical Incident Management Plan provides services with a plan that assists them in preparing for and responding to emergencies and *critical incidents. The management plan is displayed in a prominent position to inform the process of managing emergencies of a critical nature. *A **critical incident** is "any event which has a stressful impact, sufficient enough to overwhelm the usually effective coping skills of either an individual or a group".

Principle: 1 Emergency Procedures

The *Education and Care Services National Regulations (Qld)* defines emergency, 'in relation to an education and care service, means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the education and care service.' There are an indefinite number of emergencies all with different circumstances, which could arise at an Education and Care Service. Flexibility in this procedure will be required to respond to unforeseen emergencies.

The following potential emergencies may pose a risk to those who attend this service.

A number of emergencies may arise in a workplace. Therefore, it is necessary that appropriate, adequate and effective emergency response procedures are planned, distributed, understood and rehearsed so that in the event of an emergency, people are prepared. Examples include, but are not limited to:

- natural disasters e.g. cyclones, floods, bushfires
- industrial accidents e.g. chemical spill, explosion
- incidents relating to school activities e.g. bus accidents, fire
- death of a student or staff member
- hostage situations or incidents resulting from child custody issues
- incidents involving the use of drugs, illegal substances, unsanctioned substances.
- public displays of aggression or physical violence towards members of the school/college community

In the event of an emergency, staff should decide on the most appropriate initial response. If required, emergency services should be contacted, followed by Catholic Education Office. Further response will be coordinated through the Catholic Education Office including notification to relevant parties, media announcements and notifications to regulatory authorities.

Emergency Contact List: An Emergency Contact List is to be displayed near telephones.

Emergency Contact Records: A list of emergency contacts for all children at the service must be

maintained, updated regularly, and available in case of emergency.

It is compulsory for the Nominated Supervisor to provide and maintain:

- A safe means of escape;
- Unobstructed egress from emergency exists;
- Firefighting equipment;
- Exit signs, emergency lighting;
- Emergency evacuation diagrams and emergency evacuation plans (displayed) as per legislative requirements;
- Records of fire training for current and new staff;
- Testing & recording of firefighting equipment through an approved contractor
- The security of records.

Principle: 2 Records

Records must be kept of any fire safety training, fire evacuation drills, fire safety equipment installed and maintenance of that equipment as per legislative requirements.

The fire safety training records must show:

- The date of the training
- The training officer/person
- The contents of the training program
- The names of the attendees
- The signatures of the attendees
- The location/site where the attendees work

In addition the following must be kept on site and additional copies at the Catholic Education Office:

- A completed annual occupiers statement
- Evacuation sign and diagram **may be** required as per legislative requirements
- A certificate of classification (9B) (displayed)

The *Emergency Response Evaluation Form* is to be completed after every rehearsal of an emergency/evacuation response even if an additional record is created through the service's child care management software.

The Catholic Education Office Early Learning and Care team will notify the Australian Children's Education & Care Quality Authority through their National Quality Agenda IT System when required under the relevant legislation. Documentation will be submitted to the Catholic Education Office to support any notifications.

Principle: 3 Suggested Emergency Response: Evacuation

Nominated Supervisors must maintain a plan of action to be taken in the event of an emergency. They must provide adequate instructions to people in the service concerning evacuations.

The Nominated Supervisor must give to every person employed and in a volunteer capacity, instruction on:

- The procedures to be followed in the event of an emergency; and
- The means of escape from the building in the event of an emergency.

Nominated Supervisors must ensure staff are instructed in the following:

- Evacuating children;
- Collecting roles and staff sign on sheets to ensure all are evacuated;
- Instructing members of the public/parents to exits;
- Marshalling everyone to a safe place (assembly area – where possible, this should be the same location as the adjoining school);
- Checking whether all the persons are present at the assembly area;
- If any members of the public are found not to be present at the assembly area – report that fact to the Nominated Supervisor and if safe to do so, attempts made to locate the person.
- **All staff must be instructed in evacuation procedures once every 12 months. New staff must be instructed in evacuation procedures as soon as is practicable on commencement of employment.**

Principle: 4 Potential Responses to Emergencies

An emergency response will be determined by the nature of the incident and reasonable controls put in

place to enable the safety of those at the centre. The following will be a guide but not the only option:

- Notify all staff immediately of the situation in a calm and quiet manner.
- All children are to be escorted inside/outside the service i.e. to an appropriate location, depending on the nature of the emergency.
- A head count of the exact number of children in attendance on the day is conducted.
- Followed by a roll call.
- Any person not accounted for should be noted and reasonable attempts made to locate the missing person (where it is safe to do so). The unaccounted person should be reported to emergency services as soon as practicable.
- Necessary controls may need to be put into place to minimise impact of an incident.
- Emergency services are called if it is deemed necessary e.g. in the case of a stray animal entering the grounds, the Local Council may be a more appropriate response.
- An announcement is to be made, when the threat has passed or when instructed by authorised personnel/emergency personnel.
- Mobility impaired persons or a person with *special needs* should follow the response direction immediately on hearing alarm **assisted by a nominated person**.
- For arranging emergency procedures of persons in a building, a person with special needs is a person for whom it is reasonable to make different arrangements from other persons because (meaning of a person with special needs under the Fire Safety Regulation 2008):
 - the person has a disability.
 - the person is a child.
 - the person is affected by liquor.

Principle 5: Harm to a Child at the Service

Any harm to a child whilst at the service that is deemed a notifiable event, according to the relevant legislation, is to be reported to the Rockhampton Catholic Education Office immediately. This information will be submitted via the National Quality Agenda IT System to notify the relevant authorities.

Principle: 6 Closure of Services

Natural emergency closures are notified to the delegated agency via the online portal. Services are not to close without prior authorisation from the Diocesan Director or an Assistant Director Schools or Administration – notification of closures is instigated by the Rockhampton Catholic Education Office.

Principle: 7 Risk Management Matrix

This matrix is to be used to determine the likelihood and consequences of potential emergency risk;

Likelihood		Consequences				
		1. Insignificant First Aid Treatment Only	2. Minor Medical Treatment provided by medical professional.	3. Medium Admitted to Hospital	4. Major Extensive Permanent Injury. Extended hospitalisation	5. Catastrophic Death
A	Almost Certain	Medium (M)	High (H)	High (H)	Extreme (X)	Extreme (X)
B	Likely	Medium (M)	Medium (M)	High (H)	High (H)	Extreme (X)
C	Possible	Low (L)	Medium (M)	High (H)	High (H)	High (H)
D	Unlikely	Low (L)	Low (L)	Medium (M)	Medium (M)	High (H)
E	Rare	Low (L)	Low (L)	Medium (M)	Medium (M)	High (H)

Principle: 9 Bomb Threats

The following phases may occur simultaneously. *If the threat is external, then it may be more appropriate to either move to another location or gather the children and stay inside the centre:

Phase 1 – Receipt of Call

- Staff member receiving call to follow *Bomb Threat Checklist*.

- Alert someone around them.
- Don't hang up (record call if possible).

Phase 2 - Notification of Relevant Parties

Police

- Nominated Supervisor/Responsible Person in Charge to ring police to inform them:
 - Threat has been received.
 - *Whether staff and children will begin evacuation procedures.
 - Nominated Supervisor/Responsible Person in Charge/the staff member who took the call, will also evacuate and be contacted by phone at the assembly area.
 - The centre's mobile contact for further communication.

Catholic Education Office

- Nominated Supervisor / Responsible person in charge to ring Catholic Education Office on mobile phone.
- This staff member to inform Catholic Education Office:
 - Threat has been received.
 - *Whether the evacuation has commenced.
 - The phone number that should be used by Catholic Education Office to communicate with the centre.

Phase 3 - Initiate Evacuation Procedures

Points to Note

- If threat is made that may endanger individuals at the *evacuation point, the evacuation is to be delayed until advice from police is sought. If no such threat is made, the centre staff are to evacuate immediately.
- *The centre is to follow their normal evacuation procedures.
- Staff and children are not to take belongings with them.
- Once all staff / children/ visitors are accounted for, Catholic Education Office should be contacted immediately so information can be sent to parents.
- Once safety is assured, a decision about the need to evacuate to an off-site location can be considered after discussions with police.
- Catholic Education staff are not to return to or remain in the building under any circumstances, until it has been declared safe by police. **Catholic Education staff are not to be involved in a search of the centre.**

Phase 4 - Communication

- If someone is unaccounted for, contact the Nominated Supervisor/Responsible Person in Charge to inform police.
- Confirm that the Catholic Education Office has been informed of the evacuation status of all children, staff and visitors.
- The Catholic Education Office is to send text to parents alerting them of the situation.
- Discuss with children the necessity to practise emergency procedures. The Nominated Supervisor/Responsible Person in Charge will consult with the Early Learning and Care Coordinator regarding the appropriate language to be used to discuss the incident.
- Parents may begin to arrive to pick up their children. Release of children to parents must be managed by a staff member and records kept.
- It is likely the media will attend or make contact with the centre. Ensure all staff are aware of the Catholic Education Office media protocols. In the case of media, contact the Media Department at the Catholic Education Office.

Phase 5 – Return to Centre

- Once the centre is declared safe, the Nominated Supervisor/Responsible Person in Charge should inform the Catholic Education Office.
- The Catholic Education Office will send text to parents to inform them that the normal program will resume.

- Children are to return to the program.
- Debriefing/counselling of children and staff is to occur as required.
- Nominated Supervisor/Responsible Person in Charge should be given copies of the text sent to parents to use as a script for phone calls.

Phase 6 – Briefing Parents Regarding Events

- The Catholic Education Office is to prepare a letter that provides information to parents regarding the action taken.
- E-mail or letter is to be sent home, along with a text alerting parents of its arrival.

Principle: 6 Fire Safety

A fire evacuation floor plan, site map and fire evacuation procedures are an essential part of fire safety training for staff. An emergency plan must be developed and implemented.

Procedures to ensure fire safety

A Nominated Supervisor must outline to every person employed, instructions on the procedures and means of evacuation and the location and method of operation of a fire extinguisher and fire alarms. In addition, the Nominated Supervisor or delegate must:

- Ensure that records are kept and maintained when checks of fire installations and equipment are carried out;
- Ensure staff are trained in the use of fire extinguishers, fire alarms and evacuation procedures;
- Ensure that emergency/evacuation floor plan/s is/are appropriately located on each evacuation route of the building having regard to the number and location of exits in the building. These are required for buildings greater than 300 square metres (*the Fire and Emergency Services Act 1990* Retrieved from <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/F/FireARescSeA90.pdf>, March 2017).
- Ensure that the evacuation plan highlights where the fire protection devices are located.
- The plan and procedures are to be made known to each new employee or volunteer within one month of the day on which that person commences work;
- Evacuation and emergency drills are to be recorded and evaluated.
- Mobility impaired persons or a person with *special needs* should evacuate immediately on hearing alarm **assisted by a nominated person**.
- For arranging the evacuation of persons from a building, a person with *special needs* is a person for whom it is reasonable to make different arrangements from other persons because (meaning of a person with special needs under the *Fire Safety Regulation 2008*):
 - The person has a disability.
 - The person is a child.
 - The person is affected by liquor.

Principle: 7 Emergency Planning for Severe Weather

The following items are recommended in case of severe weather:

- Torches;
- Battery operated radio;
- Spare batteries for both the above;
- Alternative to cordless phone (e.g. charged mobile);
- Access to water.

Services are to ensure that a hard copy of the parent and staff contact list, an Incident, Injury, Trauma and Illness Record and child/staff Action Plans are printed and available in case of power failure.

Where there is a forecast for severe weather conditions, staff are to monitor the progress and implement an appropriate emergency response, as necessary.



Excursions Procedure

Legislation & Support Documentation

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*

Well planned excursions have the potential to provide enjoyment, stimulation, challenge, new experiences and a meeting point between the service and the wider community. Catholic Education – Diocese of Rockhampton considers that excursions need to be planned carefully to ensure that they are appropriate for the age and development of participating children. A risk minimisation plan will be completed before any proposed excursion is approved and written parent permission will be obtained before children are taken on excursion.

A centre-based service approval states the maximum number of children that may be educated and cared for at any one time, and the approved provider must ensure this number is not exceeded (except for children being educated and cared for in an emergency under regulation 123). An approved provider must also ensure the maximum number of children is not exceeded during excursions.

Children are considered as being educated and cared for by a service if they are enrolled at the service and have been signed in. **Ratios are not set specifically for excursions. However, services have to meet the same minimum ratios that apply while at the service. Nominated Supervisors must consider that they will need extra people to provide adequate supervision at all times.**

To support adequate supervision and align with best practice regarding child safety, it is strongly recommended that a minimum of two staff members are available at all times children are in attendance on an excursion.

A risk minimisation plan should be completed before an excursion.

If the excursion is a regular outing, the parent authorisation is only required to be obtained once in a 12 month period

Principle: 1 Prior to the Excursion

- When planning excursions, educators will take into account children's age, interests, abilities, as well as whether the cost of venues and transport is reasonable for families.
- The Nominated Supervisor or organising educator of the planned excursion will visit the proposed venue and conduct a risk assessment ahead of schedule. When developing a risk minimisation plan, the following must be considered:
 - The proposed route and destination for the excursion
 - Any water hazards
 - Any risk associated with water-based activities
 - The transport to and from the proposed destination for the excursion
 - The number of adults and children involved in the excursion
 - Given the risks posed by the excursion, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are
 - required (e.g. lifesaving skills)
 - The proposed activities
 - The proposed duration of the excursion
 - The items that should be taken on the excursion (e.g. mobile phone, emergency contacts)

Once the risk minimisation plan has been completed and the excursion has been approved by the Nominated Supervisor (written consent is recorded on the risk minimisation plan), parent permission

forms will be required to be signed by a parent or guardian (named in the child's enrolment record as being able to authorise their child being taken outside the education and care premises by an educator) prior to their child/children participating in the outing.

The parent's written authorisation must include:

- The child's name
- The reason the child is to be taken outside the premises
- The date the child is to be taken on the excursion (unless the authorisation is for a regular outing)
- A description of the proposed destination for the excursion
- The method of transport to be used for the excursion
- The proposed activities to be undertaken by the child during the excursion
- The period the child will be away from the premises
- The anticipated number of children likely to be attending the excursion
- The anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion
- The anticipated number of staff member and any other adults who will accompany and supervise the children on the excursion
- **That a risk minimisation plan has been prepared and is provided to the parents**

If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period.

All supervising educators are required to sign the risk minimisation plan prior to the excursion as recognition that the information contained therein has been read and understood.

Principle: 2 During the Excursion

The following items will be taken on all excursion and be readily accessible to educators at all times:

- First aid kit and medical devices as required
- Attendance record/roll and staff roster
- Emergency contact numbers/ enrolment forms
- Service's mobile phone
- Action plans and associated medication, if required

During the excursion the following suggested control measures are to be enacted:

- Educators in charge of groups call roll at assembly area (ensure all contact and medical information is attached to roll).
- Remind children to keep personal belongings still while moving to the bus.
- Escort groups to the bus.
- Count children onto bus.
- Record the number of children entering the bus.
- Head counts will be made at regular intervals and when moving from one area to another during excursion.
- Clear instructions given regarding behaviour expectations on bus – stay seated, wear seatbelts, noise level, arms inside windows etc.
- Enforce these expectations.
- Before disembarking the bus, establish a safe area for children to alight and gather for further instructions.
- On arrival at venue (or before if children are familiar with the venue) children are informed of the boundary areas. **'No Go' zones are explicitly explained.** Procedures for gaining permission and staying with partner/ group to go to toilets/ filling water bottles are clarified. These procedures will depend on the venue and other circumstances specific to the occasion.
- Responsible Person in Charge is to assess the venue for any hazards.
- Emergency plans for the venue are to be clarified with all participants on arrival.
- Sun smart requirements are enforced.
- Children are to have access at all times during the excursion to drinking water.
- All participants are made aware that closed-in footwear is recommended.

If the groups are separating:

- Assembly area if separated from the group should also be clearly articulated to children and adults.
- Correct ratios are to be adhered to at all times.
- Contact details of the Responsible Person in Charge are to be made available to all responsible adults supervising.
- Contact numbers and medical history/ identified needs e.g. children with special needs are kept with Responsible Person in Charge – if a child requires specific and regular medical treatment/ action plan, copies of medical information & plan should be provided to the child's responsible adult.
- All responsible adults are to have access to a first aid kit and mobile phone (depending on venue)

Recognition of media permission associated with the recording of material involving children needs to be strictly adhered to at all times during the excursion. This includes ensuring no images of children are taken on any other devices other than the service ICT. Refer to ICT Protocols for further information.

In the event of injury during an excursion, procedures as set out in the Illness, Injury and Incident Trauma Procedure will be followed.

Principle: 3 After the Excursion

- At the conclusion of activities, participants gather at assembly area for head count.
- Remind children to keep personal belongings secure while moving to the bus.
- Escort children to the bus.
- Call out individual names of children as they enter the bus.
- After arriving at the service, establish the area children will gather after leaving bus.
- Escort children to the certified space.
- The excursion will be reviewed and evaluated to ensure learning outcomes were met.



First Aid Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2011*
- *Education Queensland's – HLS-PR-003: First Aid*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Principle: 1 Definitions

First Aid

First aid in the workforce is the provision of emergency treatment and life support for people suffering injury or illness at work.

First Aider

A person who has undertaken a first aid training course is to provide initial first aid care to the ill or injured. Staff members are to complete annual updates in CPR, asthma and anaphylaxis training (ACECQA recognised qualifications).

First Aid Code of Practice 2011

The First Aid Code of Practice 2011 provides practical guidelines on meeting the requirements under the Workplace Health and Safety legislation.

Principle: 2 Responsibilities

Nominated Supervisor is required to:

- Appoint first aid personnel who have been trained by a qualified training organisation under the
- ACECQA list of approved qualifications.
- Ensure there is a qualified first aid person immediately available on campus to attend to any incidents required first aid whenever the service is operational.
- If serious non-compliance occurs in a service located on a school site, the Approved Provider informs the associated school principal so they are made aware of the matter.
- Notify the Early Learning & Care Coordinator to inform the regulatory authority of any serious incidents within 24 hours of notification of:
 - any serious incident involving injury, trauma or illness of a child where **urgent** medical attention was sought, or ought to have been sought
 - an incident at the service premises where the attendance of emergency services was sought, or ought to have been sought

First Aiders Responsibilities

First aiders undertake the initial treatment of people suffering injury and illness. The treatment provided by first aiders should be consistent with their training and competency. The first aider is required to communicate to the Nominated Supervisor and child's parents the first aid applied (and if relevant emergency services or medical practitioners). The most qualified first aider, where possible, should perform the first aid.

Treating Children with Identified or Special Needs (including children with a disability)

The following action will be taken when treating children with identified special needs or a disability:

- A risk minimisation plan for children with a disability will clarify the care required when providing first aid treatment for these children. This plan is to be developed by the service in consultation with the family and relevant specialist personnel.
- When treating special needs children, extremely close supervision and monitoring by first aid staff will be required.
- Notification to the parent will be made when it is reasonable to do so.
- Where possible the child should sit down for treatment.
- A cautious approach should be taken when deciding whether the child can be moved.

Record Keeping

A first aid recording system should be maintained at the service for a number of reasons including:

- To identify areas or processes that are likely to give rise to injury
- To review safety procedures for preventing further problems
- To implement safer and healthier work practices
- To identify what and where first aid facilities and services are most needed
- For workers compensation purposes

Staff: A copy of the first aid record if possible, should accompany the injured or ill person if the person is transferred for medical treatment. A worker should be given a copy of their first aid record or have access to that record upon request. All staff must complete an incident report when they incur an injury in the workplace.

Children: The First Aid/Incident Register is to be used to record **all** first aid administered to children. The *CEO Incident, Injury, Trauma and Illness Record - Child* should be completed when the injury is considered to be of a serious nature or a head or neck injury. The original record should be retained at the service. This record is confidential and available to relevant employees of Catholic Education and the regulatory authority (on request). This record is a tool for gathering information as an ongoing investigation into the incident. The parents are requested to sign that they have received notification of the incident. If a copy of the *Incident, Injury, Trauma and Illness Record* is requested, then staff are to contact the Catholic Education Office who will contact parents directly.

Emergency Contacts & Medical Plans

All services should display:

- A list of emergency contacts for emergency services
- Action plans required for the care of staff and children (confidentiality should be maintained at all times for the child and family and only when permission is granted will the action plan be displayed) signed by a medical practitioner.

The First Aid Qualified Personnel Register

Nominated Supervisors are required to maintain a register of qualified first aiders in their service. The register shall be displayed in a central area and contain first aider names, first aider locations, contact numbers, qualifications, dates of certification and dates of expiry.

Confidentiality

If first aiders have been advised that persons in their workplace have medical conditions they are required to treat such information in the utmost confidence. Such information may only be revealed to the appropriate personnel, should a medical emergency occur.

Infection Control

First Aiders are required to follow infection control guidelines to minimise the transmission of infection.

Minimum Requirements

The Nominated Supervisor is to determine what are the appropriate first aid facilities and suitably trained people. Consideration should be given to the following factors.

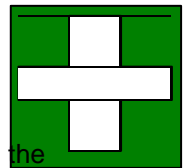
- Size and layout of the workplace
- The number and distribution of employees including arrangements for excursions.
- The nature of hazards and the severity of the risk
- The location of the workplace from medical attention
- Known occurrences of accidents or illness.

Principle 3: Guidelines – First Aid Kits

Catholic Education conforms to guidelines adopted by Education Queensland concerning first aid kits.

First Aid Kits

- The first aid container should be prominently displayed easily recognised with a white cross on a green background, accessible and the contents protected against dust and damage.
- **The first aid kits should not be locked.**
- The location of each kit shall be signposted.
- An appropriate number of first aid kits are available and readily accessible considering the design of the service and the presence of the children.
- Workplaces require a first aid kit that caters for the number of children at the service as well as other portable first aid kits to ensure accessibility where children and adults are present.
- When staff/children are off-site and undertaking an activity likely to require first aid e.g. excursions, access to an appropriately stocked first aid kit, first aid personnel and emergency communication
- (e.g. mobile phone) is necessary (it is necessary for each group of children during excursions to have a mobile or phone contact).
- First aid kits should be clearly identified by a suitable sign or label (i.e. white cross on a green background). These signs can be purchased or can be constructed to comply with Australian
- Standard AS 1319 - Safety Signs for the Occupational Environment.



Restocking of First Aid Kits

The Nominated Supervisor ensures that the first aid kits are maintained by a staff member or engaging the services of an outside supplier. The maintenance of first aid facilities and kits including checking and restocking of first aid kits is to be completed at regular intervals. The recognition and reporting of deficiencies to ensure prompt reorder the contents. **Disposal of expired equipment needs to be considered when restocking the kits.**

Recommended Contents:

- Contents of first aid kits should match the types of injuries and illnesses likely to occur in the workplace or particular educational setting as well as the number of children/staff.
- The minimum content requirements for the main first aid kit are provided as a *Suggested Minimum Requirements for a First Aid Kit*.



Food Safety Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Public Health Act 2005; Related Food Act 2006 (Qld)*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*
- *Food Standards Australia New Zealand Act 1991*
- *Australia New Zealand Food Standards Code*
<http://www.foodstandards.gov.au/Pages/default.aspx>, Retrieved from internet 30 June 2017
<http://www.foodstandards.gov.au/code/Pages/default.aspx>, Retrieved from internet 03 August 2017
- *Tool for development of a food safety program – Childcare facilities (QLD Health, 2015), September 2015 Retrieved from internet June 30 2017*

Food that has not been hygienically stored, prepared and handled can become potentially hazardous substance and a source of illness to a person who consumes that food. In Queensland these food areas are governed by the *Food Standards Australia New Zealand Act 1991* which is supplemented by Australia New Zealand Food Standards Code. The *Tool for the development of a Food Safety Program - Childcare facilities (QLD Health, 2015)* provides services with clear and comprehensive guidelines on the correct food safety procedures. This guide should be resourced for specific details regarding safe food handling as it is sanctioned by the highest entity for Queensland (as opposed to Staying Healthy 5th Ed that is Nationally sanctioned).

Additionally, each service where food is handled must comply with the State legislation and standards. People handling food must have an understanding of the guidelines contained in the relevant documents.

Principle: 1 Definitions

Food Handler

A food handler is anyone who either handles food or surfaces that are likely to be in contact with food such as cutlery, plates and bowls. Handling of food includes the making, manufacturing, producing, collecting, extracting, processing, storing, transporting, delivering, preparing, treating, preserving, packing, cooking, thawing, serving or displaying of food.

Calibrating thermometers

All facilities are required to have at least one thermometer accurate to $\pm 1^{\circ}\text{C}$, available for use at all times. Your thermometer does not have to be expensive, but must meet the minimum requirements.

Cleaning

Cleaning in the food industry is a process that removes visible contamination such as food waste, dirt and grease from a surface. This process is usually achieved by the use of water and detergent. Micro-organisms (bacteria etc.) will be removed, but the cleaning process is not designed to destroy micro-organisms.

Sanitising

Sanitising is a process that destroys micro-organisms, thereby reducing the numbers of microorganisms present on a surface. This is usually achieved by the use of heat and chemicals or chemicals.

Cleaning and sanitising should be done as separate processes. A surface needs to be thoroughly cleaned before it is sanitised as sanitisers are unlikely to be effective in the presence of food residues, grease and detergents.

Principle: 2 Requirements for Food Handlers in Case of Illness or Injury

- If a food handler has a food-borne illness he/she must tell their supervisor if they have any of the following symptoms while they are at work – vomiting, diarrhoea, a fever or sore throat with a fever. The only exception to this is if the food handler knows that he/she has these symptoms for a different reason.
- Food handlers must also tell their supervisor if they have been diagnosed as having or carrying a food borne illness.

Note: Illnesses that can be passed on through food include Hepatitis A and those caused by giardia, salmonella and campylobacter.

- As well as reporting the food borne illness, the food handler must not handle any food where there is a chance they might make the food unsafe or unsuitable because of their illness. Also, if a handler stays on at work to do other tasks, he or she must do everything reasonable to make sure that they do not contaminate any food.
- If a food handler has skin injuries or sores or is otherwise unwell he/she must tell their supervisors about any infections or conditions like a cold that may result in discharges from ears, nose or eyes, if there is any chance that they might make food unsafe or unsuitable for people to eat as result of their condition.
- If they continue to handle food with such condition, food handlers must do whatever is reasonable to make sure that they do not contaminate any food. For example, an infected sore could be completely covered by a bandage and clothing or by a waterproof covering if on an area of bare skin, and medication can be used to dry up discharges
 - If a food handler knows or suspects he or she might have some contaminated food
 - Food handlers must tell their supervisor if they know or think they may have made any food unsafe or unsuitable to eat e.g. jewellery worn may have fallen into some food.

Principle: 3 Personal Hygiene for Food Handlers

Food handlers must minimize risk of food contamination by:

- Doing whatever is reasonable to prevent their body, anything from their body or anything they are wearing coming into contact with food or food contact surfaces; and
- Doing whatever is reasonable to stop unnecessary contact with ready to eat food; and
- Wearing clean outer clothing, depending on the type of work they do; and
- Making sure bandages or dressings on any exposed parts of the body are covered with a waterproof, brightly coloured covering; and
- Not eating over unprotected food or surfaces likely to come in contact with food; and
- Not sneezing, blowing or coughing over unprotected food or surfaces likely to come in contact with food; and
- Not spitting, smoking or using tobacco or similar preparations where food is handled;

Food Handlers must abide by the following:

- Do not wear jewellery on hands and wrists, as bacteria can become caught in jewellery and contaminate food.
- Tie back or cover hair.
- Keep fingernails short, clean and free of nail polish.
- Cover cuts and sores with a waterproof, brightly coloured plaster.
- Avoid the following:
 - touching parts of your body such as face, nose and ears,
 - wiping off sweat
 - coughing or sneezing
 - tasting food with your fingers, or utensils that are put back into the food.
- Wear appropriate closed in footwear at all times in food preparation areas.

Staff who are involved in any aspect of food handling may also be supplied with:

- gloves (non-powdered latex or powdered vinyl);
- headress and aprons.

Gloves may be used if the preparer is unwell, has infections on the hands, cannot remove jewellery/ nail polish etc.

Principle: 4 Hand Washing Procedures

Hand washing is one of the most important aspects of “**infection control**” in all activities of life. Each person at a workplace can easily contribute to satisfactory infection control procedures being maintained. Food handlers are expected to wash their hands whenever they are likely to contaminate food. This includes:

- Immediately before working with ready to eat food after handling raw food;
- Immediately after using the toilet;
- Before they start handling food or go back to handling food after other work;
- Immediately after smoking, coughing, sneezing, using a disposable tissue or handkerchief, eating or drinking; and
- After touching their hair, scalp or a body opening.
- Cleaning of food preparation areas
- Cleaning of food storage areas
- Cleaning of food utensils

Apply the Following Method to Wash Hands Properly

- Use soap and running water. Warm to hot water is best.
- Wet hands thoroughly and lather with soap.
- Rub hands vigorously for at least 10-15 seconds as you wash them.
- Pay attention to the backs of hands, wrists, between fingers, and under fingernails.
- Rinse hands well under running water.
- Dry hands with a disposable paper towel or a clean towel. To minimise chapping (reddening, roughening or cracking of skin) of hands, pat dry rather than rub them. Electric hand driers may be used.
- Dispose of the used paper towel in a proper waste paper container which should be located adjacent to the hand-washing basin.
- Turn off the tap with the used towel if available.
- Use skin lotion, if necessary, to prevent dry cracked skin. If you use skin lotion, it should be rinsed off before preparing or handling food.
- Correct hand washing is a duty of staff and volunteers at every workplace

Hand Washing Facilities

- Cake soap and cotton hand towels are not considered adequate infection control when hand washing. A reason that cake soap is not satisfactory is that infection can remain on that soap and be passed from one person to another. Especially when the soap is not used continuously and the cake of soap dry out and cracks. These cracks harbour infection. In a similar manner, cotton hand towels can harbour infection and become an instrument of infection transmission.
- Use liquid soap from a container fitted with the appropriate dispenser. This dispenser should be kept at the hand-washing basin. Preferably it may be affixed to the wall at that basin.
- Hand washing Basins
- These basins are to be kept clean at all times and free from any waste/residue that has not been properly washed down the waste pipe.
- These basins are to be free of cracks and chips as such can harbour infection.
- The taps are to work correctly and be kept clean – no waste is left on the handles of the taps.

Principle: 5 Guidelines for Food Preparation

Washing

All raw fruits and vegetables should at least be washed thoroughly in drinkable water to remove soil and other contaminants before being cut and combined with other ingredients.

Thawing

Product should be dated and labelled when removed from the freezer for defrosting. Frozen foods can be thawed in a microwave a refrigerator or in a sealed plastic bag under cold running water as long as the temperature of the product does not rise above 4°C.

The lengths of time that ready-to-eat food can be defrosted at room temperature are:

- 4 hours for food that is to be used immediately and;
- 2 hours for food that is to be re-refrigerated.

Food thawed in the microwave must not be cooked during the process and must be consumed immediately.

Food that is defrosting in the fridge must be placed in a drip tray container and stored below cooked, ready-to-eat and raw food.

Food must be completely thawed before cooking unless it can be completely cooked from partially frozen (e.g. smaller portion foods such as chicken nuggets.)

Food that is thawed or partially thawed must not be refrozen.

Defrosting Guidelines:

Chicken	Meat	Seafood
Thaw in refrigerator below 5°C. Allow 18-24 hours for defrosting. Use product within 24 hours.	Thaw in refrigerator below 5°C. Allow 24 hours for defrosting. Use product within 48 hours.	Thaw in refrigerator below 5°C. Allow 18-24 hours for defrosting of fillets and up to 72 hours for block seafood. Once defrosted, product should be placed in a drip tray container on ice to allow it to remain as close to 0 °C as possible. Use product within 24 hours.

Cooking and Hot Service

High-risk food such as meats and seafood must be cooked to an internal temperature of at least 75°C for more than 2 minutes. A probe thermometer must be used to check and a record of temperature checks must be kept. Most soups, sauces and gravies must boil for at least 5 minutes unless otherwise specified by manufacturers. Check that minced meat is brown or grey inside, that poultry juices run clear and that fish flakes with a fork. Food should not be allowed to cool prior to serving.

Reheating

Food should not be reheated.

Cooling food

If you cook potentially hazardous food that you intend to cool and use later, you need to cool the food to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria are able to grow or form toxins. The standards require food to be cooled:

- from 60°C to 21°C in a maximum of two hours;
- from 21°C to 5°C within a further maximum period of four hours.
- If these times are not met the food must be thrown out.

Smaller quantities will cool faster so large amounts should be broken down into smaller containers.

Cool products on racks rather than on shelves as the air flow will cool the products faster.

Putting lids on containers will slow the cooling process. However, ensure the food will not be exposed to pests if left uncovered. Cooling products must be date labelled before being refrigerated.

Principle: 6 Cleaning & Sanitising

Cleaning and sanitising should usually be done as separate processes. A surface needs to be thoroughly cleaned before it is sanitised as sanitisers are unlikely to be effective in the presence of food residues, grease and detergents. **Anything that comes into contact with food must be cleaned and sanitised.** Items which do not come into contact with food need only be cleaned.

Cleaning procedures and records

A cleaning procedure is a set of written instructions that describe everything that needs to be done to keep your business clean. It sets out the tasks of Cleaning and sanitising, how often each job needs to be done, how it should be done, and who should do it.

A cleaning record is a way of documenting that the cleaning tasks have been done by the responsible personnel.

Six steps to proper cleaning

1. Pre-clean: scrape, wipe or sweep away food scraps and rinse with water;
2. Wash: use hot water and detergent to take off any grease and dirt. Soak if needed;
3. Rinse: rinse off any loose dirt or detergent foam;
4. Sanitise: use a sanitiser to kill any remaining germs;
5. Final rinse: wash off sanitiser (read sanitiser's instructions to see if you need to do this); and
6. Dry: allow to drip-dry if not possible, dry with a clean tea-towel.

How to sanitise

Most food poisoning bacteria are killed if they are exposed to chemical sanitisers, heat, or a combination of both. To sanitise:

- soak items in water at 77°C for 30 seconds; or
- use a commercial sanitiser following the manufacturer's instructions; or
- soak items in water which contains bleach. The water temperature required will vary with the concentration of chlorine. The table below shows the amount of bleach required and the corresponding water temperature to make sanitising solutions.

With household bleach (4% chlorine)	With commercial bleach (10% chlorine)					
	49°C	38°C	13°C	49°C	38°C	13°C
Minimum water temperature	49°C	38°C	13°C	49°C	38°C	13°C
Concentration required	25 ppm	50 ppm	100 ppm	25 ppm	50 ppm	100 ppm
5 Litres	3.12 mL	6.25 mL	12.5 mL	1.25 mL	2.5 mL	5 mL
10 Litres	6.25 mL	12.5 mL	25 mL	2.5 mL	5 mL	10 mL
15 Litres	31.25 mL	62.5 mL	125 mL	12.5 mL	25 mL	50 mL

ppm - parts per million

Principle: 7 Dishwashing

If the dishwasher is using a combination method of water and chemicals to clean dishes, utensils and equipment then rinse cycle must achieve a temperature of 50°C or higher.

If just water is being used, then a water temperature of 75°C or higher must be used.

If washing dishes by hand it must be done in a double bowl sink with one bowl used for the washing and the other bowl used for rinsing. The rinsing bowl must contain hot water that is 75°C or higher. As this water temperature is too hot for human hands this method of rinsing can only be done by using a dunking basket or similar method.

As placing hands into a sink with water temperatures above 75°C is a Workplace Health and Safety concern sanitising with just hot water is not recommended.

A combination method of chemicals and hot water is a much safer and preferred method for sanitising.

- All utensils and equipment used for preparing and serving food must be washed and sanitised after each use.
- Very dirty items should be pre-soaked in warm water and detergent.
- Sink water should be changed regularly as it cools or dirties and not just topped up with hot water or extra detergent.
- Glasses should be washed and sanitised in the glass washer or by hand in the sink as instructed above.
- Dishes and utensils should be air dried on racks.

Principle: 8 Temperature Control

To help keep food at safe temperatures it is important that all services take regular temperature reading of both the food and the storage areas it is kept in.

- Danger Zone – Temperatures between 5°C and 60°C best for growth of bacteria
- Zone of inactivity – Temperatures below 5°C make growth of bacteria very slow.
- Zone of destruction – Temperatures above 60°C kill most bacteria.
- Freezing temperatures, bacteria are dormant. **Freezing does not kill bacteria.**

It is important to note that at freezing temperatures, bacteria are dormant. **Freezing does not kill bacteria.**

Measuring Temperatures, the Right Way

- Use plastic and stainless steel thermometers to measure the temperature of food – glass thermometers can easily break and contaminate food.
- Calibrate the thermometer regularly (at least once a quarter) to ensure it is accurate to within 1°C. This can be done one of two ways:
 - Place the thermometer in an ice bath (a mixture of cold water and ice). It should read 0°C.
 - Place the thermometer in just boiled water. It should read 100°C.
 - Record the calibration results on the temperature record sheet for noting refrigeration temperatures.
 - If there is a variation on the above of greater than 1°C a new thermometer will be required.

Principle: 9 Storage

Storage Temperatures

Fridge and freezer temperature should be checked and recorded at least twice during safety check to ensure they are within the safe zone.

Fridges:	Maximum 4/5°C or below.
Freezers:	Maximum -15°C or below.
Dry Storage:	Maximum 24°C or below or as per food manufactures directions.

Storage Requirements

- The storage of consumables is to be in air tight containers to prevent spoilage.
- Ensure all consumables are stored according to recommendations on packaging or Food Standards Australia and New Zealand.

Labelling

- All consumables removed from its original packaging must be marked with the date of expiry/best before date and the batch number.

- Containers used for this purpose must be emptied and cleaned before fresh product is placed in them (e.g. one batch of flour or cereal must be completely used up and the container washed before the container is used for a new packet.)

Monitoring

- All food should be checked prior to use to ensure that it is within its use by or best before date and is suitable for human consumption. If the product is unsuitable for consumption, then it is to be disposed.

Cooling food

If you cook potentially hazardous food that you intend to cool and use later, you need to cool the food to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria are able to grow or form toxins. The standards require food to be cooled:

- from 60°C to 21°C in a maximum of two hours;
- from 21°C to 5°C within a further maximum period of four hours.

If these times are not met the food must be thrown out.



Hand Washing Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*
- *Food Act 2006 (Qld)*
- *Staying Healthy in Childcare (Ed. 5)*
- Australia New Zealand Food Standards Code
<http://www.foodstandards.gov.au/Pages/default.aspx>, Retrieved from internet 30 June 2017
- *Tool for development of a food safety program – Childcare facilities (QLD Health, 2015), September*
- 2015 Retrieved from internet June 30 2017

Hand washing is one of the most important aspects of “infection control” in all activities of life. Each person at a workplace can easily contribute to satisfactory infection control procedures being maintained. Food handlers are expected to wash their hands whenever they are likely to contaminate food.

Principle: 1 Hand Washing

Hand washing practices must be followed:

- Immediately before working with ready to eat food after handling raw food
- Immediately after using the toilet
- Before they start handling food or go back to handling food after other work
- Immediately after smoking, coughing, sneezing, using a disposable tissue or handkerchief, eating or drinking
- After touching their hair, scalp or a body opening.
- Cleaning of food preparation areas
- Cleaning of food storage areas
- Cleaning of food utensils

Apply the Following Method to Wash Hands Properly

- Use soap and running water. Warm to hot water is best
- Wash hands thoroughly and lather with soap
- Rub hands vigorously for at least 15-20 seconds as you wash them
- Pay attention to the backs of hands, wrists, between fingers, and under fingernails (particular attention must be given to washing around jewellery)
- Rinse hands well under running water
- Dry hands with a disposable paper towel or a clean towel. To minimise chapping (reddening, roughening or cracking of skin) of hands, pat dry rather than rub them.
- Electric hand driers may be used
- Dispose of the used paper towel in a proper waste paper container which should be located adjacent to the hand-washing basin
- Turn off the tap with the used towel if available
- Use skin lotion, if necessary, to prevent dry cracked skin; if you use skin lotion, it should be rinsed off before preparing or handling food
- Correct hand washing is a duty of staff and volunteers at every workplace

Hand Washing Facilities

- Cake soap and cotton hand towels are not considered adequate infection control when hand washing. A reason that cake soap is not satisfactory is that infection can remain on that soap and be passed from one person to another. Especially when the soap is not used continuously and the cake of soap dries out and cracks. These cracks harbour infection. In a similar manner, cotton hand towels can harbour infection and become an instrument of infection transmission if shared.
- Use liquid soap from a container fitted with the appropriate dispenser. This dispenser should be kept at the hand-washing basin. Preferably it should be fixed to the wall at that basin.

Principle: 2 Hand Washing – Alternative hand washing procedures

In the event of unavailability of water e.g. on excursions, commercially produced hand sanitisers may be used. These liquid sanitisers **contain flammable substances** and should only be used in situations where procedures identified above cannot be followed. The instructions on the label of hand sanitisers should be followed and advised to relevant users.



Healthy Environments for Children Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*
- *Staying Healthy in Childcare (Ed. 5)*
- *Tool for development of a food safety program – Childcare facilities (QLD Health, 2015), September*
- *2015 Retrieved from internet June 30 2017*

Catholic Education – Diocese of Rockhampton is committed to providing a safe and healthy environment for all children and staff at the service. Infection control practices are recommended to reduce illness in children in child care settings.

While it is not possible to prevent the spread of all infections and illnesses within services this procedure outlines strategies to assist in effective health management practices.

Principle: 1 Maintaining Effective Infection Control Practices

Parents will inform the service as soon as possible if their child is suspected or diagnosed with signs and or symptoms of an infectious disease so staff may monitor and protect other children, parents and staff.

When a child is unwell s/he will stay away until fully recovered in accordance with exclusion guidelines provided in Family Handbook and the *Infectious Diseases & Immunisation Procedure* and the child's enrolment form.

If requested, parents will provide a medical clearance prior to the child returning to the service.

When a child shows signs of being unwell the designated senior staff person will contact the child's parents. In the event of staff being unable to contact parents the authorised emergency contacts will be contacted to arrange for necessary action.

Parents are required to ensure that at all times the service is provided with current information of contact details.

Parents/carers are required to provide all details at enrolment in relation to specific allergies their child may have and to provide an action plan as required.

Parents/carers are required to complete in detail all aspects of medical information relating to their child at the time of enrolment and update information every twelve months or when necessary. Parents are encouraged to inform staff of any pre-existing condition/illness and allergies or any subsequent condition that may develop following enrolment at the service.

When an outbreak of an infectious disease occurs the service will record information in the *Records of Illness* file as well as display *Health Alerts* and reference material informing parents of disease and related signs and symptoms.

Parents will be notified of any outbreaks of a vaccine preventable disease at the service. Children who are not immunised, have incomplete immunisation or have no record of immunisation will be excluded

for the prescribed period at the recommendation of Queensland Public Health. Throughout the child's attendance at the service, parents are required to continue to provide the service with records of immunisation updates, if applicable.

NOTE: Children who do not have a complete immunisation record may be treated as un-immunised. If Health Authorities determine that unimmunised children are not permitted to attend the service, then families will be required to still pay OSHC fees for enrolled days.

Parents are encouraged to advise the service when other family members are unwell so as to alert staff to watch for signs of illness in the child.

Parents will be required to follow the *Medication Administration Procedure* if applicable.

Principle: 2 Staff Management of Infection Control Practices

Staff will ensure that hand washing is carried out as per the *Hand Washing Procedure*.

Staff will alert the Nominated Supervisor to the signs and symptoms about children's health as they are observed or reported by parents to staff.

Staff induction will include training in effective hand washing practices, hygienic nappy changing procedures (Nappy changing training may be required in OSHC where there are children who wear nappies), toileting practices, food handling, handling of bodily fluids and cleaning procedures.

Staff will be observed by the Nominated Supervisor routinely to ensure the compliance of the service's policy and procedures for health & hygiene.

Staff will be provided with information and brochures about relevant contagious diseases that may cause a risk to staff or children.

Staff will support children in caring for their own health e.g. encouraging children to blow their nose, demonstrating appropriate ear care etc.

Disposable gloves will be used by staff at nappy changing, wiping children's noses, toileting, when in contact with blood and when cleaning surfaces that have been contaminated with blood or other bodily fluids.

Principle: 3 Care of the Unwell Child

The health and wellbeing of the unwell child will be paramount in all care practices. Comfort and reassurance to the unwell child and to all children in immediate care will be provided.

The Nominated Supervisor will be immediately informed of symptoms relating to the health of children at the service. As deemed necessary, the Nominated Supervisor will take all necessary steps to contact parents or emergency contacts as required.

Monitoring and recording signs and symptoms of the unwell child will be conducted by staff and the Nominated Supervisor will be immediately informed of any observed changes to child's condition.

Staff in contact with an unwell child must wash their hands before coming into contact with other children, equipment or facilities.

Children who are unwell will be supported in observing effective hand washing practices when required.

Staff caring for the unwell child will use *Personal Protective Equipment* as required e.g. gloves, disposable aprons.

When required the Nominated Supervisor will call an ambulance if urgent medical attention is required. Every effort will be made to contact the parent or their nominated emergency contacts as soon as possible.

Principle: 4 Maintaining a Healthy Environment

When an outbreak of a disease occurs the service will review infection control and hygiene practices and implement cleaning procedures as recommended by *Queensland Public Health Unit* and *Workplace Health and Safety Coordinator*, Catholic Education Diocese of Rockhampton

As required Health Alerts will be provided and prominently displayed for all parents and staff at the service. The alert will include information from recognised Health Authorities. Care will be taken to ensure that affected children and staff are not identified.

Records of Illness will be maintained. In the event of a number of children and/or staff being identified with similar symptoms, the *Queensland Public Health Unit* will be contacted for assistance.

The Regulatory Authority and Early Learning & Care Coordinator or their representative will be informed via email or phone. A Notification of Complaints and Incidents (Other than Serious Incidents) is to be completed in consultation with the Early Learning & Care Coordinator.

The service Cleaning Schedule follows recommended practices for effective cleaning as per *Queensland Health (Tool for the development of a Food Safety Program - Childcare facilities)*

Staff will encourage and teach children to follow simple rules of hygiene. Staff will talk with children about health and hygiene practices e.g. ear care, nose blowing, toileting etc.

The service will display visual and written information for children, staff, families and visitors about the service's hygiene procedures.



Illness, Injury, Incident & Trauma Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton recognises the importance of incident reporting and incident investigations in providing a safe and healthy work environment for its employees and any other persons. Therefore, Catholic Education – Diocese of Rockhampton will provide a mechanism for reporting accidents, incidents, work-related illnesses and dangerous occurrences.

Pursuant to section 52 of the *Work Health and Safety Regulation 2011 (WH&S Regulations)* recording and reporting of workplace injuries, serious bodily injuries, work-caused illness and dangerous events are a legal requirement and must be complied with. Staff at each service should be familiar with the requirements and procedures in the event that a person sustains an injury, serious bodily injury and work-caused illness or a dangerous event occurs.

The Critical Incident Management guidelines outline the management of serious incidents available on the Early Learning and Care portal and a copy is kept on premises for viewing at all times.

The First Aid Procedure is to be followed in all events where a person is injured, is ill or has sustained trauma.

Principle: 1 Definitions

Work injury

A work injury is:

- An injury to a person that requires first aid or medical treatment if the injury was caused by a workplace, a workplace activity or specified high risk plant; or
- The recurrence, aggravation, acceleration, exacerbation or deterioration of an existing injury in a person if:
 - First aid or medical treatment is required for the injury; and
 - A workplace, a workplace activity or specified high risk plant caused the recurrence, aggravation, acceleration, exacerbation or deterioration; or
- Any serious bodily injury, if the injury was caused by work, a workplace, a workplace activity or specified high risk plant.

Serious bodily injury (WH&S QLD)

A serious bodily injury is an injury to a person that causes:

- The injured person's death;
- The loss of a distinct part or an organ of the injured person's body; or
- The injured person to be absent from the person's voluntary or paid employment for more than 4 days

Notification of serious incident - CHILDREN ONLY

The associated ACECQA online form is to be used to notify:

- The death of a child while being educated and cared for by the service, or following an incident while being cared for by the service.
- Injury or trauma to, or illness of, a child for which the **urgent medical** attention of a registered medical practitioner was sought, or ought reasonably to have been sought; or the child attended, or ought reasonably to have attended, a hospital.
- Attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought.
- A child was missing from the service or was not able to be accounted for.
- A child was taken or removed from the service in a manner that contravenes the regulations.
- A child was mistakenly locked in or locked out of the service premises or any part of the premises.

Notification of complaints and incidents (other than serious incidents) - CHILDREN ONLY

This online form is to be used in the following circumstances:

- Complaints alleging that the safety, health or wellbeing of a child was or is being compromised.
- Complaints alleging that the Law has been breached.
- Incident that requires/required the Approved Provider to close, or reduce the number of children attending the service for a period.
- A circumstance that poses a significant risk to the health, safety or wellbeing of a child attending the service.

Work caused illness

A work caused illness is:

- An illness contracted by a person to which a workplace, a workplace activity or specified high risk plant was a significant contributing factor; or
- The recurrence, aggravation, acceleration, exacerbation or deterioration in a person of an existing illness if a workplace, a workplace activity or specified high risk plant was a significant contributing factor to the recurrence, aggravation, acceleration, exacerbation or deterioration.

Dangerous event

A dangerous event is an event caused by specified high risk plant, or an event at a workplace caused by a workplace activity, and the event involves or could have involved exposure of persons to risk to their health and safety because of:

- Collapse, overturning, failure or malfunction of, or damage to, an item of specified high risk plant;
- Collapse or failure of an excavation or of any shoring supporting an excavation;
- Collapse or partial collapse of any part of a building or other structure;
- Damage to any load bearing member of, or the failure of any brake, steering device or other control device of, a crane, hoist, conveyor, lift or escalator;
- Implosion, explosion or fire;
- Escape, spillage or leakage of any hazardous material or dangerous goods;
- Fall or release from a height of any plant, substance or object;
- Damage to a boiler, pressure vessel or refrigeration plant; or
- Uncontrolled explosion, fire or escape of gas or steam.

Specified High Risk Plant

The following items of plant are specified high risk plant:

- Air-conditioning unit (not including domestic units – these should be cleaned and maintained as per manufacturer's instructions): Amusement devices; Cooling towers; Escalators; Gas cylinders; and Lifts.

Near Miss

A near miss is defined as any incident that has the potential to cause serious injury or damage, but did not in a particular instance.

Principle: 2 Recording & Reporting Requirements

Reporting of Injury

All accidents or incidents that result in or has the potential to result in injury, serious bodily injury, work-caused illness or dangerous event must be reported and it must be reported to the Nominated Supervisor and/or Health & Safety Advisor. The following records are to be kept at the service. Please refer to current legislative requirements regarding the length of time records are to be stored.

Hazard Register (located on the *Daily Risk Minimisation Checklist - Indoors/Outdoors*)

This is to be completed when a hazard is identified. The register should be accessible to staff and the hazard identified and addressed by the Nominated Supervisor. Immediate controls should be put in place by all employees when a hazard is identified. The following steps are to be taken when identifying a hazard:

- Identify hazards
- Assess risks that the hazard may create
- Implement control measures
- Monitor and review control measures

First Aid/Injury/Incident/Near Miss Register

The register is to be completed for **all** first aid administered, regardless of the apparent seriousness. The register is to be used for first aid, incidents and injuries involving both staff and children with columns that do not apply to staff being marked as not applicable (N/A). In the comments section, all events relevant to the incident are to be recorded.

This form should also be used to record near misses. In addition, all head injuries or bumps should be recorded due to the potential for latent on-set symptoms. Children who have received a head injury or bump should be monitored for symptoms such as vomiting, headaches, unfocussed eyes, lack of coordination, etc. Where possible, a note of these checks should be kept. Should any of these symptoms present, the parents are to be contacted immediately.

In all settings, parents should be notified of all head and neck injuries as well as any serious injuries incurred immediately.

Incident, Injury, Trauma & Illness Report Forms (Child & Adult) – online or paper version (may include the use of the Incident, Injury, Trauma & Illness Registers)

- These forms must be completed for all incidents and injuries occurring as a result of the service operation.
- All head and neck injuries must be recorded on the Incident, Injury, Trauma & Illness Report Forms and reported immediately after the child is stabilised, to the parent of the child or an authorised person on the child's Enrolment Form.
- Separate forms are provided for children and staff/volunteers/staff.
- Forms completed for injuries/incidents involving children **must be** approved and signed by the Nominated Supervisor and/or Work Health Safety Advisor
- These forms are considered to be a tool for gathering confidential information about an incident and should not be provided to any personnel other than those relevant staff members, regulatory authority staff, medical professionals or Catholic Education Office personnel.
- Parents/carers are to be informed of the incident and if they require a copy of the incident form, their request must be forwarded to Catholic Education Early Learning and Care Coordinator.
- Forms must record only what the staff have witnessed and not what they surmised happened.
- It is the decision of the Nominated Supervisor or delegate whether contacting the parents or requesting immediate collection is required (except in the case of head injuries where all incidences are reported to parents immediately).

These forms must be completed as soon as possible after the incident/injury. They must be kept on file and used as a reference if reports are to be made to the Work Health & Safety Advisor, the regulatory authority or WorkCover. For children, these forms can be filled in, in retrospect. This means that if an incident occurs and the child becomes ill or the injury worsens after the event, then a staff member can fill the form in at that point in time.

Catholic Education Diocese of Rockhampton holds workers compensation insurance through Workcover. Workcover is available for employees who are employed in Catholic Education Diocese of Rockhampton. If an employee wishes to make a Workcover Application, relevant advice can be sourced through the Principal of the relevant school for OSHC personnel.

All staff injuries are to be recorded on the *Incident Report Form – Staff, Visitor, Volunteer & Contractor* and forwarded to the principal. These will then be forwarded onto the Workplace Health and Safety (WHS) Coordinator. In the case of a staff member being injured and they complete a *Workplace Rehabilitation and Return to Work form*, the Nominated Supervisor & WHS Coordinator, Catholic Education Diocese of Rockhampton should be notified as soon as possible in order to commence the Work Cover process.

It is recommended that correspondence communicated on behalf of the employer (e.g, the service Nominated Supervisor) is to be forwarded to the Catholic Education WHS Coordinator prior to lodging with external agencies.

Notification of serious incident & Notification of complaints and incidents (other than serious incidents)

These are lodged through the ACECQA portal and therefore notification must be forwarded to CEO. All relevant documentation must be attached to this notification. Reporting to the regulatory authority and Early Learning & Care Coordinator of any serious incidents must be made within 24 hours of notification of: the death of a child while attending a service, or following an incident while attending a service

- any incident involving injury, trauma or illness of a child where medical **urgent medical** attention was sought, or should have been sought

- an incident at the service premises where the attendance of emergency services was sought, or should have been sought
- a child who appears to be missing or cannot be accounted for
- a child who appears to have been taken or removed from the service premises in a way that breaches the National Regulations, or
- a child who is mistakenly locked in or locked out of any part of the service premises.

Principle: 3 Temperature Illness and Procedure Recording

(Procedures align to those advocated by Queensland Health)

Temperature Recording Form

The Temperature Recording Form is to be used to track the temperature should a child exhibit high temperatures whilst in care. If the form is completed and the temperature has still not reduced, the parents are to be notified to come and collect the child. Please note, as body temperature is **only one indicator** of illness, it is important for educators to monitor all signs and symptoms before deciding on the most appropriate course of action.

Monitoring

If a child presents at or becomes unwell during the course of the session their symptoms are to be monitored for 30 minutes or for a shorter period as determined by the Nominated Supervisor (*see below for indicators of when to become concerned). If they do not improve during this time, the parents should be contacted. Children who are unwell are to be placed in a quiet, comfortable space and monitored by staff. A sick bed, comfortable chair, etc. may be used for this purpose. Should vomiting occur, the health and hygiene precautions for managing the clean-up of body fluids apply.

Signs and symptoms

Signs and symptoms may include:

- sweating
- rigors and Chills
- chattering teeth
- headache
- nausea

Concerns

Fever itself is not dangerous. It is part of the body's normal response to Infection/Inflammation, is beneficial and supports the immune system. However, fevers can be a sign of serious illness so it is important to contact the child's parent if you are concerned.

Other reasons to contact parents for the child to be collected include:

- failure to improve after three days
- worsening symptoms
- febrile convulsion/seizure
- confusion, lethargy, drowsiness
- a temperature greater than 40°C
- severe headache
- vomiting, neck stiffness, skin rash
- recent overseas travel

Treatment

Supportive treatment is also an important part of managing a fever. This includes maintaining hydration by drinking water regularly, as well as using physical aids such as a wet sponge, or cool fan to reduce the body temperature. However, it is important not to become too cold, as this will cause the body to trap more heat.

In all cases where a child presents with signs of illness, first aid procedures are to be followed.

Administration of Medication Form & Administration of Medication Authority

Prescribed medication will only be administered when it is accompanied by written instructions from child's medical practitioner and/ or pharmacist and the Administer Medication Form is completed. Non-prescribed medications will only be given when accompanied by a current letter from the child's practitioner/ pharmacist. Parents are required to advise in writing of the dose, time and date of the last dose of any medication given to the child so as to reduce the risk of overdosing. Please see **Medical Administration Procedure**.

Parents consent to the administration of life-saving medication on the Enrolment Form as part of the enrolment process.



Legislative Framework Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*

Principle: 1 Governing Legislation

This policy manual has been developed by Catholic Education – Rockhampton Diocese to meet the guidelines and obligations under the *Workplace Health and Safety Act*, *Workplace Health and Safety Regulations* and any relevant Australian Standard to ensure a healthy and safe work environment. In accordance with the Catholic Education - Diocese of Rockhampton, Work Health and Safety Policy Statement, that is to create a safe and healthy work environment, this document reflects the Workplace Health and Safety obligations as set out in the relevant legislations and Australian Standards.

The Work Health and Safety Act 2011 provides that if a regulation or ministerial notice prescribed a way of preventing or minimising exposure to a risk, a person can only discharge their workplace health and safety obligation by preventing or minimising an exposure to the risk by following the prescribed way.

Further, pursuant to section 26(3) of the *WH&S Act 2011* if an advisory standard or industry code of practice states a way of managing exposure to a risk, a person can only discharge their workplace health and safety obligation by adopting and following the stated way to manages an exposure to the risk or adopting and following an alternative way that gives the same level of protection against the risk.

Principle: 2 Obligations for Workplace Health & Safety

Persons who have obligations under the *WH&S Act* include:

- Employers;
- Persons in control of workplaces;
- Principal contractors; and
- Workers and other persons.

Principle: 3 Obligations of Employers

The *WH&S Act 2011* places obligations on employers whilst conducting a business or undertaking. Section 28 of the *WH&S Act 2011* provides that an employer has an obligation to ensure the workplace health and safety of themselves, each of their workers and any other persons by ensuring that they are not adversely affected by the conduct of the employer's business or undertaking.

An employer's obligation exists independently of the status of the employer. That is, an employer's workplace health and safety obligations exists regardless of whether or not the business or undertaking is conducted for gain or reward and whether or not a person works on a voluntary basis.

In order for an employer to ensure the workplace health and safety of each of the employer's workers, the employer must:

- Ensure the employer's own workplace health and safety in conducting a business or undertaking;
- Ensure that other persons are not exposed to risks to their health and safety arising out of the business or undertaking;
- Identify hazards, assess risks that may become a hazard, decide on control measures to prevent or minimise the level of the risks presented by those hazards, implement those control measures and establish monitoring procedures to review the effectiveness of those control measures;

- Provide and maintain a safe and healthy work environment. This includes, ensuring the safe use, handling, storage and transportation of substances, ensuring safe systems of work and providing information, instructions, training and supervision;
- Ensure the risk of injury or work related illness is minimised for those coming onto the workplace and to ensure there is appropriate safe access to and from the workplace; and
- Ensure that any relevant workplace areas are safe and without risk to health. This includes a building or structure or part of a building structure used as a workplace or adjacent to the building or structure of the workplace.

Principle: 4 Obligations of Workers & Others

There is an obligation that every worker, volunteer or visitor to a workplace must have an understanding of their workplace health and safety obligations under the *WH&S Act 2011* whilst at a workplace or related work area.

Section 36 of the *WH&S Act 2011* sets out the obligations of a worker or anyone else at a workplace while at the workplace or related work areas. Workers and any other person:

- Must comply with the instructions given for workplace health and safety at the workplace by the employer and any principal contractor for construction work at the workplace;
- Are to use personal protective equipment if the equipment is provided by the employer and the worker is properly instructed in its use;
- Must not wilfully or recklessly interfere with or misuse anything provided for workplace health and safety at the workplace;
- Must not wilfully place at risk the workplace health and safety of any person at the workplace; and
- Must not wilfully injure him/herself.

A person who has a workplace health and safety obligation must meet the obligation pursuant to section 24 of the *WH&S Act 2011*. Any breaches of the obligation attract penalties under the *WH&S Act 2011*.

Principle: 5 Inspectors

The main role of an inspector is to ensure workplaces comply with Workplace Health and Safety legislation. It is also part of an inspector's role to provide information and advice on the legislation. Section 99 of the *WH&S Act 2011* provides that compliance auditing is carried out by inspectors from the Division of Workplace Health and Safety to test compliance with the Workplace Health and Safety legislation.

Inspectors visit workplaces for a variety of reasons including to:

- Investigate workplace incidents;
- Investigate reports of unsafe or unhealthy conditions and dangerous work practices;
- Assess workplace health and safety risks to workers and members of the public;
- Conduct workplace health and safety inspections and audits; and
- Provide information and advice on the relevant legislation.

The Principal or the Workplace Health & Safety Coordinator, Catholic Education Diocese of Rockhampton is to be notified immediately if a Workplace Health & Safety Qld inspector visits the service.

Workplace Health & Safety Qld inspectors' authority

The general duty of inspectors includes providing advice to a person who has a workplace health and safety obligation in relation to that person's compliance with the *WH&S Act 2011*.

Inspectors are permitted to enter a workplace only if:

- It is a workplace or a relevant workplace area;
- The inspector reasonably suspects it is a workplace or a relevant workplace area;
- Its occupier's consents to the entry;
 - Specified high risk plant is situated at the place;
 - A prescribed activity is being performed at the place by a person who holds a certificate to perform the activity; or
 - The entry is authorised by a warrant.

After entering the workplace, the inspector has the power to:

- Search any part of the place;
- Inspect, measure, test, photograph or film any part of the workplace or anything at the workplace;
- Take samples;
- Copy documents at the workplace;
- Make enquiries or conduct surveys to assess the degree of risk at the workplace or the standards of health and safety existing at a workplace;
- Inquire into the circumstances and probable causes of workplace incidents;
- Take any person, equipment or materials into the workplace to assist the inspector to exercise their power;
- Require a person to give reasonable help; and
- Require a person to produce certain documents or ask other people to provide these documents, for example maintenance records kept by a mechanic contracted by an employer to do the work.



Manual Handling Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Manual Tasks Involving Handling People Advisory Standard 2001*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Manual handling involves more than lifting. Manual tasks may include pushing, pulling, dragging and repetitive movements.

Principle: 1 Manual Handling

Careless manual handling can cause serious injury.

Staff are required to think before engaging in a lift and observe the following precautions:

- Whenever practical, heavy lifts are to be made by mechanical means or use a team approach
- In seated work, it is advisable not to lift loads in excess of 4.5 kg
- Evidence shows the risk of back injury increases significantly with objects above the range of 16-20 kg. Therefore, from the standing position, keep the load below or within this range
- As weight increases from 16 kg up to 55 kg, the percentage of healthy adults who can safely lift, lower or carry the weight decreases. Therefore, more care is required for weights above 16 kg and up to 55 kg in the assessment process. Mechanical assistance and/or team lifting arrangements should be utilised to reduce the risk of injury associated with these heavier weights
- Generally, no person should be required to lift, lower or carry loads above 55kg, unless mechanical assistance or team lifting arrangements are provided to lower the risk of injury
- Avoid pushing, pulling or dragging of heavy items. Use lifting aids or team lifts instead.
- Adapting workplace design and using mechanical lifting aids are the best ways to deal with manual handling problems. But when manual lifting is unavoidable, it is essential to follow manual handling principles when lifting low lying objects to reduce the risk of back injury.
- Consider:
 - Using lifting aids if possible.
 - Ensure there is sufficient space for lifting to be done in the right position and with correct posture and body movements. Using the pelvis requires space – ensure you have space to do so.
 - There should be no obstructions when moving objects.
 - The start and finish height of the load should be between mid-thigh to shoulder height (preferably around waist height).
 - If your job entails repetitive movements, ensure you take regular breaks and rest and relax muscles. Repetitive movements can cause long term injuries and illness such as carpal tunnel syndrome.
- Warm-Up
 - Before any manual tasks use warm-up exercises to reduce the risk of injury.

Principle: 2 Factors affecting manual tasks

- Forceful exertions
- Working postures (Awkward or Fixed positions)
- Repetition and Duration
- Vibration
- Work area design
- Use of tools
- Nature of Loads
- Load Handling
- Individual Factors
- Work Organisation

Principle: 3 Manual Handling Involving People

In general people should not be lifted. Once a child is old enough to walk they should be encouraged to do so rather than staff lifting.

Should children require attention, staff should sit down to be at their level rather than lifting the children.

People, should only be lifted if failing to do so, places them in immediate danger.

For those workers and volunteers who work in the areas where their duties involve the lifting people, there are many hazards that are presented when moving and/or assisting people. This may occur where a child has additional physical needs or a disability.

These workers and volunteers must give particular attention to the **“Manual Tasks Involving Handling People Advisory Standard 2001”**.

In order to minimize the risk of injury to staff and children staff should not engage in tasks involving the manual handling of people without specific training.

Principle: 4 Training

Catholic Education Diocese of Rockhampton will provide employees training in manual handling and lifting on request. It is recommended that all personnel are trained within their first year of employment.



Medical Administration Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- Health (Drugs and Poisons) Regulation 1996
- Public Health Act 2005
- Education & Care Services National Regulations 2011
- Anaphylaxis Guidelines for Queensland State Schools - Retrieved from 30/06/17
http://education.qld.gov.au/schools/healthy/docs/anaphylaxis_guidelines_for_queensland_state_schools.pdf

Catholic Education – Diocese of Rockhampton aims to provide a safe and healthy workplace for staff by minimising the risk of illness by incorrect administration of medication.

In order to ensure that children are safe strict guidelines have been developed for the administration of medication.

Principle: 1 Medication Administration

- Only medicines prescribed by a doctor or which have a pharmacy label specific to the child in question are to be administered during operational hours. It is recommended that where possible medication is administered before or after attending the service.
- Medication will **only** be administered if:
 - An authorisation form is signed by the parents
 - Appropriate training for relevant staff is undertaken for that require specialised administration
 - It is in its **original package** with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and expiry date.
 - Staff should not be called upon to make judgements in the administration of medication. Parents must supply clear guidelines from medical practitioners in the accurate administration of medication.
- All medication will be kept by the Nominated Supervisor or delegate and stored in a safe place.
- Storage should prevent unsupervised access and damage to medications (some may require refrigeration).
- All medication will be administered by the authority as delegated by the parent and/or Nominated Supervisor/delegate and witnessed by another staff member.
- All unused medication will be returned to the parent /guardian on collection of the child.
- If parents wish to suspend the administration of medication for a particular day they must note this on the medication administration form and sign and date the entry.
- Should the requirement for medication administration need to be suspended **or** exceed 10 consecutive operating days, the parent must notify the service in writing. A new authorisation form needs to be completed if the parent wishes the administration of medication to recommence.
- Should the administration of medication no longer be necessary, the parent must notify the service **in writing**.
- For asthma and anaphylaxis medication the parent/guardian will provide the service with a completed action plan and only when permission is granted will the plans be displayed
- **(signed by a medical practitioner or authorised asthma professional)**.

The Medication Administration Form is to be completed each time medication is given.

When medication is administered to a child, the following needs to be followed:

- The dosage that was administered;
- The manner in which the medication was administered;
- The time and date the medication was administered;

- The name and signature of the person who administered the medication;
- The name and signature of the person witnessing the administration.
- Staff must have asthma and anaphylaxis training, especially in recognising and managing an emergency situation
- All staff should be familiar with individual action plans
- The service should attempt to contact the child's parents/carers where possible prior to the administration of life-saving medication. However, if this is not possible, as soon as possible. In emergencies, qualified staff should demonstrate duty of care in all instances – parents are asked to sign the Enrolment Form or Re-administration Form that authorises the use of life-saving medication (*as per Section 256A or Section 256B of the Health, Drugs and Poisons, Regulation 1996*).
- A record of the medication administration is to be kept at the service.
- The services are encouraged to acquire life-saving medication such as inhaler & auto-injectors for anaphylaxis and asthma emergencies. Services may access Asthma in Childcare for guidelines in the management of asthma: <https://www.nationalasthma.org.au/>

Self-administration of medications and self-management of health conditions:

Contemporary management of chronic health conditions encourages children to recognise the signs and symptoms of their condition, administer their own medication or perform a health procedure, and participate in the full range of activities offered by the service. In the event of an emergency situation, it may be necessary for a child to be assisted with the administration of medication (e.g. when using an adrenaline auto-injector such to treat anaphylaxis or an asthma reliever).

A child over preschool age may self-administer medication under the following circumstances:

- Written authorisation is provided by a person with the authority to consent to the administration of medication.
- The Nominated Supervisor provides authorisation for the child to self-administer medication (this will be done in consultation with families and educators).
- The child is supervised by an authorised educator whilst administering the medication unless otherwise stated by the medical practitioner on a child's action plan.
- The child is required to notify an educator when medication has been self-administered.
- The educator records the child's self-administration on the service's medical administration form and parents are informed.

In all cases where a child presents with signs of illness, first aid procedures or the child's *Action Plan* (signed by a medical practitioner) are to be followed.



Medicinal Cannabis Prescribed to Children Procedure

Legislation & Support Documentation

- *The Public Health (Medicinal Cannabis) Act 2016 (the Act)*
- *The Public Health (Medicinal Cannabis) Regulation 2017 (the Regulation)*

The *Public Health (Medicinal Cannabis) Act 2016* enables doctors in Queensland to legally prescribe TGA-approved medicinal cannabis to patients, including children, for certain conditions. These are conditions where there is sound clinical evidence that medicinal cannabis may be an effective treatment.

As a result, approved early childhood education and care (ECEC) services can obtain, possess and issue medicinal cannabis that has been prescribed to a child in the care of a service. To enable this to occur staff members may be authorised in writing by the approved provider to administer medicinal cannabis. As medicinal cannabis is classified as an S8 medicine, this means that, provided the medication is stored in accordance with legislative requirements, approved ECEC services would not be in breach of *Regulation 82 of the Education and Care Services National Regulations (2011)* which requires all services to ensure a tobacco, drug and alcohol-free environment.

Principle: 1 Administration of Medicinal Cannabis

The relevant legislation outlines the requirements for services and centres to follow, if parents request (using the appropriate forms), that medicinal cannabis is stored and administered at the Early Learning and Care Service/Centre.

The following steps must occur before the medicinal cannabis is stored or administered at a Rockhampton Catholic Education Site.

Before the medicinal cannabis is brought to the service/centre:

1. The Nominated Supervisor is to contact the Workplace Health and Safety (WHS) Co-ordinator at Rockhampton Catholic Education Office (CEO) to inform them of the request.
2. A medicinal cannabis management plan is to be completed and approved by the WHS Co-ordinator and relevant medical professionals (see Principle 2).
3. The Nominated Supervisor / approved provider of the service/centre must authorise in writing that specific staff members can administer medicinal cannabis. This authorisation must be kept on file.
4. Relevant staff must be trained in the medicinal cannabis management plan.
5. CEO will advise the Chief Executive of Queensland Health as required by legislation.

After the medicinal cannabis is brought to the service/centre:

1. The medicinal cannabis is to be stored in an area that does not allow unauthorised access.
2. Records of administration of medicinal cannabis are to be kept in line with *Administration of Medication Procedures*.
3. The medicinal cannabis management plan must be reviewed when indicated on the plan or not more than 5 years after the plan starts.

Principle: 2 Medicinal Cannabis Management Plan

If an Early Learning and Care Service/Centre has a child who is prescribed medicinal cannabis attending their service there is a requirement for the service to have a [medicinal cannabis management plan](#): Medicinal cannabis management plans must include information such as details about storage and administration, possible risks associated with holding and administering the medicinal cannabis at the service and how the risks would be managed. **This is to be completed and approved by the WHS Coordinator and relevant medical practitioners.**

The requirement to have a medicinal cannabis management plan and detail of what must be included in the plan is prescribed in Chapter 5 of *Public Health (Medicinal Cannabis) Act 2016* (the Act). These requirements are in addition to existing requirements for approved services to have a medical conditions policy and records and procedures for administering medication.

 Queensland Government		Queensland Health	
		Medicinal Cannabis Management Plan	
<p>Under section 71 of the <i>Public Health (Medicinal Cannabis) Act 2016</i> (The Act) a Medicinal Cannabis Management Plan (MCMP) must be created by an entity storing or dispensing medicinal cannabis products.</p> <p>Medicinal Cannabis products for human therapeutic use are listed in the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) – the Poisons Standard. Cannabis and cannabinoids are currently listed in Schedules 4, 8 and 9, as well as being listed in Appendix D and Appendix K of the Poisons Standard.</p> <p>As such, conditions apply under the <i>Public Health (Medicinal Cannabis) Regulation 2017</i> (The Regulations) also apply for medicinal cannabis.</p>			
Name of pharmacy/facility:		Description of activity being undertaken:	
Address of pharmacy/facility:		Dispensing approval number:	



Nutrition & Dietary Requirements Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Food Act 2006*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton aims to offer programs that ensure the health, nutrition and wellbeing of all children in care and education. Healthy eating habits are vital to good health and start to develop from an early age. Children must have access to clean drinking water at all times.

Where services provide lunch for children they will meet the recommended minimum food requirements for children in care (i.e. at least 50% of the recommended dietary intakes for nutrients during 8 hours of care).

All services encourage positive eating experiences Suggested opportunities include:

- Promoting food that is healthy, diverse and balanced
- Provide special events where food from different cultures is offered to children
- The provision of nutritional food and snacks (if applicable to the service)
- Eating experiences that are within positive and social environments
- Activities that promote an understanding of healthy eating practices and cultural influences

Principle: 1 Healthy & Safe Food Principles

- Food supplied from the services will be nutritious and prepared and stored in a safe and hygienic manner, complying with all laws and regulations, including the *Food Act 2006*.
- Services will also act to control the spread of infectious diseases.
- The menu will be reviewed in consultation with families, parent feedback and staff.
- The menu will be based on information from recognised health authorities including Nutrition Australia, Heart Foundation and Queensland Health etc.
- Services that provide food to children will display a menu that will meet the requirements as outlined in Nutrition Australia's Dietary Guidelines for Children and Adolescents in Australia, as listed below.
- Services can access the Health Translations Database – www.healthtranslations.vic.gov.au for health information to be translated into other languages, should it be required.

Principle: 2 Promoting Healthy Eating Habits

- Staff and parents will consult on a regular basis about their child's food interests, dietary requirements and eating habits. The service enrolment form and annual updates of care plans will provide records of food likes and dislikes as well as food allergies (applicable to those services that provide food).
- For services that supply food, a dietary chart shall be placed in the kitchen area with a list of children who have special dietary requirements. This list will be updated regularly:
 - Details of restrictions will be noted on the enrolment from management plan and passed on to staff.
 - Where children are on "special" diets, staff will negotiate with parent/guardian and where necessary the meal will be supplied from home.

- Parents/guardians are to be provided with information outlining the risk of bringing high risk foods that may endanger those with allergies. However, this is based on the severity of the reaction to certain foods and the extent of the foods to be restricted. The request to restrict foods needs to be reasonable and decisions to exclude foods from a service needs to be determined by the Nominated Supervisor.
- Social interactions will be encouraged during meal and snack times. Staff will sit with children at meal times discuss food being served, promote hygienic self-help practices, and use positive strategies to promote children's interest in foods and good eating habits.
- Staff will model and promote healthy and hygienic eating habits by talking to children about safe food practices e.g. sitting while eating.
- Families will receive information about food and nutrition in the service's orientation and throughout the year with additional information sourced from recognised health authorities
- The weekly menu will be displayed to parents and staff in services that supply food.
- Menu feedback will be sought from parents, staff and children. Ideas for new food experiences will be included in menu plans. Menus will reflect the multicultural nature of the community.
- Families' religious and cultural beliefs will always be respected if identified and where reasonable to do so.
- Special occasions will be celebrated with culturally appropriate food where possible and through negotiation with families.
- Food and nutrition activities are incorporated into children's planned learning experiences and menus. Activities will include children's shows about healthy foods, dental health activities, stories, visual displays of foods, home corner food props and talking to children about what foods help their body grow.

Individual needs for quantity and timing will be considered in meal schedules and planned in the best interests of the children.

Principle: 3 Food Provided from Home: All Services

- Information will be provided to parents on healthy lunch box ideas.
- Parents/guardians will be encouraged to provide nutritional food. Parents will be provided with details of foods not to send to the service.
- Food from home will **not be reheated**.
- Where possible, minimisation of food wrappings and packaging will be encouraged in the service and education about the importance of sustainable practices will be inherent in the program.

Principle: 4 Provision of Drinking Water

Children will have access to clean drinking water at all times.

- Staff will encourage children to drink extra water during the summer months.
- Water will be available in the following ways:
 - Drinking fountains;
 - Individually labelled water bottles filled throughout the day;
 - Water canteen.

Principle: 5 Professional Development

- Staff will be familiarised with current nutrition practise and resources.
- Outside health professionals will be utilised to provide and share up to date information on subjects such as healthy eating and oral health where possible.
- The service will regularly access information on health and nutrition matters from recognised health authorities and current research.
- All permanent and regular staff will complete a food handling course or parts of the course that are relevant to the service.



Personal Protective Equipment Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Personal Protective Equipment (PPE) is any clothing, equipment or substance which has been designed to give protection from risks of injury or illness. PPE is to be worn at all times when working in any job or area that presents a hazard to the worker.

Employers are obliged to supply PPE to workers and to include the use of PPE in induction and in-service training.

An employer should ensure, through personal observation, that workers are wearing PPE when using those items of equipment and substances that can cause serious bodily injury or injury.

There is an obligation on an employer to ensure the health and safety of that employer's workers by the insistence in the use of PPE. Therefore, if an employer finds a worker not using PPE when that worker has been instructed to use the PPE, then the employer must call upon the worker to cease work and to use the PPE. If the worker fails to comply with the direction of the employer or his delegate to use the PPE then that worker may be withdrawn from that work.

Principle: 1 Procedures

The following points need to be considered:

- That the correct PPE is supplied for use by workers;
- That workers are shown how to fit PPE correctly;
- That workers know how to clean PPE and store it correctly;
- That single use PPE is disposed of correctly after use; and
- That workers use PPE when required.

Principle: 2 Selecting PPE

- PPE must be:
- Be appropriate for the type of work;
- Give adequate protection to the user;
- Not create additional health or safety risks;
- Be compatible with other PPE being used;
- Fit properly;
- Not interfere with any medical conditions of the user;
- Be easy to use;
- Be comfortable; and
- Comply with relevant Australian Standards.

Safety Data Sheets (SDS) should be consulted in selecting PPE. **Examples** of PPE which may be required in an OSHC setting may include:

- Gloves (unpowdered latex or vinyl);
- Aprons resistant to body fluids;
- Heat resistant gloves (for use in the kitchen);
- Protective eye wear for use with chemicals;
- Respiratory masks if recommended by the SDS;
- Sunscreen.

Principle: 3 Using PPE

When using PPE, make sure that:

- PPE is used in accordance with the manufacturer's instructions;
- The PPE fits correctly;
- Workers are instructed and trained in how to use it; and
- Appropriate signs are displayed.

Principle: 4 Footwear

The wearing of inadequate footwear whilst working is the cause of many workplace injuries. Having an insecure base of support while transferring or lifting a person or object can cause a worker to strain or jerk, resulting in damage to workers' ligaments, muscles and joints. Slipping while assisting a person can result in injury for both the worker and the other person. Slips and trips cause the majority of back injuries.

Not wearing enclosed footwear leaves feet vulnerable to dropped items, edges of furniture, sharp items on the floor and bacterial and fungal infections. No footwear can provide 100% protection and support in all situations. The best way to stay safe is to adopt practices that increase awareness and provide protection. It is also important where staff are preparing food for others that closed in shoes are worn. Thongs/ slip-on shoes without appropriate fastenings are not suitable for wearing in the workplace due to their lack of support and potential for slipping. Therefore, thongs are not recommended.

In educational settings, where it is appropriate for the program, staff and children may not wear footwear. In this case, a Barefoot Risk Minimisation Plan will be followed.



Risk Management Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton is committed to ensuring that persons are free from the risk of death, trauma, injury or illness created by the workplace, workplace activities or specified high risk plant by identifying risks and managing exposure to hazards at the workplace.

Risk management is the action taken to minimise the chance of a person sustaining an injury or serious injury from a “hazard” at a workplace. In an endeavour to minimise the exposure to a risk, a *Risk Minimisation Plan* is carried out and appropriate action taken in regard to obviating or controlling that hazard. In order to discharge an employer’s obligations under the *WH&S Act 2011*, an employer must:

- Follow the prescribed way of preventing or minimising an exposure to a risk;
- Ensure the prohibitions against exposures to a risk has not been contravened;
- Adopt and adhere to the code of practice in managing exposures to risk to provide protection against those risks; and
- Undertake a risk assessment of the situation, if there is no prescribed way to prevent or minimise exposure to a risk.

Risk management is an ongoing process and should be undertaken at various times, including:

- Now, if you have not done it before;
- When a change occurs;
- After an incident and/or near misses; or
- At regularly scheduled times appropriate to your workplace.

To ensure the best health and safety outcomes from the risk management process, it may be appropriate to consult with the Workplace Health and Safety Representative/s or Advisor and/or the Workplace Health and Safety Coordinator, Catholic Education Diocese of Rockhampton.

Principle: 1 Record Keeping

It is necessary to record the workplace health and safety risk management process to demonstrate compliance with the *WH&S Act*. The records should show that the process has been conducted properly and should include information about the hazard/s and associated risks at the workplace. Prescribed documentation includes:

- **Workplace Health and Safety Checklists** – a list of all the items that may create a hazard.
- **Hazard Register (may be recorded on Daily Risk Minimisation Plan)** – used to record particulars of the hazard and any actions to be taken to eliminate or control the hazard; and

Whenever a new risk minimisation plan is completed a copy should be sent to the Early Learning & Care Coordinator to be included in the central database. This will allow for information sharing across services.

All records should be kept in a central location at the service (where it is reasonable to do so), reviewed annually, made available to workers and Workplace Health and Safety personnel and signed by all relevant staff.

Principle: 2 Hazards and Risks

Hazards and risks are **NOT** the same thing.

A **hazard** is something with the potential to cause harm. This can include substances, plant, work processes and other aspects of the work environment. A **risk** is the likelihood that death, injury or illness may result from the hazard.

The relationship between hazard and risk is illustrated in the table below.

Hazard	Risk
Work environment (poor ventilation)	The likelihood that a worker might suffer inhalation illness because they are using strong bleach in a room that is inadequately ventilated.
Energy (electricity)	The likelihood that a worker might be electrocuted because they are exposed to electrical wires while using a vacuum cleaner that has inadequate insulation on the power cable.
Manual Handling	The likelihood that a worker might suffer back strain from moving large tables alone.
Noise	The likelihood that workers might suffer stress in the form of fatigue, anxiety and/or aggression because they are exposed to constant low level noise of below 75 dB(A) from a faulty air-conditioner.
Substance (infected body fluid)	The likelihood that a worker might contract an illness cleaning up vomit from an infected child.
Plant (shredding machine)	The likelihood that a worker's hand might be damaged while using a shredding machine because unguarded teeth drew in the worker's hand.

Principle: 3 Workplace Health & Safety Risk Management

Process

Pursuant to section 27A of the *WH&S Act*, there are five steps in the workplace health and safety risk management process, which include:

- **Identifying** the hazard;
- **Assessing** the risks that may result from the hazard;
- **Decide** on elimination or control measures to minimise the risk;
- **Implement** control measures; and
- **Monitor** and **review** the effectiveness of the elimination or control measures introduced.

Principle: 4 Step 1 – Identifying the Hazard

The first step in the workplace health and safety risk management process is to identify workplace hazards, which entails listing all things at the workplace that have the potential to cause harm.

What to look for

Workplace hazards can be classified into the following categories:

- Work environment (such as confined spaces);
- Energy (such as electricity);
- Manual handling;
- Noise;
- Substances (such as chemicals); and
- Plant.

How to look for hazards

In order to assist with the task of looking for hazards, it is recommended that the workplace be divided into logical workplace groupings, such as:

- Tasks (working on the lathe, loading the truck, data processing);
- Locations (offices, grounds, warehouse);
- Roles (electricians, office workers); and
- Functions or production processes (administration, cooking, washing, cleaning, receiving, forming, finishing).

There are many activities that can be undertaken to help identifying hazards, these include:

- Walking through and inspecting each task or location;
- Consulting with workers (ask about any problems they have encountered and any near misses and unreported minor injuries);
- Reviewing any workers' Hazard Reports;
- Consulting with Workplace Health and Safety Coordinator, Workplace Health and Safety Advisors and Workplace Health and Safety Committee; and
- Conducting a safety audit.

If any of the risks are relatively minor and/or the hazard can be easily fixed, attend to these straight away. That is, you may **NOT** need to work through the assessment method shown in Step 2 before controlling the risk in Step 3.

To further assist with the identification of hazards, workers should be instructed to complete the Hazard Register when the workers come across a hazard.

Principle: 5 Step 2 – Assess Risks

Step two involves assessing the risk associated with the hazards identified in step one. The desired outcome of this step is to develop a prioritised list of risks for further action.

Risk Assessment Method

For each of the risks:

- Estimate the probability of an incident occurring and the degree of exposure at the workplace, bearing in mind the existing control measures;
- Estimate the possible consequences of an incident occurring at the workplace, bearing in mind the existing control measures; and

The rate the risk can be estimated by combining the probability of an incident occurring with the degree of exposure and the possible consequences of an incident.

In determining the probability of an incident occurring, the following factors may be relevant:

- How often the situation occurs;
- How many people are exposed;
- The skills and experience of persons exposed;
- Any special characteristics of the people involved;
- The duration of exposure;
- The position of the hazard relative to workers and to other hazards;
- Any distractions;
- Quantities of materials or multiple exposure points involved;
- Environmental conditions;
- The condition of equipment; and
- The effectiveness of the existing control measures.

To determine the consequences, a judgment is made on the severity of the potential outcome. The following facts can affect the consequences:

- Potential for chain reaction;
- Concentration of substances;
- Volumes of materials;
- Speeds of projectiles and moving parts;
- Height – the greater the height, the greater the injury;
- Position of the worker relative to the hazard;

- Weight – the heavier the object, the increased likelihood of injury; and
- Forces and energy levels – the higher the voltage, the more severe the consequences.

The level of risk or “risk score” is determined by the relationship between the probability, the degree of exposure and the potential consequences. Once a risk score has been generated, the scores are ranked to prioritised risks that should be addressed.

Using the Risk Assessment Calculator

Once risks have been assessed they must be prioritised. You must decide if these risks are:

Determining Likelihood:

Almost Certain
Likely
Possible
Unlikely
Rare

The following can affect the likelihood of an incident occurring:

- Frequency of exposure
- Number of people exposed
- Skills and abilities of people exposed
- Special characteristics of people exposed
- Duration of exposure
- Distractions
- Environmental conditions
- Condition of equipment

Determining Consequences:

Catastrophic	Death or permanent disablement
Major	Extensive Permanent Injury. Extended hospitalisation
Medium	Admitted to Hospital
Minor	Medical Treatment provided by medical professional.
Insignificant	First Aid Treatment Only

You must make a judgment on the severity of the potential outcome.

Also consider the following factors which can affect the consequences:

- Potential for chain reaction
- Concentration of substances
- Volumes of materials
- Speed of projectiles and moving parts
- Heights
- Weights
- Forces and energy levels

Likelihood		Consequences				
		1. Insignificant First Aid Treatment Only	2. Minor Medical Treatment provided by medical professional.	3. Medium Admitted to Hospital	4. Major Extensive Permanent Injury. Extended hospitalisation	5. Catastrophic Death
A	Almost Certain	Medium (M)	High (H)	High (H)	Extreme (X)	Extreme (X)
B	Likely	Medium (M)	Medium (M)	High (H)	High (H)	Extreme (X)
C	Possible	Low (L)	Medium (M)	High (H)	High (H)	High (H)
D	Unlikely	Low (L)	Low (L)	Medium (M)	Medium (M)	High (H)
E	Rare	Low (L)	Low (L)	Medium	Medium (M)	High (H)

Principle: 6 Step 3 – Deciding on Control Measures

Step three involves deciding on control measures to manage exposure to identified risks.

Control Priorities

Control measures should be prioritised in the following order:

- Try to **eliminate** the hazard
- If this is not possible, prevent or minimise exposure to the risk by one or a combination of:
 - a. **Substituting** a less hazardous material, process or equipment;
 - b. **Isolating** or separating the hazard from the person or isolating or separating the person from the hazard, and/or
 - c. **Engineering solutions** that will redesign the workplace, equipment or work processes to make the workplace safer.
- As a last resort, when exposure to the risk is not (or cannot be) minimised by other means:
 - a. Introduce **administrative** controls (minimising exposure to a risk through the use of procedures or instruction); and
 - b. Use appropriate **personal protective equipment** to create a barrier between the person and the hazard.

The following table outlines the preferred order of control and what each control measure achieves.

Preferred order of control	What are you trying to achieve?
Eliminate the hazard	This is the most effective way to make workplace safer. Always try to get rid of the hazard completely.
Substitute the hazard with a safer alternative	If you cannot eliminate the hazard, replace the machinery, substances or work processes with something that presents a lower or more manageable risk.
Isolate the hazard	Isolate or separate the hazard from workers, or the workers from the hazard.
Use engineering solutions	Make changes to the workplace or equipment and machinery to reduce the risk of injury or harm. This would include guarding the moving parts of the machines and having machinery services so it is less noisy.
Apply administrative measures	Make changes to the way work is organised to reduce the risk of injury or harm. It would also include implementing safe working procedures, such as restricting access for some people.
Use personal protective equipment	Person protective equipment (PPE) should be used to provide an added measure of safety or as a temporary control measure while other risk controls are being developed. PPE should not be used in place of more permanent controls. It is the least effective way of dealing with hazards. PPE may be used in combination with other methods to help manage exposure to risk.

The control measures selected should:

- Adequately control exposure to the risk;
- Not create another hazard; and
- Allow workers to do their work without undue discomfort or distress.

Principle: 7 Step 4 – Implement Control Measures

Step four involves putting selected control measures in place at the workplace. This means undertaking those activities to allow the measures to function or operate effectively.

Implementing control measures involves:

Developing work procedures

Develop work procedures in relation to the new control measures to make sure they are effective. Management, supervision and worker responsibilities may need to be clearly defined in the work procedures.

Communication

Workers and any other persons should be informed about the control measures to be implemented. It is important to clearly communicate the reasons for the changes.

Providing training and instruction

Training and instruction should be provided for the workers, supervisors and any other persons in relation to the new control measures.

Supervision

Adequate supervision should be provided to verify that the new control measures are being used correctly.

Maintenance

Maintenance relating to control measures is an important part of the implementation process. Work procedures should set out maintenance requirements to ensure the ongoing effectiveness of the new control measure

Principle: 8 Step 5 – Monitor and Review

The final step in the process is to monitor and review as appropriate (or as a minimum, annually) the effectiveness of measures. All relevant staff members are to familiarise, sign and follow the risk minimisation plan/associated documents.

To complete this step, it is useful to ask questions to determine whether:

- Chosen control measures have been implemented, as planned
 - Are chosen control measures in place?
 - Are these measures being used?
 - Are these measures being used correctly?
- Chosen control measures are working
 - Have the changes made to control exposure to the assessed risks resulted in what was intended?
 - Has exposure to the assessed risks been eliminated or adequately reduced?
- There are any new problems
 - Have implemented control measures resulted in the introduction of any new problems?
 - Have implemented control measures resulted in the worsening of any existing problems?

Principle: 9 Excursion Risk Management

Service programs may at times include excursions into the local and wider community which extends the program by offering new learning experiences, new social contexts and interactions. These excursions will take into account the age, interests and abilities of the child. A written authorisation must be given by a parent or authorised person for an excursion, before a child leaves the service. For a regular outing, authorisation is only required to be obtained once every 12 months.

Procedures for Services on School Campuses

It is a priority to adequately supervise children at all times during any excursion and therefore the adult to child ratios will reflect this commitment when planning to leave the school campus. However, for services located on a school site, it is not considered an excursion if the children, accompanied by the appropriate educator to child ratios, utilise the various school facilities.

Excursions beyond the School Campus

Safety is an essential part of all excursions and excursions will only be undertaken after discussion with the Nominated Supervisor. Undertaking a risk assessment is part of planning a routine outing or excursion. The risk assessment will take into account the levels of supervision and number of adults needed for the entire time the children are out of the service. Volunteers, such as parent helpers, will be encouraged to assist to provide additional supervision. Ratios of educators to children will reflect the hazards present at the venue. The risk assessment is to be provided to the parents of the children attending the excursion.

Risk management standards are maintained the following steps will be followed:

- Permission from parents will be obtained on an excursion permission form
- If the excursion is to be affected by the weather, a contingency plan will be developed
- A contingency plan in case of vehicle breakdown will be prepared. Such a plan will include methods to ensure children are kept safe and comfortable and will provide for access to water and snacks if applicable.

Transporting Children on Excursions

- Appropriate transport will be engaged. Buses with seatbelts will be contracted (where possible). Consideration needs to be given to the age of the children, the distance travelled and the speed with regard to seat belts in buses.
- Private transport is not the preferred method for excursions. However, if this is necessary, the following must be adhered to:
 - written consent of parent/guardian for their child to travel in a privately owned vehicle
 - driver must have a minimum Type 'O' Class 'C' licence;
 - copies of the following documentation used by parent/guardian agreeing to transport children must be acquired: driver's licence, insurance, registration of vehicle;
 - Responsible Person in Charge of the service establishes most appropriate route to be travelled and is provided to parent/guardian;
 - correct car seats for the age of the child;
 - Where no restraint is available we strongly recommend that all children travelling in taxis or booked hire vehicles be restrained, at least by an adult seat belt.
 - buses with 13 or more seats are not required to be fitted with seat belts and child restraint anchors. However, where seat belts are provided they will offer some protection and should be used.
 - children under the age of seven must not sit in the front seat of any vehicle, including a taxi; that has two or more rows of seats unless all the other seats in the row or rows behind the front seat are occupied by children who are also under the age of seven.
 - this applies even when the front seat is the only position fitted with a seat belt.
 - Ratios of educator to child and qualified personnel are to be maintained at all times during transition from one venue to another
 - a convoy should be formed wherever possible.

During an excursion the following will apply:

- Staff members will be well aware of the content of the *Excursion Risk Assessment* prior to the excursion and will follow this document as prescribed
- A staff member will be present who has first aid
- A first aid kit will be accessible
- An attendance record or roll with relevant child information will be available
- Emergency contact numbers will be available
- Telephone access will be available
- The roll will be checked regularly during the day to ensure all children are accounted for, particularly when moving from one activity or area to another
- Staff ratios will ensure adequate supervision of children throughout the excursion experience
- Staff will ensure that the environment is safe.

- If staff become aware the excursion is likely to return late to the service, all reasonable attempts will be made to contact parents either individually by phone or by arranging a notice to be placed outside the service with an expected time of arrival.
- Children will not be left in the sole care and custody of bus drivers or any other persons during excursions.

Indemnity Forms

No booking can be taken with a contractor who requires the families or outside school hours care personnel to complete an indemnity form before engaging in an activity, until these forms have been forwarded to and confirmation of approval of received the Catholic Education Work Place Health and Safety Coordinator.



Service Providers Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

As part of our commitment to providing and maintaining a safe working environment, Catholic Education Diocese of Rockhampton will take reasonable steps to ensure the health and safety of service providers (contractors) by identifying their roles and responsibilities under the *WH&S Act 2011*.

Principle: 1 Roles and Responsibilities

- It is necessary that service providers, which include contractors, subcontractors, agents, entertainers, suppliers and employers, are requested to work in a safe manner as prescribed under legislation. This entails providing the service providers with information regarding workplace health and safety policy and procedures for the site and requesting the service provider completes appropriate Contractor Agreement with Rockhampton Catholic Education.
- Where the service providers are the same as associated schools' contractors, then the service will not be responsible for completing agreements or inductions.
- The Nominated Supervisor has the right to stop work at any time where agreed workplace health and safety procedures are breached by the service providers.
- The Nominated Supervisor/ WH&SA must inform the contractor if asbestos is present and its location.



Spills & Body Fluids Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Workers may come into contact with blood and body fluids, for example a worker may be required to clean up a blood or vomit spill, dispose of a discarded needle and/or syringe or handle soiled laundry and this may expose workers to infectious disease risks. Therefore, workers must be instructed and trained in ways to control such hazards. Children should be supervised at all times during a spill or sharps incident. It also may be necessary to comfort a child or adult who has suffered an injury where an incident has occurred.

Principle: 1 Waste Management

Workers should treat all blood and body fluids as potentially infectious and always adopt safe working procedures where there may be contact with blood and body fluids. Any cuts and abrasions should be covered with a water-resistant dressing before attempting to clean the spillage. Also protective gloves should be worn.

Recommended methods for cleaning blood spills

Size of spill	What to do
Spot (e.g. drop of blood less than the size of a 50 cent coin)	<p>Wear gloves</p> <p>Wipe up blood immediately with a damp cloth, tissue or paper towel</p> <p>Place in a plastic bag, seal the bag and put it in the rubbish bin</p> <p>Wash your hands with soap and water</p>
Small (up to the size of the palm of your hand)	<p>Wear gloves</p> <p>Place paper towel over the spill and allow the blood to soak in</p> <p>Carefully lift the paper towel, place it in a plastic bag, seal the bag and put it in the rubbish bin</p> <p>Clean the area with warm water and detergent using a disposable cloth or sponge; place the cloth in the rubbish bin</p> <p>Wipe the area with diluted bleach^a and allow to dry</p> <p>Wash your hands with soap and water</p>

Large (more than the size of the palm of your hand)	<p>Wear gloves</p> <p>Cover the area with an absorbent clumping agent (e.g. kitty litter or sand) and allow the blood to soak in</p> <p>Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids</p> <p>Place the clumping agent, the scraper and the pan into a plastic bag, seal the bag and put in the rubbish bin</p> <p>Mop the area with warm water and detergent; wash the mop after use</p> <p>Wipe the area with diluted bleach^a and allow to dry.</p> <p>Wash your hands with soap and water</p>
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^a See 'Preparing bleach solution', Staying Healthy in Childcare (Ed.5 Draft).

Adapted from National Health and Medical Research Council, *Australian guidelines for the prevention and control of infection in healthcare*, NHMRC, Canberra, 2010.

A 'spills kit' and appropriate personal protective equipment should be available **where there is a risk of blood or body substance spills**. A 'spills kit' should contain:

- PVC, household rubber or disposable latex gloves;
- Cleaning agents;
- Disposable absorbent material; and
- A leak-proof bag.

Managing an exposure to blood or body substances

In order to manage possible exposures to blood or body substances where a spillage has occurred, ensure the following:

- Wash away the blood or body substance with soap and water. If water is not available, then use a 60-90% alcohol based hand rinse or foam;
- If the eyes are contaminated, rinse eyes while open with tap water or saline solution;
- If blood gets into the mouth, spit it out and then repeatedly rinse with water;
- The affected person should be referred for medical assessment as soon as possible; and
- All blood and body substances exposure should be documented and kept at the workplace and should be kept confidential.

Faeces, vomit and urine

- Wear gloves.
- Place paper towel over the spill and allow the spill to soak in.
- Carefully remove the paper towel and any solid matter.
- Place it in a plastic bag, seal the bag and put it in the rubbish bin.
- Clean the surface with warm water and detergent, and allow drying.
- If you know that the spill came from a person with an infectious disease (e.g. diarrhoea or vomit from a child with gastroenteritis), use a disinfectant on the surface after cleaning it with

- detergent and warm water.
- Wash hands thoroughly with soap and running water (preferably warm water).

Nasal discharge

- Washing your hands every time you wipe a child's nose will reduce the spread of colds. If you cannot wash your hands after every nose wipe, use a hand rub (this is not preferred as hand rubs can be flammable).
- It is not necessary to wear gloves when wiping a child's nose. If you do wear gloves, you must remove your gloves and wash your hands or use a hand rub afterwards.
- Dispose of dirty tissues immediately.

Soiled Clothing

Contaminated waste should be placed in a leak-proof bag or container and sealed. The bag or container should not be overfilled. All waste should be handled with care to avoid contact with blood and body substances. Gloves should be worn when handling contaminated waste bags and containers.

Containers should be disposable to remove the need for sanitisation.

- Once soiled items are in containers they should be named and stored away from children.
- A note or mark placed beside the child's name on the parent sign in/out sheet or a specific sign to alert them that they need to speak to a staff member.
- The soiled item should be given to the parent.

If parents do not collect soiled items within 48 hours the container containing the garments should be disposed of.

Principle: 2 Sharps

"Sharps" refer to any object that can pierce or penetrate the skin easily. They include ice picks, broken glass and needles. Workers may be required to dispose of needles that are found in toilets or car parks or clean up broken glass that has been contaminated with blood.

Ways to control hazards

Staff should be trained in safe working practices to prevent skin penetrating injuries from sharps. This includes not manually compressing garbage bags or placing hands into areas where their hands are not visible. Further, where there is a risk of finding discarded sharps, tongs or a similar item should be available to pick up sharp items safely.

Appropriate personal protective equipment and sharps disposal kit should be provided containing disposable gloves, appropriate tongs and a rigid-walled, puncture resistant sharps container. Also, features should be installed that deter sharps concealment and encourage responsible sharps disposal, for example adequate lighting and provision of sharps containers.

The hazard should be recorded on the daily checklist form, control measures articulated and the personnel notified identified clearly on the form.

Should any worker identify any sharp suspicious/dangerous needles/blades, it should be reported immediately to the Responsible Person in Charge of the Service. This person or a delegate should arrange to remove the hazard immediately. The item should be removed using a sharps handling device such as tongs and place in a designated safety container.

Dealing with skin penetrating injuries

If a person suffers a skin penetrating injury, the following steps should be followed:

- Encourage the wound to bleed by gently squeezing;
- Wash the area with cold running water and soap;
- Apply an antiseptic then cover the wound with a band aid or dressing; and
- The affected person should be risk assessed by a doctor.
- The sharp should be taken with the affected person to the doctor.

What not to do

Do not pick up a needle/syringe without following the proper procedures.



Sun Safety Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

People who spend a lot of time in the sun risk developing skin cancer, other skin disorders, eye injuries, heat stress and heat-related illness. Also people can experience heat related illness during periods of extreme heat in summer.

Employees also have a legal obligation to comply with instructions regarding sun safety precautions, to use personal protective equipment (PPE) and to ensure that they do not put themselves or another person at risk. This means ensuring children are provided with and apply sunscreen and wear hats for all outdoor activities.

Principle: 1 Heat & Stress

Factors that may contribute to heat-related health problems at work include:

- Inadequate cooling off or rest periods;
- Insufficient water consumption;
- Climatic conditions (such as low air movement, high humidity levels and high air temperature);
- Inappropriate clothing;
- Individual factors that may cause dehydration;
- Individual medical conditions that may cause heat stress;
- Individual medication that may affect the body's temperature regulation; and
- An individual's age, general physical fitness and weight.

Environmental and seasonal factors that can contribute to heat problems include:

- High air temperatures;
- Radiant heat from hot objects such as machinery;
- Radiant heat from working outdoors in the sun;
- Higher relative humidity levels; and
- Low air movement.

Various engineering controls are effective in reducing heat at a workplace. Where children are present special care must be taken to ensure that the risk of heat stressed is managed as their capacity to regulate their own body temperature and be aware of warning signs may be less than those of adults.

For example:

- Reducing the body's metabolic heat production using automation and mechanisation of tasks;
- Reducing radiant heat emissions from hot surfaces and plant, for example by insulation and shielding;
- Using ventilation and air-conditioning;
- Humidity reducing methods e.g. install a dehumidifier; and
- Creating some shade for outdoor worker.

Principle: 2 Controlling Sun Exposure

Every workplace should carry out its own assessment of sun exposure, identifying tasks that place workers who are at risk and control the degree of exposure. Some control measures may include:

- Wearing personal protection such as sunscreen, glasses and suitable clothing and ensuring that children do not engage in outdoor activities without hats and sunscreen;
- Setting limits to exposure to sun between 10 am and 3 pm all year round;
- Reorganising work and play schedules so that outdoor tasks are done early in the morning or late in the day;
- Rotating or job-sharing tasks that involve direct sun exposure and ensuring children rotate through activities that involve sun exposure and those that do not;
- Planning the work around the movement of the sun;
- Where possible, not working in an environment heated by several sources (e.g. sun and ovens);
- Using trees, buildings and temporary shelters to shade the area;
- Insulating buildings to reduce radiant heat emissions;
- Where possible, fitting a shade to outdoor equipment. Do not remove shielding that is provided on equipment;
- Drinking plenty of water and ensuring children keep a high water intake;
- In extreme conditions, wearing specialised liquid or air cooled clothing;
- Screening for heat tolerance and being aware of the special needs of children in relation to heat tolerance;
- Following a doctor's advice before working or playing in hot conditions when individuals are on medications such as sedatives, tranquilisers, antidepressants, amphetamines, antispasmodics, diuretics or medication affecting blood pressure; and
- Service routines for indoor and outdoor play will be in accordance with Sunsmart recommendations.
- Staff will regularly incorporate and promote Sunsmart education in the daily program.
- Staff will set up outdoor play areas where there are shaded facilities for both staff and children. Prior to children accessing play equipment staff will check that all equipment is at a safe temperature for use.
- The Nominated Supervisor or designated person in charge is responsible for checking that all staff are implementing Sunsmart practices (staff members are not required to wear sunscreen).
- Information on the service's Sunsmart practices and Code of Conduct will be provided for all staff on commencement at the service.
- Appropriate UV Index tools may be used to determine the UV rating at specific times throughout the day. This may information best practice in the service with regard to sun safety.
- The Nominated Supervisor will provide sun protection information to parents.

Principle: 3 Protective & Suitable Clothing

When working or playing in the sun, staff and children are to always wear protective clothing. Examples may include:

- A hat with a broad brim or a flap at the back to shade both the face and back of the neck;
- A hardhat with a brim added;
- A loose-fitting, long-sleeved, dark coloured, collared shirt;
- Woven, rather than knitted, fabrics;
- Loose trousers;
- Sunglasses with side protection (look for the code AS 1067 Sunglasses and Fashion Spectacles);
- Safety glasses designed to minimise UV radiation exposure to the eye; and
- Garments with a UV protection factor (look for this on the label).
- Staff members dress must be appropriate and reflect health, safety and security considerations applicable to their job and work environment. All staff who work with children will be required to wear clothing and sunhats in accordance with Queensland Cancer Fund recommendations. This will include wearing a collared shirt with sleeves that cover shoulders

- and upper arms, shorts to just above the knee or long pants and a hat that meets Queensland
- Cancer Fund recommendations
- Staff will ensure that children are appropriately clothed at all times in accordance with climate conditions both indoors and outdoors.
- Staff will ensure children are comfortably dressed at sleep time with loose clothing, removal of footwear and supply of bedclothes.
- Staff will communicate with parents about the activities of the service and provide information on suitable clothing for such activities. These activities will include, climbing, messy play, art, water play.

Note: Ensure that PPE does not create a hazard in itself.

Principle: 4 Sunscreen

- Sunscreen should be applied 20 minutes **before being exposed to the sun** where possible and should be allowed to dry.
- An adequate supply of 30+ broad spectrum sunscreen is to be made available and at accessible locations within the service.
- The application of sunscreen should align with the directions outlined on the sunscreen or in the event that there are no timeframes prescribed, reapplied at least every two hours (a record may be required to determine when the last application of sunscreen has been applied).
- A generous amount of sunscreen should be applied to create a barrier between the skin and the sun. Children are to be assisted where necessary, to apply sunscreen to ensure suitable coverage.
- Sunscreen is to be checked for use by date.
- Staff members may elect to wear sunscreen at their own discretion.

Principle: 5 Hydration

- Children are to have access to clean water at all times.
- Children and staff are encouraged to ensure hydration levels are adequate at all times.

Principle: 6 Parent Responsibilities

- Parents will be encouraged to apply sunscreen on their child each day on arrival at early years' services.
- Parents will inform staff of any known allergies to the sunscreen supplied by the service and will provide child's own sunscreen (if this is an alternative for the child). This sunscreen is to be labelled with child's details and handed to staff.
- Parents will dress children in attire appropriate to the activities of the service.
- Parents should be encouraged to follow sun protection guidelines when dressing children including the service's adherence to Sun Smart practices.
- Parents will provide and keep laundered a sun hat, in accordance with Sun Smart recommendations.
- Parents will be asked to include extra clothing in their child's bag for necessary changes dependant on age.
- Parents will provide suitable clothing in accordance with seasonal and climatic conditions. In the cooler months warm and cool clothing is required so children can be comfortable for the warm and cool times of the day.
- When dressing children, parents are asked to provide children with clothing that assists the child's self-help skills e.g. ability to dress, toilet, be active and at rest times.



Tobacco-free Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Tobacco and Other Smoking Products Act 1998*
- *Tobacco and Other Smoking Products Amendment Act 2004*
- *Tobacco and Other Smoking Products Amendment Regulation (Number 1) 2004*
- *Tobacco Products (Prevention of Supply to Children) Act 1998*
- *Workplace Health and Safety Act 1995*
- *Public Health Act 2005*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011* and the *Tobacco and Other Smoking Products Act 1998*, the employer has a duty of care to its employees and children/families, to ensure their safety. This includes protection from passive smoking. Exposure to tobacco smoke poses major health risks for both children and adults.

Staff are also role models for children and must not smoke in view of children or have tobacco products or related items such as lighters visible around children.

Principle: 1 Smoke Free Places in Queensland

Smoking is banned at early childhood education and care facilities and for 5 metres beyond their boundaries.

The smoking ban applies at all times—during and after service hours, on weekends and during holidays. The smoking ban includes the use of all smoking products, including regular cigarettes and electronic cigarettes.

The law applies at all times—during and after kindergarten hours, on weekends and during holidays. It includes the use of all smoking products, including regular cigarettes and devices commonly known as electronic cigarettes.

Principle: 2 Penalties

Some offences under Queensland tobacco laws are enforced by on-the-spot fines. \$150 on-the-spot fines will be issued to anyone found smoking in non-smoking zones. Furthermore, the proprietor of the facility (the “occupier”) could also be found at fault and face a court fine.

If you are smoking in a no smoking zone and approached by an authorised Queensland Health Officer, you are, by law, required to provide your correct name and address to the officer.

The following practices are to be implemented for staff or volunteers:

- Staff or volunteers are not to smoke on the premises;
- Staff are to wear a shirt over their uniform shirt when smoking away from the service. This ensures not only that they are not identifiable, but also that the uniform remains smelling fresh
- for the duration of the shift;

- Staff or volunteers are to ensure that they are not visible to parents and children, even as they come and go from the service;
- Staff or volunteers are not to leave litter in the form of cigarette butts, but should ensure a bottle or personal ashtray is used to collect butts;
- Staff or volunteers should ensure suitable personal hygiene when returning from having a cigarette (e.g. wash hands, have a mint, etc.);
- Staff may only smoke on designated breaks.

A breach of these conditions will lead to disciplinary action.

Principle: 3 Signage

It is mandatory for kindergartens to display no-smoking signs.





Toileting & Nappy Change Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

There may be children across all sectors of Early Learning and Care requiring nappy changing or support in toileting. The following procedure is responsive to the guide outlined in *Staying Healthy Edition 5 guidelines*. **At all times, when a child is placed on a raised surface (in this case the nappy change table), the educator must always stand directly adjacent to the nappy change table/bench to prevent the child falling (where possible, one hand should be used to secure the child).**

Changing of children should always be considerate of the dignity of the child and nappy changing on a change table may not be the most appropriate method where a child is of school age. The toileting process requires a collaborative approach between families and the staff.

Soiling accidents may require that a parent or carer is contacted to assist at the service to ensure appropriate ratios are adhered to with regard to the children at the service.

Staff and children will have safe and unimpeded access to toilets and hand washing facilities. Hand-

washing facilities will include soap and disposable paper towels, hand dryers or other appropriate single use hand drying material. Each toilet area will display a poster regarding correct hand washing procedures.

Principle: 1 Procedures for All Services

All services must provide access to suitable toilet facilities which:

- safeguard the health of children from injury and infection;
- minimise delays for children requiring to use a toilet;
- are readily accessible to children (this may mean that children need to request access to a toilet in the case of a toilet that is exposed to an unlicensed space e.g. an oval);
- Where toilets are not locked, and the area is exposed to an unlicensed space, staff may need to accompany children and check the toilets prior to allowing children to enter (if the toilets are not in view).
- facilitate independent use;
- provide for different needs and developmental abilities of children;
- enable staff to provide assistance;
- permits adequate supervision by staff, appropriate to the age of the children; and
- are screened so as to respect the dignity of children, having regard to the ages of the children
- Slip resistant floor surfaces.
- Children will be supervised at all times during toileting, having regard to the need to maintain the rights and dignity of the children – the safety and wellbeing of children will be considered in decision-making regarding toileting procedures.
- Services may need to develop a risk management plan for safe guarding the dignity of children using toilet facilities.

Principle: 2 Specific Requirements

Where care is provided to school age children, there must be either:

- at least one adult water closet that is not a staff facility, for every 15 children in a separate room adjacent to the area where care is provided; **or**
- for every 15 children, one of the required toilets is separated from the other required toilets by walls or partitions not less than 1800mm high and includes a lockable door to provide privacy;

and there must be:

- a facility for the disposal of sanitary items.

Toilet training

- Ask parents to supply a clean change of clothing for children who are toilet training. Place dirty clothes in a plastic bag for parents to take home.
- Help the child use the toilet. It is better for the child to use the toilet than use a potty chair, which increases the risk of spreading disease. If the child must use a potty, empty the contents into the toilet and wash the chair with detergent and warm water. Do not wash the potty in a sink used for washing hands.
- After toileting, help the child wash their hands. Explain to the child that washing their hands and drying them properly will stop germs that might make them sick.
- Always wash your own hands after helping children use the toilet.
- Where a child has difficulties with toileting, resulting in excessive soiling and educators are consistently taken away from the cohort, parents may be asked to work in partnership with service personnel to ensure the legislated ratio of children to adults is maintained.

Child who wears nappies

- If a child attending the service wears nappies, then adhere to the procedures outlined in the Kindergarten Policies and Procedures document located on the closed website portal.

Principle: 3 Behaviour Expectations with regard to Toileting

Communication with Children

At the beginning of each term, staff will make the following expectations clear with the children (Toilet Safety Posters should be used as a resource / reference):

- Educating children about germs in toilets.
- Hygiene practices (washing hands, not taking food into toileting area etc.).
- Children should use the toilet responsibly (e.g. not waste time and keep noise to a minimum).
- Discourage play in toilets (e.g. should not be a location for tiggy or hiding games).
- Not a place for playing tricks on others or contact with other people (minimal time in toilet).
- Strict rule – one person in a cubicle at a time.

After a breach of expectations regarding behaviour in toilets, specific groups / individuals will be reminded of the above expectations.

Communication with Parents

- Parents to be informed of the behaviour guidelines through the following procedure. The week that children are reminded of the expectations, the following item is to be provided to families via written communication:

Expectations Regarding Behaviour in Toilets

Children are regularly reminded regarding the service's behaviour expectations when they are using the toilets. Another reminder occurred during this week. The focus of the discussion was:

- Educating children about germs in toilets.
 - Hygiene practices (washing hands, not taking food into toileting area etc.).
 - Children should use the toilet responsibly (e.g. not waste time and keep noise to a minimum).
 - Discourage play in toilets (e.g. should not be a location for *tiggy* or hiding games).
 - Not a place for playing *tricks* on others or contact with other people (minimal time in toilet).
 - Strict rule – one person in a cubicle at a time.
-
- Where there is an incident of significant concern, requiring a reminder of the procedures to a group of children and a parent notification, then parents can be informed through communication similar to the following;

Breaches of Expectations Regarding Behaviour in Toilets

In recent times, a small number of children have demonstrated behaviour in the toilets that does not meet the standards communicated to children and parents throughout the year.

Staff members have revisited the behaviour guidelines with the children. In the interest of hygiene and safety, it would be appreciated if parents can reinforce appropriate toilet behaviour with their children. These guidelines are relevant to not only the service's toilets, but all public toilet areas. The focus of the discussion was:

- Educating children about germs in toilets.
- Hygiene practices (washing hands, not taking food into toileting area etc.).
- Children should use the toilet responsibly (e.g. not waste time and keep noise to a minimum).
- Discourage play in toilets (e.g. should not be a location for *tiggy* or hiding games).
- Not a place for playing *tricks* on others or contact with other people (minimal time in toilet).
- Strict rule – one person in a cubicle at a time.

Individual parents will be contacted to discuss their child's behaviour if necessary.

Communication with Staff

- The Coordinator should ensure all staff members are familiar with the following procedures: There is an ongoing focus on appropriate behaviour in the toilets. Staff members are to focus on this when they are supervising/ working with children and will also be asked to clarify the behaviour expectations with their children regularly.

The focus regarding behaviour expectations will be on:

- Educating children about germs in toilets.
- Hygiene practices (washing hands, not taking food into toileting area etc.).
- Children should use the toilet responsibly (e.g. not waste time and keep noise to a minimum).
- Discourage play in toilets (e.g. should not be a location for *tiggy* or hiding games).
- Not a place for playing *tricks* on others or contact with other people (minimal time in toilet).
- Strict rule – one person in a cubicle at a time.
- There should be a clear procedure to ensure that all staff members are aware of who is using the toilets and the number of children in the toileting area. This may involve taking a specified object (such as a toilet pass) to indicate the toilet is being used and to, if deemed necessary, ensure only one person from the group is using the toilet.
- While children are using the toilets, staff members should only enter the designated child toilets, if they are concerned about a matter of child safety or are concerned that a medical emergency is occurring. In Outside School Hours Care services, if a staff member is concerned enough to enter the toilet, for one of the above situations, they are to alert another staff member / send another child for assistance (if possible), immediately announce they are coming in and enter the toilet. Children playing or being too noisy in the toilet is not considered a situation where a staff member would enter a toilet. This type of situation can be handled by communication from outside the toilet. With younger children, such as kindergarten age children, the child should always be monitored in the toileting area. However, the dignity of the child must be considered at all times. This follows the legislative requirements (Education and Care Services National Regulations 2011):

115 Premises designed to facilitate supervision

The approved provider of a centre-based service must ensure that the education and care service premises (including toilets) are designed and maintained in a way that facilitates supervision of children at all times that they are being educated and cared for by the service, having regard to the need to maintain the rights and dignity of the children.

Expectations Regarding Behaviour in Toilets

Children are regularly reminded regarding the service's behaviour expectations when they are using the toilets. Another reminder occurred during this week.

The focus of the discussion was:

- Educating children about germs in toilets.
- Hygiene practices (washing hands, not taking food into toileting area etc.).
- Children should use the toilet responsibly (e.g. not waste time and keep noise to a minimum).
- Discourage play in toilets (e.g. should not be a location for *tiggy* or hiding games).
- Not a place for playing *tricks* on others or contact with other people (minimal time in toilet).
- Strict rule – one person in a cubicle at a time.

In the aim of enhancing child hygiene and safety, it would be appreciated if parents reinforce these behaviours at home with regard to not only the service's toilets, but all public toilet areas.

Where there is an incident of significant concern, requiring a reminder of the procedures to a group of children and a parent notification, then parents can be informed through communication similar to the following:

Breaches of Expectations Regarding Behaviour in Toilets

In recent times, a small number of children have demonstrated behaviour in the toilets that does not meet the standards communicated to children and parents throughout the year.

Staff members have revisited the behaviour guidelines with the children. In the interest of hygiene and safety, it would be appreciated if parents can reinforce appropriate toilet behaviour with their children. These guidelines are relevant to not only the service's toilets, but all public toilet areas.

The focus of the discussion was:

- *Educating children about germs in toilets.*
- *Hygiene practices (washing hands, not taking food into toileting area etc.).*
- *Children should use the toilet responsibly (e.g. not waste time and keep noise to a minimum).*
- *Discourage play in toilets (e.g. should not be a location for tiggy or hiding games).*
- *Not a place for playing tricks on others or contact with other people (minimal time in toilet).*
- *Strict rule – one person in a cubicle at a time.*

Individual parents will be contacted to discuss their child's behaviour if necessary.

Communication with Staff

- The Nominated Supervisor or delegate should ensure all staff members are familiar with the following procedures. There is an ongoing focus on appropriate behaviour in the toilets. Staff members are to focus on this when they are supervising/ working with children and will also be asked to clarify the behaviour expectations with their children regularly.

The focus regarding behaviour expectations will be on:

- *Educating children about germs in toilets.*
 - *Hygiene practices (washing hands, not taking food into toileting area etc.).*
 - *Children should use the toilet responsibly (e.g. not waste time and keep noise to a minimum).*
 - *Discourage play in toilets (e.g. should not be a location for tiggy or hiding games).*
 - *Not a place for playing tricks on others or contact with other people (minimal time in toilet).*
 - *Strict rule – one person in a cubicle at a time.*
- There should be a clear procedure to ensure that all staff members are aware of who is using the toilets and the number of children in the toileting area. This may involve taking a specified object (such as a toilet pass) to indicate the toilet is being used and to, if deemed necessary, ensure only one person from the group is using the toilet.
 - While children are using the toilets, staff members should only enter the designated child toilets, if they are concerned about a matter of child safety or are concerned that a medical emergency is occurring. In Outside School Hours Care services, if a staff member is concerned enough to enter the toilet, for one of the above situations, they are to alert another staff member / send another child for assistance (if possible), immediately announce they are coming in and enter the toilet. Children playing or being too noisy in the toilet is not considered a situation where a staff member would enter a toilet. This type of situation can be handled by communication from outside the toilet. With younger children, such as kindergarten age children, the child should always be monitored in the toileting area. However, the dignity of the child must be considered at all times. This follows the legislative requirements (*Education and Care Services National Regulations 2011*):

Premises designed to facilitate supervision

The approved provider of a centre-based service must ensure that the education and care service premises (including toilets) are designed and maintained in a way that facilitates supervision of children at all times that they are being educated and cared for by the service, having regard to the need to maintain the rights and dignity of the children.



Water Safety Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety. Employees also have a legal obligation to comply with instructions regarding water safety precautions, to ensure that they do not put children at risk. This means ensuring children are always supervised when water is present and to reduce the potential risks of water hazards and/or drowning.

Principle: 1 Water Safety

- Educators have the responsibility of supervising children whenever water is present at the service.
- The primary focus as an educator is to be carefully watching the children. When educators are supervising children in the presence of water they should ensure they are focussed on the water activity and/or ensure children are kept away from any water hazards.
- Educators must avoid distractions such as phone calls, text messages, completing paperwork, talking with parents or colleagues etc. when children are in the presence of water.
- Consideration should be given to increasing adult to child ratios when children are participating in water activities. This will be at the discretion of the Nominated Supervisor or person delegated to be the *Responsible Person in Charge* of the service.
- Children are not permitted to have access to unrestricted water sources e.g. dams, ponds, creeks etc.
- Older children should never be given the responsibility to watch younger children when participating in water activities.
- At least one supervising staff member must have current first aid qualifications.
- Consideration should be given to the weather conditions when offering children water play experiences.
- Services should be aware of the local council regulations when using sprinklers/hoses.
- For water play in the sun, children must wear hats, protective clothing and sunscreen.
- Water troughs, baths, buckets etc. must be emptied immediately after use.
- Care must be taken to ensure that the drainage area for water troughs, baths etc. remains clear in order that water can freely drain.
- Removal of stagnant water is recommended not only as it poses a drowning risk, it also causes a potential breeding habitat for insects and bacteria/viruses.



Workplace Consultation Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*

Catholic Education - Diocese of Rockhampton is committed to the provision and maintenance of a safe working environment. As part of this commitment, CEO will ensure effective consultation mechanisms through the appointment of trained Workplace Health and Safety Advisors in schools and a Workplace Health and Safety Coordinator for the diocese.

Consultation on workplace health and safety matters among the employers, the workers and their representatives can contribute to effective management of workplace health and safety. If effective consultation mechanisms are in place, the organisation can benefit from the knowledge and experience of workers. Organisational communication can take many forms but the *Work Health and Safety Act, 2011 (WH&S Act, 2011)* outlines requirements in relation to workplace health and safety representatives and committees.

Workplace Health and Safety should be a standing item on the agenda at all service staff meetings to facilitate communication and report a “safety first” culture.’

Principle: 1 Workplace Health & Safety Advisors

- Workplace Health and Safety Advisors (WH&S) are appointed enrolments higher than 150 (in schools smaller than 150, the Principal is the WH&SA).
- The WH&S Advisor is a **resource person** for all staff members in the area of Workplace Health and Safety in schools and ensures relevant statutory maintenance is completed. They are also an avenue to raise WHS concerns.
- In OSHC services, the school's WH&SA/Principal will be responsible for ensuring procedures are in place for the relevant statutory maintenance completed at the school to also be completed at the service and passed onto the coordinator.



Quality Area 3 Physical Environment

The aim of Quality Area Three under the National Quality Standard is to ensure that the physical environment is safe, suitable and provides a rich and diverse range of experiences that promote children's learning and development.

The way that the environment is designed, equipped and organised determines the way that the space and resources are used and has the potential to maximise children's engagement and level of positive experience and inclusive relationships.

Adapted from: Australian Children's Education and Care Quality Authority (ACECQA). (2019). Retrieved October 15, 2019 from <https://www.acecqa.gov.au/resources/research/meeting-nqs>.

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Rest & Physical Activity Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*
- www.healthdirect.gov.au Retrieved 04/09/2017

Catholic Education – Diocese of Rockhampton aims to provide all children with a balance of experiences that involve leisure, rest and physical activity within a healthy, safe, relaxing and comfortable environment.

Providing safe, restful environments for children is a responsibility of the service. Educators are responsible for the day to day care of many children, which includes time that these children spend asleep or resting. Research indicates that young children settle with greater ease when they have formed attachments with familiar and trusted staff. All staff need to be familiar with current information on safe sleeping practices.

The service will offer families regular and ongoing communication regarding research about children and best sleep practices. While many services implement planned 'rest periods' for young children, routines and environments should also be flexible enough to support children who do not require a sleep and those who seek rest and relaxation throughout the day.

Principle: 1 Staff responsibilities in providing safe sleep/rest periods for all children

- Staff will alter the environments to provide a safe, restful and calm setting for children to settle to rest and or sleep.
- Staff and activities throughout the service will be respectful of the need for quiet environments and adjust their activities accordingly. Visitors and tradespeople to the service will be encouraged to attend outside the rest periods for the majority of the service.
- Staff routines and practices will recognise that children settle confidently when they have formed bonds with familiar and trusted staff. Staffing of this period will prioritise children's needs of security.
- Staff will support children to transition to sleep/ rest activities. Supports will include assisting children to adjust clothing and remove footwear for sleep/rest periods; Staff sitting with children reading stories as a transition to rest and or sleep periods; children choosing books to read on their beds; assisting children to access comforters as required in accordance with SIDS recommendations.
- All children who are resting or sleeping will be monitored and supervised. Children are not to be left alone when sleeping for any period of time. Staff will maintain monitoring of all children at all times of the day.
- Rest is a period of calmness or tranquillity and can include a child being in a state of sleep. Staff will provide quiet experiences for children who do not fall asleep. These activities will be provided in supervised space in the children's room.
- Staff will monitor children as they sleep/rest and ensure that all children will rest with their face uncovered.
- Rest and sleep equipment will be maintained in a safe manner.
- All children who sleep will be monitored regularly with specific attention to their breathing patterns.
- Children who are unwell will be more frequently monitored.

Principle: 2 Balance of Rest, Leisure & Physical Activity

There should be a balance of rest, leisure and physical activities for children whilst they are in care. The routines and support from educators to achieve this balance is achieved through the planning of varied experiences, negotiation with individual children and their families and response to environmental factors.



Sustainable Futures Statement

References

- *Educating for Sustainable Futures in Catholic Schools in Queensland Position Statement:* <http://qcec.catholic.edu.au/wp-content/uploads/2015/08/Educating-for-Sustainable-Futures-in-Catholic-Schools-in-Queensland.pdf> retrieved on 04/09/2017

Pope Francis released an encyclical letter, Laudato Si' (2015) which calls on every person living on the planet to care for creation (our common home) and take collective action as the world faces global environmental degradation. As stewards of creation the Encyclical offers a unique opportunity for the Catholic community to enter into dialogue on important spiritual, social and environmental issues. Pope Francis raises the question, "What kind of world do we want to leave to those who come after us, to children who are now growing up?" (Laudato Si', 160).

Sustainability addresses the ongoing capacity of Earth to maintain all life. Sustainable patterns of living meet the needs of the present without compromising the ability of future generations to meet their needs. (Australian Curriculum, Sustainability Overview) Education for sustainability is both present and future oriented. It is about learning to design and implement actions for the present in the knowledge that the impact of these actions may be experienced in the future. (Sustainability Curriculum Framework, 2010)

Catholic services will actively promote sustainable futures by:

Outside School Hours Care Services as outlined in the QCEC *Educating for Sustainable Futures in Catholic Schools in Queensland Position Statement* need to consider:

- developing an ethic of personal responsibility and stewardship which is expressed
- through caring for God's creation
- understanding and cultivating a sense of spirituality which acknowledges the interconnectedness of all creation (spiritual, social, cultural, economic and ecological dimensions at local, national and global levels, with particular attention to Aboriginal and Torres Strait Islander cultures)
- adopting a wholistic approach to the implementation of sustainable practices which become embedded in all practices, procedures and operations
- providing a curriculum that enhances the learners' understanding, knowledge, values, skills, and competencies for sustainable living which intrinsically includes social justice and participation in society
- developing responsible resource management and innovation, including utilities, facilities and environs
- establishing partnerships, alliances and networks with government, communities, businesses and other school authorities which have as their goal the enhancement of ecologically sustainable practices
- reviewing, communicating and celebrating sustainable practices and achievements with the community.



Quality Area 4 Staffing Arrangements

Quality Area 4 of the NQS assists in making informed decisions about staffing arrangements and the professionalism of the team in the provision of quality education and care. It sets the benchmark of services providing 'qualified and experienced educators who develop warm, respectful relationships with children, create safe and predictable environments and encourage children's active engagement in the learning program'.

Adapted from: Australian Children's Education and Care Quality Authority (ACECQA). (2019). Retrieved October 15, 2019 from <https://www.acecqa.gov.au/resources/research/meeting-nqs>.

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Blue Card (Suitability Notice) Procedure

Legislation & Support Documentation

- *Commission for Children and Young People and Child Guardian Act 2000*
- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Due to the nature of the work and legislative requirements, various positions may be subjected to various checks or clearances as part of an employee screening process.

In Queensland, the *Commission for Children and Young People and Child Guardian Act 2000* requires that persons working with children in regulated employment hold a blue identity card known as “working with children check”.

A requirement of child-related positions is that applicants hold a current Blue Card or Exemption Card (for Queensland Registered Teachers)

Under the *Commission for Children and Young People Amendment Regulation (No. 1) 2006* child care services are required to have a written risk management strategy in place. This strategy is detailed in the Child Protection Procedure.

Principle: 1 People requiring a Blue Card

- All paid employees who work with children in Catholic Education – Diocese of Rockhampton Outside School Hours Care must apply for a blue card (s99) or Exemption Card.
- All **volunteers should be encouraged to have a Working with Children Check and hold a blue card.**
- A blue card is not required if the person is a;
 - A volunteer guest of the outside school hours' care service and are;
 - Observing or supplying information or entertainment to ten or more people and
 - The activity is for ten days or less on no more than two occasions per year and
 - The person is unlikely to be alone with a child without an employed educator present.
- Volunteers moving to paid employment must submit a Volunteer to Paid Employee Transfer form and pay the prescribed fee.
- If a student (under 18 years of age) is to commence working in a service as a part of their study placement they must have a blue card prior to commencement, unless they are enrolled at one of our Catholic Education Diocese of Rockhampton schools. Generally, this is the responsibility of the training organisation to organise. However, the service must submit a check on the validity of the blue card.
- A Paid Employee Application form must be completed and the prescribed fee paid.
- People who do not require a blue card include the following;
 - Children under 18 who are volunteers (except children required to work in regulated employment as part of their studies).
 - Parents* who volunteer their services or conduct activities at an outside school hours' care service in which their child is attending, and
 - Police officers and registered teachers are able to apply for an exemption when providing child-related services outside their professional teaching or police duties. Exemption notices are issued free and remain valid while the person is a police officer or their teacher registration is valid. **If a registered teacher cannot produce an exemption notice they must apply for a blue card.**

* A parent includes child's mother, father or another adult who has parental responsibility for the child.

Principle: 2 Applications, Renewals and Withdrawals

- A copy of all applications for Blue Cards (or Exemptions Cards) must be forwarded directly to
- Employment Support Services, Catholic Education Office.
- The Nominated Supervisor is responsible for keeping a register of blue cards and expiry date for the service. This register must be maintained and the Nominated Supervisor must ensure that where a card is due for expiry, a notification to the employee/ volunteer is made to complete a renewal application is submitted to the Commission prior to the expiry date.
- An employee will be stood down (either without pay or on annual leave if available and an application is submitted) if their blue card has expired and evidence of a renewal application or new (current) card is not submitted to the service.
- If a person has a change in their criminal history they must immediately notify their existing or prospective employer, volunteer organisation or provider of the change – *an employer must not continue to employ that person without applying for a new Working with Children check.*
- Where an employee or volunteer notifies you of a change in their police profile/information, a
- 'Change in Police Information' form must be lodged with the Commission.
- If a blue cardholder is convicted of a serious offence, they cannot start or continue in regulated employment until a new card is issued.



Child & Young Workers Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Child and Young Workers Code of Practice 2006
- Department of Industrial Relations, Child Employment Guide
- Child Employment Act 2006
- Child Employment Regulation 2006
- Education & Care Services National Regulations 2011
- Education & Care Services National Law Act 2010
- Commission for Children and Young People and Child Guardian Act 2000
- Best Practice Guide: An Employer's Guide to Employing Young Workers
<https://www.fairwork.gov.au/ArticleDocuments/711/An-employers-guide-to-employing-young-workers-best-practice-guide.pdf.aspx> retrieved 05/09/2017

This procedure is based on the understanding that there are some special characteristics of children and young workers which require special management in order to safeguard their safety and wellbeing a workplace.

Under the Commission for Children and Young People and Child Guardian Act 2000 young workers must be screened and obtain a blue card (working with Children check) prior to confirmation of their appointment (*Refer Blue Card Procedure*).

Young workers must be subject also to reference checks. Staff must also sign an appropriate Confidentiality Agreement (*Refer Appointment Procedure in Staff, Volunteers and Students Engagement Procedure*).

All other policies relating to Staffing, Workplace Health & Safety, Food Safety & Hygiene, Service Operation, etc. apply to young workers in the same way as for other staff.

Principle: 1 Definitions

School Aged Child – is a child who is under 16 years and required to be enrolled at school.

Young Child – is a child who is not old enough to be enrolled for compulsory schooling.

Young Worker – under 18 years of age and are performing work, including:

- a) Those leaving school and entering employment for the first time;
- b) Those engaged in part-time or casual employment;
- c) Volunteers or work experience;
- d) Vocational education and training students attached to the education and training system.

Principle: 2 Requirements for workers under 18 years of age

These conditions apply whether the work is paid, unpaid or voluntary.

Ability to Contact a Parent:

If a staff member under age 18 is injured or falls ill at work and cannot work further the service must take reasonable steps to contact the parents. If the parents are not located in the diocese area the relevant contact person should be notified and parents contacted as soon as is practical.

It is also important that workers under the age of 18 are able to contact their parents whilst at work where circumstances call for such contact.

Safeguarding young workers:

Services have a special obligation when employing workers under the age of 18. A Service Nominated Supervisor must ensure that a young worker is not subjected to deliberate or unnecessary social isolation or other behaviour likely to intimidate threaten, frighten or humiliate.

Special care must be taken during the induction process to ensure young workers understand their rights and obligation in relation to harassment, bullying and safety. More information on safeguarding young workers can be found below in "Safety Issues Associated with the Employment of Young Workers".

Record Keeping:

In addition to the usual Employee Details form the attached Additional Information for the Employment of Young People must be completed. This form is not used when a school aged child is employed.

Principle: 3 Employment of a School-Aged Child

A child is deemed to be school-aged if under 16 years of age and required to be enrolled at school. If mandatory schooling (i.e. year 10) has been completed or is for any other reason not required to be enrolled at school they are not deemed to be a school aged child provided they are at least 16 years old.

Under the National Law an educator who is under the age of 18 years may work at a Centre-based service, provided that the person does not work alone and is adequately supervised at all times by an educator who is over the age of 18 years.

A person who is under 18 years of age cannot be a Responsible Person in Charge in Catholic Education services.

The minimum age for in employment (other than for delivery work) is 13.

The same employment practices as outlined above apply to the employment of school-aged children. In addition, the following must be adhered to:

Maximum hours of work:

On a school day	On a non-school day	During a school week	During a non-school week
4 hours	8 hours	12 hours	38 hours

A school aged child must not work after 10pm or before 6 am.

The Children's Services Award 2010 does not provide for the employment of children. Therefore, the 17 year old rate will apply. The following conditions must also be met in addition to other award provisions:

- Children must not be employed to work more than one shift per day;
- Children must receive a 12 hour break between shifts.
- Children must be given at least a 1 hour break after the end of the 4th hour of work.

In addition to the usual Employee Details form a Parent/Guardian Consent Form must be completed and a copy kept on file. **This form must be completed prior to the child commencing employment.** Penalties apply for failing to obtain consent.

The legislation requires parents keep this form up to date and changes must be made within 14 days of a parent becoming aware of a change in a child's school hours.

Principle: 4 Fair Work – Best Practice Guide

Reference Fair Work – Employment of Children and Young People should be followed when employing a person under the age of 18. <https://www.fairwork.gov.au/ArticleDocuments/711/An-employers-guide-to-employing-young-workers-best-practice-guide.pdf.aspx>



Code of Conduct Employees Catholic Education

This procedure is to be read in conjunction with the Catholic Education Diocese of Rockhampton 'Code of Conduct'

Principle: 1 Purpose

This reference to the Code of Conduct clarifies and affirms the standards of behaviour that are expected of employees of Catholic Education - Diocese of Rockhampton in the performance of their duties. This Code of Conduct is designed to achieve two important purposes. Firstly, it meets Catholic Education - Diocese of Rockhampton's legal obligation to provide a Code of Conduct for all employees under the Student Protection Risk Management Strategy as detailed in the **Commission for Children and Young People & Child Guardian Act 2000**. Secondly, in light of this particular Act and advice contained in recent industrial case law, the Code of Conduct aims to help all employees understand and fulfil their legal and professional responsibilities in achieving a safe and supportive workplace environment.

In this way, this Code of Conduct clarifies and affirms the standards of behaviour which are expected of employees of Catholic Education in the performance of their duties.

Principle: 2 Applicability

This Code of Conduct (hereafter referred to as Code) applies to all Catholic Education - Diocese of Rockhampton employees contracted on a temporary, casual, fixed term, or continuing basis as well as practicum students. Volunteers and students should refer to the Volunteer Code of Conduct and respectively.

Principle: 3 Context

Catholic Education - Diocese of Rockhampton unequivocally commits to fostering the dignity, self-esteem and integrity of every person. To meet this commitment this Code has been developed in consultation with relevant parties. The provision of a safe and supportive environment is integral to ensuring that all children entrusted to our care are to be affirmed in their dignity and worth as a person. This safe and supportive environment must also be provided for all who work in our services. Catholic Education - Diocese of Rockhampton believes that children should develop skills in building positive relationships based on those modelled by our employees.

Catholic Education – Diocese of Rockhampton fully endorses the view that a large part of what children learn comes from their observation of others. Hence, in the crucial area of learning how to develop positive interpersonal relationships and social skills, children and young people require suitable role models.

Principle: 4 Clarification of the Code

If there is any conflict between this Code and applicable legislation, the legislation will prevail. If an employee is in doubt about the interpretation of this Code or wishes to clarify items in this Code then the matter should be discussed with the Early Learning and Care Coordinator or the Assistant Director: Schools for the region or Assistant Director: Administration. If this matter cannot be clarified at a local level, the matter may be referred to the Diocesan Director Catholic Education.

Principle: 5 Breaches of the Code

Catholic Education - Diocese of Rockhampton employees hold special positions of trust, and therefore must be accountable for their actions. Conduct which is contrary to this Code may amount to professional misconduct which will be dealt with in accordance with *Catholic Education - Diocese of Rockhampton's Employee Misconduct Process*. Catholic Education – Diocese of Rockhampton is committed to the principles of fairness and natural justice. A determination regarding outcomes for an alleged breach of the Code by an employee is ultimately determined by an examination of all the circumstances, including the explanation of the employee for the alleged breach.

Should you have any concerns about possible breaches of this Code, you should speak to the Early Learning and Care Coordinator. Should you not be able to do so, assistance can be sought by contacting the Assistant Director: Schools/Administration or the Diocesan Director Catholic Education.



Employees, Practicum Students & Volunteers Procedure

Legislation & Support Documentation

- *Commission for Children and Young People and Child Guardian Act 2005*
- *Anti-Discrimination Act 1991*
- *Sex Discrimination Act 1984*
- *Human Rights and Equal Opportunity Commission Act 1986*
- *Fair Work Act 2009*
- *Disability Discrimination & Other Rights Amendment Act 2009*
- *Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld)*
- *Information Privacy Act 2009 (Qld)*
- *Public Service Act 2008 (Qld)*
- *Code of Conduct (Catholic Education Diocese of Rockhampton) 2017*

All employees are to refer to the following documents and adhere to the principles that are contained within:

- *Procedure for Managing Staff Complaints (Catholic Education Diocese of Rockhampton) 2017*
- *Procedure for Managing Staff Misconduct (Catholic Education Diocese of Rockhampton) 2017*
- *Procedure for Responding to Workplace Bullying and Sexual Harassment (Catholic Education Diocese of Rockhampton) 2017*
- *Statement of Principles for Employment in Catholic Schools (where 'schools' is identified, 'outside school hours care' is also applicable)*
- *Early Childhood Australia Code of Ethics (2016)*
- *Queensland College of Teachers – Australian Professional Standards*



Responsible Person in Charge of the Service Appointment

Legislation & Support Documentation

- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*
- *Amendment to the National Education & Care Act – June 2014*

This procedure is to assist in the appointment of a *Responsible Person in Charge* of the Service during operational hours. The regulatory authority is responsible for granting each service a Supervisor Certificate for each approved education and care service. Supervisor Certificates will apply to any person working at the service who has been identified by the approved provider or their delegate as:

- Responsible for the day to day management of the service or
- Exercising supervisory and leadership responsibilities for part of the service

Principle: 1 Determining the Responsible Person in Charge of the Service

- The approved provider has overall responsibility for the service, taking reasonable steps to ensure children's safety and wellbeing is protected. This includes making an informed decision about whether a person is fit and proper, with suitable skills to be the nominated supervisor or to be placed in day to day charge of the service.
- The approved provider and/or nominated supervisor and/or their delegate will therefore appoint a suitable educator who is at least 18 years of age. Considerations may also be given to the educator holding appropriate qualifications and/or experience to take responsibility for the operations of the service.
- The Responsible Person in Charge of the Service will also hold a Working with Children card.

Principle: 2 Additional Requirements

- The educator appointed to be in charge of the service must provide written consent to be placed in this role (required under *Regulation 54*).
- The name and position of the responsible person in charge of the service at any given time must be displayed at all times the service is in operation (*Regulation 173*).
- The name of the responsible person in charge of the service must be recorded on the service's timesheet and a copy forwarded to the Catholic Education Office on a fortnightly basis (*Regulation 150 and 177*).
- For all new service approval applications, the details of a person with an individual supervisor certificate, or who has applied for an individual supervisor certificate, who will be the service's nominated supervisor must be included in the original submission to the regulatory authority (*Section 44, Regulation 24*).



Staff, Volunteer & Child Engagement Procedure

Legislation & Support Documentation

- *Commission for Children and Young People and Child Guardian Act 2000*
- *Anti-Discrimination Act 1991*
- *Sex Discrimination Act 1984*
- *Human Rights and Equal Opportunity Commission Act 1986*
- *Fair Work Act 2009*
- *Disability Discrimination & Other Rights Amendment Act 2009*
- *Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld)*
- *Information Privacy Act 2009 (Qld)*
- *Public Service Act 2008 (Qld)*

All staff in Catholic Education are commissioned in their ministry by the Bishop. The Church calls them to share in passing on the message of Christ. Staff in Catholic Education are entrusted with the care of students. They are called to minister to them through witness to their faith and commitment to living the Good News.

Staff in Catholic Education make a commitment to a partnership, with all members of the school community and the wider Church community, which nurtures Jesus' values of respect, integrity and truth.

Catholic Education – Diocese of Rockhampton employs personnel to fulfil specific roles including:

- Full-time and Part-time paid staff
- Temporary (term) and casual paid staff

The nature of the subsequent employment relationship in which one person works for another will vary considerably. This employment relationship will reflect the status of the individuals involved as well as the nature of the work itself. It also will give rise to different legal obligations and responsibilities.

As a consequence, in employing staff, services need to carefully consider:

- The needs of the individual service, the workplace and the services expectations;
- The type of employment relationship that would be most suitable;
- The financial implications of the employment relationship and the services capacity to pay;
- The careful drafting of position descriptions and job advertisements as well as the conduct of selection interviews so as not to breach equal opportunity and/or anti-discrimination laws;
- The need for screening applicants, and the recording of such information in accordance with various legislative requirements (e.g. Child Safety laws and the Migration Act);
- In the process of providing or soliciting references, avoiding the possibility of misleading a potential employee, defaming an individual or breaching Privacy Act provisions; and
- Referee Checks/Proof of Qualifications: At least two (2) and up to three (3) reference checks will be conducted with nominated referees of the preferred applicant(s) for a vacant position.
- One of the referees must be a supervisor familiar with the applicant's work behaviours or has had line management responsibility for the applicant.
- The Principal, as the nominated supervisor, will conduct all referee checks for the appointment of staff into the outside school care service.
- The wording of any offer of employment and ensuring that a written offer is made. A verbal offer is sufficient for employment purposes and resultant obligations can be implied - if not conveyed, in writing, in an explicit manner.

Principle: 1 Letters of Appointment

- Persons (full-time or part-time status) whose terms and conditions of employment are bound by an appropriate award and/or industrial agreement will receive an offer of employment that conveys details of the award and/or agreement that will apply to them.
- Acknowledgment of confidentiality will be required of new staff by way of signing a standard undertaking attached to the employment offer.
- Verbal offers of employment are to be confirmed in writing by a formal offer to the successful applicant.
- Position Descriptions must be issued to all staff with the letter of appointment.
- Staff are to complete Employment Support Services documentation at the time of appointment.
- Appointments will rely on the applicant submitting acknowledgement of completion of the Early Learning and Care Induction and reading relevant documents.

Principle: 2 Appointment of Employees to Designated Roles

- The Approved Provider or assigned representative/s are to appoint suitably qualified educators to the following positions or allocate a delegate to do so:
 - a) **Nominated Supervisor**
 - i. at **school-based OSHC services** this will be the principal (see *Principal Agreement Statement*);
 - ii. This person must provide written consent to this role and documentation of such is to be held at the service.
 - b) **Responsible Person in Charge of the Service**
 - i. This person has consented to be placed in day-to-day charge and documentation of such is to be held at the service.
 - ii. This authority will be delegated to the educator with the highest qualifications and/or experience as deemed by the Nominated Supervisor or delegate.
 - c) **Education Leader** – An educator who has appropriate qualifications and experience, as well as a thorough understanding of the Early Years Learning Framework and/or the Framework for School Age Care (My Time, Our Place) to be able to guide other educators in their planning and reflection, and mentor colleagues in their implementation practices.
 - i. This will be the Coordinator of the service unless otherwise delegated by the Principal.
- Appointments are only to be made with the **written** permission of the educator taking on the position. Original letters of consent are to be kept on the service premises. A copy of the Nominated Supervisor Consent is to be forwarded to the Early Learning & Care Coordinator (Principal Consent Forms will be maintained within the Catholic Education Office ESS personnel files).
- All personnel must receive a Privacy Agreement Statement on appointment to a designated role.
- Staff are not to work beyond 38 hours employment in any given week (unless extenuating circumstances are identified such as critical incident – permission to work beyond this period must be sought from the Catholic Education Office Early Learning and Care Coordinator)

Principle: 3 Volunteer & Practicum Student Procedures

- Volunteers and students are engaged in many different capacities. If engaged in directly working with children, they are to be given special training (or have appropriate qualifications) and should be under the supervision of a qualified or experienced member of staff. Volunteers must not be asked to perform essential jobs, or jobs that paid employees are or should be performing. Students who are on practicums should fulfil the requirements within their practicum guidelines.
- Volunteers and students are required to sign a confidentiality agreement.
- Volunteer and students are to complete a comprehensive induction on Early Learning and Care Procedures prior to commencement of duties.
- The staff record must include the full name, address and date of birth of each student or volunteer who participates in the centre-based service.
- The service must also keep a record for each day on which the student or volunteer participates in the service, the date and the hours of participation.
- Volunteers are important to the work of the service and as such should be invited to staff formation days and to special social functions where possible.

Principle: 4 Staff Record Keeping

The following records are to be kept with regard to staff (*Regulation 145*):

The Nominated Supervisor, staff and educators - copies of their relevant qualifications (or progress towards those qualifications) and working with children checks - full name, address and date of birth and times of attendance at the service

In addition, other records are required that are more like a staff roster or time sheet:

- record of educators working directly with children
- record of access to early childhood teachers, including when the teacher worked directly with children (where applicable)
- record of each date and times a volunteer participates in the service (Sign in sheet)
- the name of the responsible person at each time that children are being educated and cared for by the service personnel with first aid training

- Record of responsible person in day-to-day charge including Certified Supervisors placed in day-to-day charge are to be kept in a safe place until the end of 3 years after the staff member works for the service (*Section 162, Regulations 150, 177*)
- Staff records (including records of access to early childhood teachers) are to be kept in a safe place until the end of 3 years after the staff member works for the service (*Regulation 145, 151 & 152*).

- Records of volunteers and practicum students' records are to be kept in a safe place until the end of 3 years after the volunteer or student attended the service (*Regulation 149*).

Principle: 5 Staff Grievance

Procedures for Preventing and Settling Disputes

The matters to be dealt with in this procedure shall include all grievances or disputes between an employee and an employer in respect to any industrial matter and all other matters that the parties agree on and are specified herein. Such procedures shall apply to a single employee or to any number of employees.

The service will adhere to the relevant Award/Agreement that aligns with the Fair Work Dispute Resolution procedure:

www.fwc.gov.au/resolving-issues-disputes-and-dismissals/resolve-issue-or-dispute



Quality Area 5

Relationships with Children

The aim of Quality Area 5 under the National Quality Standard is to promote relationships with children that are responsive, respectful and promote children's sense of security and belonging. Relationships of this kind, build children's capacity to form and maintain these relationships whilst engaging in play and learning.

Adapted from: Australian Children's Education and Care Quality Authority (ACECQA). (2019). Retrieved October 15, 2019 from <https://www.acecqa.gov.au/resources/research/meeting-ngs>.

Policies & Procedures

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Promoting Well-being & Positive Relationships Procedure

Legislation & Support Documentation

- Two – Guide to the Education and Care Services National Law & National Regulations (amendments to this document are included in this procedure to support an alignment between the requirements under the Law and best practice in outside school hours care services)

Principle 1: The Well-being of Children

Our service recognises that positive relationships are crucial to children fostering a sense of belonging and well-being. We also are aware of the unique understandings, perceptions and capabilities that each child brings from their own life experiences and families. As a family- centred service, we therefore, encourage effective partnerships and communication between home and the service to develop the child's positive relationships, citizenship and sense of identity.

Principle 2: Interactions with Children

Interactions with children should:

- Encourage children to express themselves and their opinions
- Allow children to undertake experiences that develop self-reliance and self-esteem
- Maintain the dignity and rights of each child
- Give positive guidance and encouragement to each child
- Consider the family and cultural values, age and physical and intellectual development and abilities of each child

Principle 3: Relationships within Groups

The service educators must ensure that opportunities for children to interact and develop respectful and positive relationships with each other are embedded in the program.

This requires consideration of the size and composition of groups in which children are being educated and cared for by the service.

Principle 4: Service Expectations

Within an environment where all contributions are valued, members of the service's community make shared decisions about expectations of behaviour. These expectations are to be founded on the understanding that everyone who attends the service is respected, safe, secure and given appropriate responsibility. When children are given choices and control they experience connections between actions and consequences. In the orientation process, families will be offered the opportunity to view and contribute to the expectations.

To align with health and safety policy and regulatory obligations, there will be necessary inclusions e.g. children must wear hats and sun safe clothing. Educators will ensure these are evident in the collective list of expectations.

The collaborative list of expectations will be visually displayed in the service and issued to all staff and families. These expectations will be consistently reviewed with the children and families and will, where possible reflect the guidelines of our Catholic ethos.

As children continually learn to make appropriate choices, participate in unfamiliar social and emotional situations and engage in challenging decision-making, they may require guidance and support from our staff. Educators will encourage the child to problem-solve and reflect on the most appropriate means to achieve positive outcomes that align with the community's expectations.

Children will be asked where necessary, to restore any relationships that have been affected by their actions with guidance from educators.

Children in our care are entitled to feel safe and secure at all times. Therefore, if any child is causing harm to themselves or others, the educator will put measures in place to ensure the safety of all children. Additionally, the parents/ carers of all the children involved will be informed and all stakeholders will be encouraged to work collaboratively to develop a plan of resolution (see below for procedures to develop this plan).

The Nominated Supervisor has authority to address behaviours and conduct of my/our son/daughter which may include the decision to suspend or terminate a child's enrolment for any cause judged to be sufficient.

The Child Protection Procedures require the service staff to contact State Authorities in cases of suspected harm or sexual abuse to children and the service also applies the Law associated with Mandatory Reporting associated with the schools in our diocese.

Additionally, the parents/ carers of all the children involved will be informed and all stakeholders will be encouraged to work collaboratively to develop a plan of resolution (see below for procedures to develop this plan)

Principle: 5 Resolution Management Plan

Catholic Education - Diocese of Rockhampton understands the right for all children to attend the service free from bullying of others and/or harassment.

The procedures for addressing any cases of reported harassment are as follows:

- Information regarding incidences will be documented
- All parents concerned will be informed of the behaviour by the Teacher
- All parties will be offered opportunities to restore relationships with the support of the Teacher
- A resolution management plan will be collaboratively developed and implemented to reflect the needs of all stakeholders
- Progress will be monitored by educators and regularly communicated to all stakeholders
- Children will be offered ongoing opportunities to reflect on their behaviour and make appropriate choices
- Where necessary, educators, children and parents will consult with the Catholic Education Office Coordinator to provide support to all parties in seeking a resolution (may include mediating, offering guidance and direction in formulating management plans).
- The Nominated Supervisor has authority to address behaviours and conduct of any child/children enrolled at the service which may include the decision to suspend or terminate a child's enrolment for any cause judged to be sufficient.



Student Protection Procedures

This procedure is to be read in conjunction with the Student Protection Processes

All employees, volunteers, student and members of the public are able to take immediate action to notify Queensland Police Service and/or the Department of Communities, Child Safety and Disability Services, particularly if he/she believes that it is essential to act to ensure a child's safety.

Catholic Education (Diocese of Rockhampton) is committed to creating and maintaining safe environments for children. A critical area of importance is how to respond to, and report abuse and/or harm of a child, and the behaviour of a staff member that is considered to be inappropriate.

All employees of Early Learning and Care services will follow the **Student Protection Processes** as outlined on the Catholic Education, Diocese of Rockhampton – Student Protection Portal. In all cases, where reference is made to:

- 'school' in this document, then it should be replaced with 'outside school hours care service'
- 'principal' in this document then it should be replaced with 'Early Learning and Care Coordinator'
- or 'Catholic Education Leadership Team Member'
- 'student or students' in this document, then it should be replaced with 'child or children'

This document sets out the responsibilities for employees of Catholic Education, volunteers and practicum students where they have a concern for the protection of a child, including addressing processes required by law:

- processes for how Catholic Education (Diocese of Rockhampton) will respond to harm, or allegations of harm, to children;
- a process for the reporting a disclosure by a child to a staff member of the behaviour of another staff member where the child considers this behaviour inappropriate;
- a process for how the information disclosed reported to a staff member must be dealt with by that staff member;
- a process for reporting sexual abuse or suspected sexual abuse in compliance with the *Education (General Provisions) Act 2006*, section 366; and a suspicion of likely sexual abuse in compliance with the *Education (General Provisions) Act 2006*, section 366A; and
- a process for reporting a reportable suspicion under the *Child Protection Act 1999*, section 13E.

These processes apply to all Catholic Education (Diocese of Rockhampton) employees.

If a staff member has reported a concern according to these processes but does not feel sure that the appropriate action is being taken to ensure a child is safe from harm he/she should contact the Student Protection Coordinator within Catholic Education or Diocesan Director, Diocese of Rockhampton, Child Safety and/or the police directly.

Incidents that initially appear to warrant one type of intervention may turn out to be more serious or complex than first thought. If this occurs the intervention process must be halted and steps taken immediately to escalate the matter to the appropriate level.

The Child Protection Act 1999 requires certain professionals, referred to as 'mandatory reporters', to make a report to Child Safety, if they form a reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect them.

Mandatory reporters should also report to Child Security a reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect.

Staff will be directed by the relevant authorities regarding notification to families about Child Safety Reports.

In addition, complaints alleging that the safety, health and wellbeing of a child was or is being compromised or complaints alleging that the Law has been breached whilst a child is at an early learning and care service, must be reported to Australian Children's Education and Care Quality Authority (s174 of the Education and Care Services National Law Act 2010.)



Inclusive Practice in Catholic Education (Outside School Hours Care)

Legislation & Support Documentation

CATHOLIC EDUCATION POLICIES AND DOCUMENTS

- *Diocese of Rockhampton (2004) "An encounter with Christ": Defining Features of Catholic Schools in the 21st Century*
- *Catholic Education Diocese of Rockhampton (2010) Learning Framework*
- *Catholic Education Diocese of Rockhampton (2016) Statement of Inclusive Practice*
- *Enrolment (2012/01)*
- *Curriculum in Catholic Schools and Colleges (2012/12)*
- *Teaching and Learning Religion in Diocesan Catholic Schools and Colleges (2015/08)*

RESOURCES

- *Disability Discrimination Act 1992*
- *Disability Standards for Education 2005*
- *Melbourne Declaration on Educational Goals for Young Australians (December 2008)*
- *Australian Curriculum*
- *Queensland Curriculum Assessment Authority (QCAA)*

Principle: 1 Adaptation of the Policy

All outside school hours care services in the Diocese of Rockhampton are responsible for:

- engaging with the vision of inclusive practice
- actively and systematically promoting inclusive practice in their communities according to this vision.

Principle: 2 Definition

Inclusive Practice is differentiating learning activities to meet the diverse needs of individual learners so that all learners can achieve personal growth. Inclusive practice as defined in the Catholic Education Statement of Inclusive Practice (available on the Catholic Education, Diocese of Rockhampton Portal).

Principle: 3 Description

Defining Features and the Catholic Education's Learning Framework provide Catholic schools and colleges in the Diocese of Rockhampton with a vision for learning. Central to this vision is the notion of diversity. Catholic kindergartens align to these *Defining Features* as they promote diversity in accordance with the *Disability Discrimination Act 1992* and the *Disability Standards for Education 2005*.

Principle: 4 Implementation

Catholic outside school hours care services will:

- engage as a community with Catholic Education's *Statement of Inclusive Practice*
- promote professional learning in the area of inclusive practice
- review kindergarten documentation to ensure it aligns with Catholic Education's *Statement of Inclusive Practice*:
 - role statements
 - curriculum framework

- curriculum program
- ensure the vision of inclusive practice informs decision-making.

Catholic Education will actively and systematically promote inclusive practice by (adapted from the *Statement of Inclusive Practice*):

- identifying and removing barriers to inclusiveness in policies, structures and attitudes;
- providing a curriculum that strives to educate the whole person and meet the needs of each individual;
- assisting each learner to continually learn and grow;
- assisting each learner to become a life-long learner;
- recognising and celebrating a broad range of achievements and efforts;
- offering a flexible, safe, enjoyable, and challenging learning environment;
- promoting a collaborative approach to meeting the needs of learners;
- recognising and embedding each child's knowledge, culture, ideas and abilities to form the foundation of the outside school hours care service's program



Application for Inclusion Support Subsidy Procedure

Legislation & Support Documentation

- *Disability Act 2006*
- *Disability Standards on Education 2005 (the Education Standards)*
- *Disability Discrimination Act 1992 (Cth)*

Catholic Education – Diocese of Rockhampton aims to offer all children an opportunity to access its programs through equitable practices. This procedure is to support all stakeholders in collaboratively working towards supporting adjustments to programs to provide access for children.

There will be inclusion support agencies available to offer financial funding for children who present with a recognised diagnosis at the OSHC. Consultation with the Early Learning and Care team and school Learning Support team is essential prior to consulting any external agencies to ensure continuity for the child from school to the service.

Principle: 1 Accessing Disability Support Funding

It should be noted that eligibility for ISS does not mean an automatic entitlement to payment. ISS may be available to eligible child care services to assist them to build their capacity to include a child or children with ongoing high support needs. Children with demonstrated ongoing high support needs are children:

- with assessed/diagnosed disability
- who are undergoing continuing assessment of disability
- from a refugee or humanitarian intervention background.

Impairment	Recognised Specialist or Appropriate Medical Practitioner
Autism Spectrum Disorder (ASD)	Registered paediatrician, psychiatrist or neurologist
Hearing Impairment (HI)	Audiologist or otolaryngologist (ear, nose and throat specialist)
Intellectual Impairment (II)	Guidance officer or psychologist
Physical Impairment (PI)	Registered paediatrician, neurologist, orthopaedic surgeon, geneticist or rheumatologist
Speech-Language Impairment (SLI)	Speech-language pathologist
Vision Impairment (VI)	Registered ophthalmologist or in cases of cerebral vision impairment, a registered paediatrician or neurologist

Principle: 2 Making Adjustments

In alignment to relevant legislation, an adjustment is considered *reasonable* if it meets the needs of the student with disability without impacting on others. To determine if an adjustment is reasonable an Education Provider must consider:

- The barriers, needs or challenges that face a child with disability.
- The views of the child or their delegate.
- Whether the adjustment will impact on the access of the child to the program.
- What advantages or disadvantages the adjustments might have on the people affected by it.
- The costs of making the adjustment.

An exception that allows an Education Provider to refuse to make an adjustment because the cost involved and the impact on the education provider and other people would be too great is when:

- an adjustment would cause it **Unjustifiable Hardship**.

To comply with this exception, the Education Provider must look at:

- Benefits or disadvantages that will be caused by making the reasonable adjustment.
- The effect of the disability of the child in question.
- Its own financial position and the costs of making the reasonable adjustment.

Principle: 3 Accountability

On receipt of funds from relevant support agencies, the service will record expenditure relating directly to the grant separate from all other income and expenditure of the service.

Principle: 4 Inclusion Support Portal

- All Inclusion Support applications must be submitted through an online inclusion support portal.
- There will be ongoing obligations by the service to ensure that the funding, supporting a child, is continuing to be of benefit to the child and their access to the curriculum.

Principle: 5 Collaborative Support

- All service personnel will afford children agency at all times in this process. Where possible, children will be consulted regarding facets of this process.
- The service staff are to make all attempts to work collaboratively with families to ensure equitable access for every child. The child's educators are to regularly meet with families to discuss the achievements and areas requiring further consideration regarding the child with a disability or identified additional needs.
- To ensure the ongoing funding from the service for their child, parents/carers are required to work collaboratively with the service. It is the responsibility of the child's parents/carers to ensure that all relevant documentation is provided to the service, pertaining to the child's diagnosis or identified additional needs. The parents/carers are required to ensure appropriate medical/specialist support is provided to their child and to attend scheduled appointments as required. Funding for their child may be withdrawn if parents/carers are not willing to support the aforementioned commitments.
- Access to relevant support agencies will be made by the service to offer guidance in the ongoing agency of the child.
- Where there are a number of children with disabilities or identified additional needs, the Nominated Supervisor will consider the most suitable and equitable group placement.
- The Nominated Supervisor is to ensure that the learning environment is inclusive and also is safe and conducive to the well-being of all. Where there is an identified health and/or safety risk, it is the responsibility of the Approved Provider and Nominated Supervisor, in consultation with the Early Learning and Care Coordinator, to work collaboratively to put in place appropriate control measures.



Quality Area 6

Partnerships Families & Community

The aim of Quality Area Six under the National Quality Standard is to recognise that collaborative relationships with families are fundamental to achieving quality outcomes for children and that community partnerships that are based on active communication, consultation and collaboration are also essential.

Adapted from: Australian Children's Education and Care Quality Authority (ACECQA). (2019). Retrieved October 15, 2019 from <https://www.acecqa.gov.au/resources/research/meeting-nqs>.

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Aboriginal and Torres Strait Islander Education Policy

(Based on the Policy implemented in Catholic Schools and Colleges)

Legislation & Support Documentation

CATHOLIC EDUCATION POLICIES AND DOCUMENTS

Diocese of Rockhampton (2004) "An encounter with Christ": Defining Features of Catholic Schools in the 21st Century

Catholic Education Diocese of Rockhampton (2010) Learning Framework

RESOURCES

National Aboriginal and Torres Strait Islander Education Strategy 2015 Australian Bishops

Aboriginal and Torres Strait Islander Sunday Statement 2015 2011

Pope John Paul II Message to Aboriginal people in Alice Springs 1986

QCEC Policy Statement Aboriginal and Torres Strait Islander Catholic Education 2012

Australian Government National Aboriginal Education Policy

Reconciliation Australia

ACARA National Curriculum

Principle: 1 Adaptation of the Policy

All Catholic outside school hours care services in the Diocese of Rockhampton will be culturally safe places of learning, growing and belonging for Aboriginal and Torres Strait Islander students, families and community members.

Principle: 2 Description

- This policy recognises the transformative power of education to change society and to form the basis for intergenerational change for Indigenous and non-Indigenous peoples.
- It also seeks to overcome the educational disadvantage of Aboriginal and Torres Strait Islander students by providing the skills necessary to participate fully in society and to determine their own futures.
- This Aboriginal and Torres Strait Islander Education Policy is an affirmation that the Church, following the example of Jesus, seeks to achieve through education processes, justice and harmony with Aboriginal and Torres Strait Islander peoples.
- Aboriginal and Torres Strait Islander peoples are the first Australians with two of the oldest continuing cultures on earth and so occupy a unique place in contemporary Australian society.

Principle: 3 Implementation

Catholic outside school hours care services will:

- Foster a spirit of openness for Aboriginal and Torres Strait Islander students and their families to develop a sense of identity and belonging with the community.
- Recognise and celebrate the unique giftedness that Aboriginal and Torres Strait Islander students and their families bring to the community.
- Involve Aboriginal and Torres Strait Islander peoples in educational decision making.
- Promote an awareness of and respect for the cultural diversities, spiritualities, values, languages and traditions of Aboriginal and Torres Strait Islander students.
- Include Aboriginal and Torres Strait Islander perspectives across the curriculum and consider environments that support this.
- Ensure staff have regular access to professional learning opportunities to increase their level of cultural understandings and competencies.

- Seek assistance and expertise of Aboriginal and Torres Strait Islander staff employed in the Catholic Education and the local Aboriginal and Torres Strait Islander communities to best support Aboriginal and Torres Strait Islander students and families.
- Encourage support of Aboriginal and Torres Strait Islander research, education and training and involvement with relevant projects and programs.
- Develop a Reconciliation Action Plan through Reconciliation Australia.
- Work in partnership with Aboriginal and Torres Strait Islander families and communities to better support the education of Aboriginal and Torres Strait Islander children.
- Identify barriers to education and ensure appropriate processes and procedures are in place to support Aboriginal and Torres Strait Islander students and families.
- Actively reach out to Aboriginal and Torres Strait Islander families to facilitate their access to and participation in Catholic Education.



Family Feedback & Grievance Procedure

Legislation & Support Documentation

- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*
- Catholic Education Diocese of Rockhampton (2016) Guidelines for Grievance Procedures – For Parents and Students
- Queensland Federation of Parents and Friends Dispute Resolution

Consistent with our Vision, Mission and Values, services managed by the Catholic Education Diocese of Rockhampton will treat all feedback from families in a serious manner which is respectful of the dignity of the individual.

Catholic Education Diocese of Rockhampton acknowledges the importance of open communication with parents/guardians/carers of children in our services. Services welcome feedback from families on all areas of operations and will undertake to investigate and resolve grievances in a timely and transparent manner.

If a parent or student has a complaint or concern that has not been satisfactorily resolved at the level at which it has arisen, a grievance may exist. A grievance exists where a person believes a complaint or concern has not been handled appropriately or where they believe their needs have not been adequately met.

This policy is not intended to apply to complaints alleging criminal behaviour, which should be referred to the Diocesan Director Catholic Education for police action. The policy exists to Catholic outside school hours care services to implement procedures to safeguard the rights and acknowledge the responsibilities of all parties.

Principle: 1 Parent Feedback

Services will provide regular opportunities to parents to contribute to the evaluation of services provided to them. This may be in the form of:

- Submissions/representation on the School Board.
- Feedback box. Such feedback is to be recorded on the Feedback Record Sheet.
- Regular Parent Survey
- Quality Improvement Plan contributions.
- Discussions directly with educators at pick up and drop off times, during sessions or at designated meeting times.

The Nominated Supervisor and educators will analyse the results of parent/carer feedback and implement any necessary and/or desirable changes where it is reasonable to do so.

Educators will treat parents' responses in a serious manner and communicate with parents/carers about any changes made as a result of parents/carer suggestions (e.g. newsletters, notice boards, etc.).

The service's unique Special Religious Character is recognised when developing and implementing these procedures.

Principle: 2 Using an Interpreter System

Interpreter information will be made available for non-English speaking families wherever possible. It is recommended that this interpreter support sign be placed up in services.

The Queensland Department of Education, Training (DET) funds free access for services to the Translating and Interpreting Service (TIS).

This Australia-wide service is operated by the federal Department of Immigration and Citizenship and employs interpreters who speak more than 170 languages and dialects.



Before requesting or booking an interpreter, find out:

- what language the family speaks
- whether the family has used an interpreter before and if they would like to use the same person
- whether there are cultural preferences such as gender to consider

When requesting or booking an interpreter, quote:

- TIS client code (C944497)
- service's name and postcode
- contact details of person making request

To request an interpreter, visit www.immi.gov.au, fill in an on-site or telephone interpreter pre-booking form and submit it online or by fax, or phone 131 450 toll free, from 8am-6pm, Monday to Friday.

TIS needs advance notice to organise interpreters: three to five days for an on-site visit or 24 hours for a teleconference.

Principle: 3 Parent Grievances

On enrolment, the parents/carers are given written information that encourages them to develop open communication with the staff, and informs them of their rights and responsibilities to contact the services/centres and the relevant government agencies if they have any concerns in relation to the operation of the service or the care of the children.

Respect for the dignity of all those involved in any grievance procedure must remain a priority in all interactions between parties throughout the resolution process.

In order to ensure confidentiality and to respect the dignity of those involved in the process, discussions relating to a grievance should not be discussed with those not directly involved.

Where a concern is raised, an individual employee will write the details down noting the concern, place, person etc. and refer this note with contact details of the person to the nominated supervisor. The nominated supervisor shall then arrange for an investigation into the complaint and take necessary action to resolve the complaint.

If a parent/carer has concerns with a staff member or the service cannot resolve the matter with the personnel involved, parents/carers are encouraged to raise the matter with the nominated supervisor or appointed delegate.

If a concern is not resolved, parents/carers can contact the Early Learning & Care Coordinator at:

Address:	143 West St, Rockhampton, QLD 4700
Postal Address:	PO Box 524, Rockhampton, QLD 4700
Email:	oshc@rok.catholic.edu.au
Phone:	(07) 4994 8000

If parents/carers consider that the Early Learning & Care Coordinator did not adequately address the

concern, he/she can contact, in writing the Assistant Director Administration (delegated by the Diocesan Director Catholic Education Diocese of Rockhampton) or the Approved Provider Representative – Diocesan Director Catholic Education, at the above address.

In the event that you are not satisfied with the outcome, the following authorities may be of assistance:

Department of Education and Training – Early Childhood Education and Care

Website: <https://qed.qld.gov.au/earlychildhood/>

E-mail: ecec@qed.qld.gov.au

PO Box 15033

City East QLD 4002

Phone: 13 74 68

Australian Children’s Education and Care Quality Authority (ACECQA):

Address: Level 6, 175 Liverpool Street, Sydney, NSW, 2000

Postal Address: PO Box A292, Sydney, NSW 1235

Email: enquiries@acecqa.gov.au

Phone: 1300 422 327

Service educators will ensure that they do not engage in, encourage or accept any act of unlawful discrimination against a child or his/her family.

All staff will treat any complaint by parents/carers concerning unlawful discrimination sympathetically and seriously. Unlawful discrimination includes discrimination on the basis of sex, race/ethnicity, disability, age or religious/political beliefs.



Parent Rights & Responsibilities Procedure

Legislation & Support Documentation

- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Participation by parents/carers in issues relating to the care of their children is important for several Parents/carers are always welcome at our outside school hours care service and are encouraged to be active participants in the program and their child's learning.

We encourage the active involvement in the program as well as offering a voice from the perspective of the family.

Within the service program, parents/carers are asked to follow the policies and procedures of the service as well as legislative requirements. Parents/carers also have rights and responsibilities as part of the outside school hours care community.

Principle: 1 Parent/carer Rights

Parents'/carers' rights encompass but are not limited to the following:

- To know that your child is in a safe and welcoming environment;
- To visit the service prior to your child commencing, during the child's attendance and at other times to discuss your child's progress with educators;
- To view and contribute to the service's philosophy and goals;
- To view and contribute to the policies and procedures that oversee the operation of the service;
- To be involved in the development of the service and provide feedback;
- To receive regular information from the service, be it by print, electronic media or other means that are deemed appropriate for individual family's needs (e.g. where English is a second language);
- To collaborate and consult with service staff regarding your child in a confidential environment;
- To be provided in the enrolment package, the service's contact details, opening times, grievance procedures and any relevant governing authority information;
- To provide feedback to the School Board (a process of induction prior to any service parent who wishes to be considered for a role on the Board is required);
- To receive information on workshops, functions and any other information which may be of benefit;
- To receive updates on current research regarding health and safety practices (e.g. immunisation, sun safety, nutrition, best sleep practices etc.), child development and play, as made available to the service
- To express concerns according to a service policy or procedure, and have these addressed in a timely and respectful manner;
- To be informed of contagious diseases that may have been identified at the service;
- To be informed of emergency and evacuation procedures;
- To access current information about community services and resources to support parenting and well-being;
- To have access to the records and planning kept in relation to your child;
- To receive the *Dealing with Medical Conditions Procedure* if your child has a medical condition that requires a management plan;
- To view up-to-date information on staff qualifications, the name, contact details and position of the responsible person on duty, nominated supervisor, approved provider and educational leader;
- To view and contribute to service programs;
- To view the weekly menu and provide feedback and input;

- To be involved in the ongoing *Quality Improvement Plan* process and view the outcome of this assessment process incl. the service rating.

Should the parents/carers believe the service is not satisfactorily meeting these rights they are actively encouraged to utilise the grievance procedure.

Principle: 2 Parent Responsibilities

Parents'/carers' responsibilities encompass but are not limited to the following:

- To respect the philosophy and goals of the service, Catholic ethos and values of Catholic Education – Diocese of Rockhampton;
- To support the service in its endeavours to provide a quality service for all children;
- To work cooperatively with staff in developing and implementing a Resolution Management Plan [as required];
- To read and be familiar with the service's philosophy and goals and follow policies and procedures;
- To follow the parent Grievance Procedure and to raise concerns in a respectful manner;
- To sign children in and out on a daily basis
- To ensure that written authorisation is provided for those collecting their child;
- To notify the nominated supervisor of your child's immunisation status (if applicable);
- To notify the service of any contagious disease that your child may have been in contact;
- To keep your child home if you are aware or ought to reasonably know that your child has, or may have, a contagious condition (Public Health Act s 161);
- To value the individuality and uniqueness of all children attending the service;
- To approach all communication with staff, volunteers and other parents in a friendly and respectful manner;
- To approach the responsible person in charge of the service if there is a concern involving another child;
- To collect children by the service's closing time;
- To notify staff of any medical/dietary or personal needs of your child through regular written updates;
- To provide a current Action Plan (medical plan) signed by a medical practitioner (or associated authority or asthma action plans) to discuss options for the display of this Action Plan in a place accessible to staff, volunteers and personnel working with a child
- To notify the staff in writing of changes to or cancellations of bookings;
- To make regular payments of fees as per the *Fee Collection/Payment Procedure* and to ensure accounts are settled in full at the end of each term (and if applicable, pay any outstanding fees e.g. a late fee).
- To respect the confidentiality of all children, families and educators at the service.
- To follow all Child Protection Procedures and Protocols in accordance with this document.

With regard to the above Rights and Responsibilities, all stakeholders are encouraged to sensitively address any concerns.

Should any of these responsibilities not be met, the following steps will be undertaken:

- The matter will be discussed with the parent/carer and the appropriate process outlined. In a vast majority of cases, this will be the last action required and the matter will be resolved.
- Should the matter reoccur, a letter will be sent by the service outlining the issue, the correct process and stating that another recurrence could lead to the cancellation of enrolment. This action must be approved by the Assistant Director Administration or Assistant Director Schools in consultation with the Nominated Supervisor/ Early Learning & Care Coordinator prior to implementation.
- If the matter occurs a third time, a letter will be sent by the service, referring to previous letters and conversations, and notifying of cancellation of the enrolment. This action must be approved by the Assistant Director Administration or Assistant Director Schools in consultation with the Nominated Supervisor/ Early Learning & Care Coordinator prior to implementation.

It is essential that all such processes be undertaken in a respectful and professional manner by all stakeholders. Signed and dated hard copies of all letters, meeting notes and records of conversations will be kept on file.



Quality Area 7 Leadership

The aim of Quality Area Seven under the National Quality Standard is to support effective leadership and management of the service that contributes to quality environments for children's learning and development. Well-documented policies and procedures, well-maintained records, shared values, clear direction and reflective practices enable the service to function as a learning community.

An ongoing cycle of planning and review, including engagement with families, creates a setting for continuous improvement.

Adapted from: Australian Children's Education and Care Quality Authority (ACECQA). (2019). Retrieved October 15, 2019 from <https://www.acecqa.gov.au/resources/research/meeting-nqs>.

Policies & Procedures

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Delivery & Collection of Children Procedure

Catholic Education – Diocese of Rockhampton aims to provide effective supervision for all children at all times within the operating hours for the service. The health and safety of children and service staff will always be a priority. A parent of a child being educated and cared for by the service may enter the education and care service at any time the child is in attendance (except in cases listed in Principle 1 where the parent/authorised person is not able to enter the premises by law).

Legislation & Support Documentation

- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Principle: 1 Collection by Authorised Personnel

Responsibility for the child by service personnel begins when the child is signed in by an authorised person. Responsibility ends when the child is signed out by a parent or an authorised person.

In the event of an authorised person collecting a child from the service, who is not familiar to service staff, the person is required to provide recognised identification. The authorised person must have written permission by the parent of the child or an authorised person on the enrolment form.

The approved provider, nominated supervisor or responsible person in charge of the service is not required to allow a parent to enter the service premises if—

(a) permitting the parent's entry would—

- (i) pose a risk to the safety of the children and staff of the service;
- (ii) conflict with any duty of the educators under the Law;

(b) the service is aware that the parent is prohibited by a court order from having contact with the child.

In this procedure the term 'parent or authorised nominee' does not include a parent who is prohibited by a court order from having contact with the child.

Where the child is considered to be at unacceptable risk of suffering harm and/or if there are grounds to suspect that unless someone intervenes to prevent it, the actions of a person will result in, or is likely to result in a detrimental effect of a significant nature on the child's physical, emotional and/or psychological well-being, the educator is to contact the Police on 000 to inform them of the situation

In the event of a child being collected by personnel from a transport service (such as a taxi or bus), the child may only leave the premises in accordance with the written authorisation of the child's parent or authorised nominee named on the child's enrolment record. The Nominated Supervisor will negotiate with parents or authorised nominee as to whether this mode of transport is deemed appropriate – the child's age and other factors may inform decision-making with regard to the collection/delivery of a child by transport service. An authorisation for collection from a service by a transportation service will need to be completed by the parent and stored in the individual child's file before this will be allowed to occur.

Children will not be collected from neighbouring schools (other than the host school) due to the additional hazards involved in walking children daily. This also incurs additional responsibility and staffing requirements to fulfil this task and therefore is not available at services.

Principle: 2 Signing In/Out

A child may only leave the education and care service premises under the following circumstances:

- a parent or authorised nominee collects the child
- a parent or authorised nominee provides written authorisation for the child to leave the premises
- a parent or authorised nominee provides written authorisation for the child to attend an excursion
- the child requires medical, hospital or ambulance treatment, or there is another emergency.

All children will be signed in and out by a parent or an authorised person.

In addition, the authorised person (staff member or parent) signing a child in or out on the attendance sheet must:

- Note the time;
- Print their name;
- Sign the entry.

Principle: 3 Late Collection of Children

In some cases, parents may be unavoidably detained and unable to collect their child before closure time. If this occurs, parents must contact the service as soon as possible to advise of either alternative arrangements or their own expected time of arrival.

On enrolment, parents will provide emergency contact lists of personnel who are authorised to collect their child. These details will include the authorised contacts' details. Parents will be required to update the service of any changes to these details.

When no contact has been made 10 minutes after the service's closure the responsible person will;

- Attempt to phone parents to ascertain why collection has not occurred.
- Inform parents that they may/will incur a late fee for every 15 min the child is not collected.

If the service is unable to contact the parent they will;

- Phone authorised/emergency contact people listed on the child's enrolment form to arrange for immediate collection of the child.
- Contact the Nominated Supervisor

If no one can be contacted and the child has not been collected after an hour of service closure the Department of Child Safety and or the Police will be contacted and asked to take responsibility for the child.

Two staff will remain on duty at all times while there are children in attendance and for the operational hours of the service. Staffing for these incidents may include 1 educator and another employee/volunteer (maintaining correct ratios at all times) of the school.

To ensure the safety of children, staff will work together to provide effective care and support. This may include providing necessary food and clothing to ensure the continued comfort for the child.

When the parent or authorised/ emergency contact arrives to collect child:

- Ensure that the correct time is written on the sign in/out sheet (responsible person is to co-sign to acknowledge time out).
- Write in communication book – detailing family name, child name, date, time of collection, and the name of the person who was authorised to collect the child.
- Ensure Service Fee Collection/Payment Procedure is adhered to in relation to the charging of late fees and a possible follow up letter to the parent regarding the late fee incurred.

NB. Staff are to sign out/ write time on timesheet of the time they depart the service when it is reasonable to do so, in the case of an emergency.

The following is to be considered in conjunction with the service Fee Payment Fact Sheet:

- In consideration of the safety of our staff, families who are more than fifteen minutes late on any occasion may be required to pay taxi fares to transport staff home if staff do not have their own private vehicle at the service.
- Consistent late collection of a child may result in the termination of an enrolment at the service. These late collections will be brought the attention of the Nominated Supervisor.

Principle: 4 Children Arriving Without a Booking

The service is required to maintain a record of each child to ensure the safe and appropriate care of children and compliance with legislation.

As such, children without enrolment forms are legally unable to attend the service until such time as a completed enrolment form is provided to the service. However, at all times, care should be taken to ensure that all children are kept safe – **see Emergency Care provision** (OSHC Enrolment & Booking Procedure, Principle 5).

If a child (and parent) arrives at the service and the child is not booked in, explain to the parent that a booking was not made and check the following:

- The number of children booked to attend that session;
- The approved capacity of the session;
- The staff:child ratio.

If there are vacancies for the session and the child has a current enrolment:

- The parents are to be informed that as the booking is casual, the session fee will be added to their parent statement.
- The child's name is to be added to the daily attendance roll for the day and childcare management system updated.

If there are NO vacancies for the session and a parent wishes to book their child in:

- Inform the parent that there are no vacancies at the service for that session.
- Parents will need to make other arrangements for the care of the child unless the emergency care legislation can be applied.

If there are vacancies for the session and a child DOES NOT have a current enrolment form:

- Explain to the parent that a current enrolment must be completed for a booking to be accepted and for a child to attend the service.
- Inform the parent that a meeting will need to be organised with the Nominated Supervisor if further bookings are required so that aspects of the service operation can be further explained to the parent.
- The parent is to complete a direct debit form for the service immediately before the booking and enrolment form is accepted.

In all cases, sign in/sign out procedures must be adhered to as they apply to each care type.



Enrolment & Booking Procedure

Legislation & Support Documentation

- *Education & Care Services National Regulations 2011*
- *Education & Care Services National Law Act 2010*

Catholic Education, Diocese of Rockhampton outside school hours care services' process of enrolment is aligned to the inclusion of all who seek care for their child outside of school hours while participating in a care program embedded in a Catholic tradition.

Spirituality will be explored throughout the program will not be limited to set times. It is an expectation that children enrolled at the service will participate in these experiences. Families who are not Catholic who seek enrolment in our service are welcome. It is an expectation that on enrolment all families will value the ethos of the program as expressed in our Mission Statement and who are supportive of the Catholic tradition.

Each parent/carer will be required to complete a current Enrolment Form (online or paper-based) for each child and provide any updates to enrolment information throughout the year. This process is to ensure the safe and appropriate care of children and to comply with legislation.

Bookings are essential, and not transferred from each school year or from one vacation care program to the next. Limitation on vacancies is dictated by Service Approval capacity, approved Child Care Subsidy (CCS) places and staffing.

Families will be provided with comprehensive information about the service's operation and management details. Accordingly, we recognise the varying needs and perspectives of families from culturally and linguistically diverse backgrounds. The service will allow time for families to spend time with their children in the service.

Principle: 1 Enrolment Procedures

Procedures:

- Children may enrol into any education and care program at the commencement of their preparatory year (or if the Service Approval extends to kindergarten-age children, then in the year they commence the year before formal schooling).
- Children must be at least 4 years old and attending preparatory to attend the program unless the Service Approval indicates otherwise. Once families have enrolled their child into the program, a yearly re-enrolment is to be completed prior to the commencement of each new school year.
- Re-enrolment packages are usually available 6 weeks before the end of the school year.
- Upon enrolment Service Fact Sheets will be provided to families in the enrolment package.
- An enrolment fee may be charged upon receipt of family enrolment each year.
- All information contained in enrolment documentation will be treated in accordance with the Catholic Education – Diocese of Rockhampton Standard Collection Notice.
- The service from time to time discloses personal and sensitive information to others for administrative and educational purposes only. This includes to government departments, the Catholic Education Offices, the Queensland Catholic Education Commission, the service's local diocese, school and the parish, schools within other dioceses, medical practitioners, and people providing services to the service including specialist visiting teachers, coaches, volunteers and counsellors.
- Evidence of the child's date of birth must be provided by the child's parent prior to enrolment.
- If a child enrolled at the service is suspected of contracting a contagious condition, Queensland Health or a medical practitioner may advise the service to remove those children who have not been vaccinated for this contagious condition. These children will not be able to return to the service for a prescribed period as directed by the Nominated Supervisor. Parents/carers are required to continue paying full fees for this prescribed period.

Principle: 2 Priority of Access

Our OSHC services have been established to provide care for the students of their associated schools. Therefore, first priority will be given to those children who attend the host school where the OSHC service is located. Secondly, students of neighbouring Catholic schools within our diocese will be offered a placement at the OSHC service. Following this cohort, children from neighbouring Non-Catholic Schools will be placed at the service in order of receipt of re-enrolment documentation. The service will issue a closing date for enrolments (all enrolments received from families after this due date will only be considered for placement in order of submission).

Age requirements for a child enrolled in a Catholic Education OSHC program

Children must:

- be aged 13 years or under - if a child enrolled in one of our Catholic Primary Schools (aged over 13 years of age), and there are extenuating circumstances, the Catholic Education Office Early Learning and Care Coordinator in collaboration with the Nominated Supervisor, the family of the child and the service Coordinator may apply for special circumstances to be applied. The family will need to liaise with Centrelink to determine whether their child is eligible for Child Care Subsidies under this arrangement.
- not attend high school (secondary school).

Immunisation requirements for the child

To be eligible for the Child Care Subsidy a child must also meet immunisation requirements. Catholic Education Diocese of Rockhampton considers that immunisation is an important health measure for children and their families, as it is the safest and most effective way of providing protection against harmful and often deadly diseases. To meet the Child Care Subsidy immunisation requirements, children must be immunised according to the standard vaccination schedule, be on an eligible catch-up vaccination schedule, or have an approved exemption from the immunisation requirements.

Residency requirements for the parent (individual/claimant)

To receive Child Care Subsidy, the claimant or their partner must be Australian residents as defined under *Social Security Law* or be eligible non-residents.

Priority of access - prioritising vacancies

There are no mandatory requirements for filling vacancies. However, as vacancies in a service arise, Nominated Supervisors in OSHC programs will consider prioritising children who are:

- at risk of serious abuse or neglect
- of a sole parent/parents who satisfy/ies, the activity test through paid employment.

Retrieved and adapted from The Department of Education and Training, 19/03/19 <https://www.education.gov.au/child-care-provider-handbook/other-matters-regarding-enrolment-and-allocation-child-care-places>

Children will not be collected from neighbouring schools (other than the host school) due to the additional hazards involved in walking children daily. This also incurs additional responsibility and staffing requirements to fulfil this task and therefore is not available at services.

Principle: 3 Bookings

At the time of enrolment parents/guardians will be required to nominate days/sessions, children will be attending and whether they will be booked in on a permanent or casual basis. Permanent bookings are when a child attends on regular booked days. Casual bookings are when a child attends on an irregular basis. This depends upon availability of vacancies for any one session.

These bookings will remain in place for the remainder of the year/ nominated period or until **written** notification of changes or cancellation is received by the service.

In the case of a parent/guardian requesting to alter a permanent booking i.e. change a permanent day of attendance or add or remove a day or days of permanent attendance, the parent/guardian is required to provide written notification to the service within two weeks of the proposed change date.

Alterations to permanent bookings will not occur until such time that written notification is received by the service and will depend on the availability of positions.

Cancellation of a Booking

Cancellation of a permanent booking (including Vacation Care) will require two weeks' notice. All associated fees for the two-week period will be paid before leaving the service.

Cancellation of a casual booking will require 48 hours' notice. Where this notice is not received, the service reserves the right to record this attendance as an absence and require payment of associated fees.

Exemptions to Principle 3: Bookings may be approved in exceptional circumstances at the discretion of the Nominated Supervisor of the service, through written application.

Principle: 4 Orientation

Families:

- New families will be provided with all the relevant enrolment information
- Time will be provided for families to discuss any needs with the Nominated Supervisor and or delegate.
- Service information will be made available on request in different languages
- Staff will be introduced to new families
- Parents and child will be shown around the service
- Families will be invited to spend time with child during service hours
- Families will be shown the procedures for signing in/out
- Families will be shown where they can access relevant information regarding service procedures
- Interpreter services will be made available for non-English speaking families on request.

Children:

- New children will be introduced and welcomed to the group
- Staff will show new children areas they are allowed to access
- New children will be closely monitored to ensure they are settling into the program
- Where possible, children will be offered a buddy option on their first day and going forward if they find this supports their transition into the program

Principle: 5 Emergency Care

Limited emergency care places are available. Emergency care covers the inclusion of no more than two or more children from the same family who are, educated and cared for at the service in an emergency for a period of not more than two consecutive days on which the service operates. Should use of these places be required on more than three occasions during the term or the care of more than the two children from one family is necessary, consultation with the Early Learning & Care Coordinator will be required. Exceeding the number of places available will only be permitted if there is no risk to the health, safety and wellbeing of the children at the service. Notification is to be made via National Quality Agenda IT System – ACECQA (Australian Children's Education and Care Quality Authority).

If service approval places are exceeded as a result of emergency care being provided, an Emergency Care Notice will be displayed.

Principle: 6 Annual Enrolment

In alignment with service regulations, student enrolments must be updated each year. This includes the completion of a new enrolment form. Students will not be able to attend the service each year until a completed enrolment form is returned to the service. Services will send out notification and enrolment forms in Term 4 of each year to assist families in keeping their enrolment current.

Principle: 7 Vacation Care

Vacation care bookings are made in advance of attendance, including the selection of education experiences. For those families that only attend the service during vacation care, enrolment must be confirmed through myGov account prior to attendance to guarantee CCS is applied to fees.



Fee Collection/Payment Procedure

Funding Options

The service Fees Collection/Payment Procedure is required to manage the payment of debtor's accounts within a reasonable time to ensure a quality service that is sustainable.

The person nominated on the child's Enrolment Form will be responsible for payment of fees within the agreed timeframe.

The Fees Collection Procedure should be implemented in a fair and equitable manner.

Principle: 1 Objectives

- To prevent or minimise the likelihood of non-payment of accounts by parents.
- To identify appropriate action required to recover outstanding monies, as payments become overdue.

Principle: 2 Funding and Fees

Responsibilities

It is the Nominated Supervisor's responsibility to ensure that parent statements are issued at least every 14 days. All outstanding invoices are followed up with parents. This will include sending statements of overdue accounts; follow up by phone calls and written communication as required.

Record Keeping

The Nominated Supervisor or delegate will keep all records of overdue accounts. A record of all contact with clients to recover overdue funds will be maintained in the Child Care Software on the account contacts. These records will include statements, letters, phone calls, payment plans etc.

Preventative Measures

Reasonable steps must be taken by the Nominated Supervisor or delegate to ensure that the parents are informed of the service's fee structure and terms of payment. Parents are to be provided with adequate notice of expected increases in fees and notified of outstanding amounts to facilitate payment. The Nominated Supervisor or delegate may decide to put into place a bond or fees in advance system of payment to ensure that payment is received for services in a timely manner.

Principle: 3 Payment of Fees

The preferred Fees Payment Policy is for fees to be paid in advance.

- All service fees are paid by automatic direct debit from a nominated bank account or credit card according to the direct debit form. New enrolments will not be accepted without a completed and signed direct debit form.
- The payment period will be defined by the payment frequency selected by the family on the direct debit form (e.g. fortnightly or monthly). Payments will be required at that interval from the start date nominated on the direct debit form.

Permanent Bookings are when a child attends on regular booked days. Fees will be charged one week in advance and the corresponding payment amount debited from the nominated payment method. Account statements will be issued every Friday from the service to notify families of the amount to be debited.

Casual bookings are when a child attends on an irregular basis. This depends upon availability of vacancies for any one session. Fees will be charged retrospectively based on attendance and the corresponding payment amount debited from the nominated payment method. Account statements will be issued every Friday from the service to notify families of the amount to be debited.

- Authorisation by the Early Learning & Care Coordinator to operate outside this procedure is required. This authorisation will be reviewed at the end of each quarter, or the end of each School term.
- Overdue payments will be manually processed on a future date as agreed by the Nominated Supervisor. This future date must not exceed the next automatic payment date.
- An account becomes overdue if it is not paid according to the terms agreed to on the automatic direct debit form.

Principle: 4 Managing Overdue Accounts

When reviewing overdue accounts for each stage of action, consider any special circumstances before proceeding, such as a child at risk of harm or neglect, a family financial hardship etc.

All amounts overdue (i.e. exceeding the relevant credit period) shall be managed as follows:

Stage 1: One Dishonoured Payment

Where payment has not been received by direct debit in the relevant payment period or a payment plan has been breached, a reminder letter with a statement of account will be sent to the parents requesting a one off payment be made to catch up direct debit schedule.

Stage 2: Two Dishonoured Payments

Where payment has not been received within two relevant payment periods, the parents must be advised by letter, with a statement of their account, that enrolment may be suspended until payment has been received. The parents must also be advised that if payment or corrected payment details are not received by the service within 7 days from the date of the letter, formal recovery action may be instigated. This must be formally documented and forwarded to the respective parents. The Nominated Supervisor and Early Learning and Care Coordinator to be advised if an enrolment is to be suspended.

Stage 3: Three or more Dishonoured Payments

Where payment has not been received within three relevant payment periods, formal recovery action may be instigated in consultation with the Nominated Supervisor. The Nominated Supervisor may decide to suspend the service enrolment for one or more care types. A written notification will be issued to the nominated person responsible for payment of fees.

Principle: 5 Payment Period Extension

Payment period extensions are only offered with the approval of the Nominated Supervisor.

In considering any extension, the following will be taken into account:

- The length of time the family has using the service;
- Past payment record (if applicable);
- The likelihood that the parents/guardians will pay (if attainable);
- The reasonableness of the requested payment period extension;
- Negotiated Payment Plan;

Payment Period extensions must be documented with a written request to the Nominated Supervisor requesting an extension of fee payment. The extension will be reviewed by the Nominated Supervisor on a regular basis, taking into account the criteria above.

Principle: 6 Adjusting Family Accounts

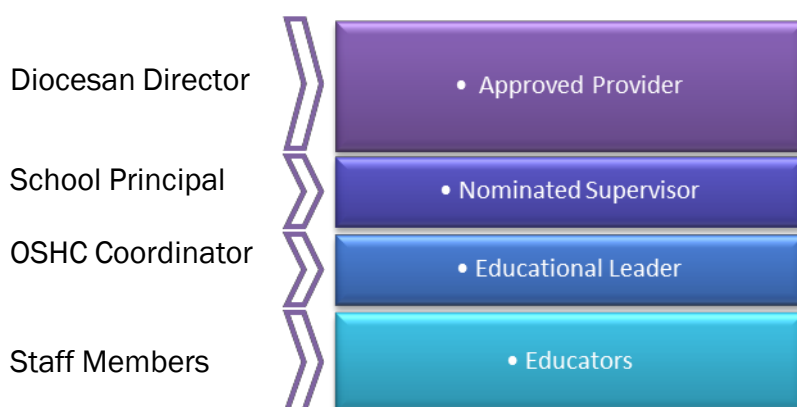
If an adjustment is required on a family account for incorrect receipting or charges the Early Learning finance team is to be informed and will confirm the correct adjustments to be made. In most cases the finance team will delete the receipt and re-enter correctly.



Governance Model for Early Learning and Care Services

All Catholic Education – Diocese of Rockhampton Early Learning and Care Services are under The Roman Catholic Trust Corporation for the Diocese of Rockhampton with the Diocesan Director as the Approved Provider Key Contact. The Key Contacts have the authority to determine priorities and to appoint personnel. The Key Contacts are also responsible for ensuring a service operates in accordance with National legislative requirements.

The school age care service is embedded in the school community and the principal as the Nominated Supervisor is directly responsible for all operations at the service.



All Outside School Hours Care (OSHC) services must have a Nominated Supervisor. The Nominated Supervisor must complete an agreement to act in this role. This is an ongoing obligation. The Nominated Supervisor has a range of legal responsibilities under the Law & Regulations that govern the operations of Outside School Hours Care.

In the absence of the Nominated Supervisor who has the responsibility for the management of the Approved Service, it is a requirement that these duties are delegated to a suitably qualified and experience educator in their absence (this is usually a member of the School Leadership Team).

The Outside School Hours Care (OSHC) Coordinator facilitates the management, administration and programming of the OSHC service. This position reports directly to the Principal and the Approved Provider with support from the Early Learning & Care Coordinator and Early Learning & Care Officer. The coordinator will possess appropriate qualifications according to legislated requirements.

The role of the Diocesan Catholic Education Office (CEO) is to serve and support the ministry of Catholic Early Learning and Care Centres and Services across Catholic Education Diocese of Rockhampton. The Assistant Director Administration, Early Learning & Care Coordinator and Catholic Education Office personnel will provide ongoing curriculum services and support; enhancing spirituality; financial and administration assistance and legislative guidance to services. Families will also be offered support in the care of their children within a Catholic environment, if required through CEO.

Glossary of Terms

This glossary of terms has been included as a guide to the National Quality Framework process.

Approved Learning Framework: a guide to general goals or outcomes for children's learning and how they might be attained. It provides a scaffold to assist settings to develop their own, more detailed program. This includes the early Years Learning Framework, Belonging, Being and Becoming, and the Framework for School Age Care, My Time, Our Place (Early Years Learning Framework, p. 46).

Assessment: "refers to the process of gathering and analyzing information as evidence about what children know, can do and understand. It is part of an ongoing cycle that includes planning, documenting and evaluating children's learning" (Early Years Learning Framework, p. 17).

Authorised Officer: This is the person who will come to your service and assess against the National Quality Standards. This role may also be referred to as an Assessor.

Collaboration: involves working together cooperatively towards common goals. Collaboration is achieved through information sharing, joint planning and the development of common understandings and objectives (My Time, Our Place, p. 41).

Communities: social or cultural groups or networks that share a common purpose, heritage, rights and responsibilities and/or other bonds. 'Communities' is used variously to refer, for example, to the community within school age or early childhood education and care services, extended kinships, the local geographic community and broader Australian society (Early Years Learning Framework, p. 45).

Critical reflection: reflective practices that focus on implications for equity and social justice. It involves examining and analyzing events, experiences and practices from a range of perspectives to inform future planning and decision-making.

Curriculum: means 'all the interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children's learning and development' [adapted from Te Whariki] (Early Years Learning Framework, p. 45).

Documentation: describes the process of gathering and reflecting on information in a range of ways and from a variety of sources in order to develop understanding of children's learning experiences as well as possible ways these can be enhanced. Documentation methods include written and photographic observations, audio and/or videotaped sequences, collections of examples of children's work and educators and families reflections and input (Assessment in the Early Years, p. 54).

Educators: the term used to refer to practitioners whose primary function is to plan and implement programs that support children's wellbeing, development and learning. In school age care services, educators are employed 'before and after' school and during vacation periods (My Time, Our Place, p.42).

Evaluation: part of an ongoing cycle that includes planning documenting and evaluating children's wellbeing, development and learning. Educators gather knowledge about children as they reflect and engage in processes such as scanning, monitoring, gathering and analyzing information about how children feel and what children know, can do and understand (My Time, Our Place, p. 16).

Learning: a natural process of exploration that children engage in from birth as they expand their intellectual, physical, social, emotional and creative capacities. Life-long learning is acknowledged as a self-motivated process that extends intellectual, vocational and personal horizons which is continued throughout life (Early Years Learning Framework, p. 46).

National Quality Framework (NQF): refers to the overall quality framework, the national legislative framework and the National Quality Standard.

National Quality Standard (NQS): sets a new national benchmark for the quality of education and care services (ACECQA www.acecqa.gov.au).

Nominated Supervisor: In relation to an education and care service, means a person who: is nominated by the approved provider of the service under Part 3 to be a nominated supervisor of that service; and unless the individual is the approved provider, has provided written consent to that nomination (National Law) (Guide to the National Quality Framework, p. 627).

Outcome: a skill, knowledge or disposition that educators can actively promote in education and care settings, in collaboration with children and families (Early Years Learning Framework, p. 46).

Pedagogy: educators' professional practice, especially those aspects that involve building and nurturing relationships, program decision-making, teaching and learning (Early Years Learning Framework, p.46).

Philosophy: A statement the approved provider of an education and care service must develop and include in their Quality Improvement Plan. It is designed to guide all aspects of the service's operations. It must be available to the staff members of the service and on request to parents of children enrolled at the service or who are seeking to enroll a child at the service (National Regulations) (Guide to the National Quality Framework, p.634).

Practice: The principles of early childhood pedagogy underpin practice. Educators draw on a rich repertoire of pedagogical practices to promote children's learning (Early Years Learning Framework, p.14).

Principle: is an attitude or belief that underpins practice that is focused on assisting all children to

make progress in relation to the Learning Outcomes (Early Years Learning Framework, p.14).

Program: includes all the spontaneous and planned experiences for children at the service designed to support wellbeing and facilitate learning. It includes all the interactions, experiences, activities, routines and events (My Time, Our Place, p. 42).

Quality Improvement Plan (QIP): is based on what services could do as part of the continuous improvement process, and is a written document detailing areas of strength and areas for improvement.

Relationship: is a connection based on interactions that further children's wellbeing, learning and development. Both the adult and the child have intent to learn from each other (My Time, Our Place, p. 42).

Risk Management: the process of identifying and assessing possible risks and developing strategies to prevent, minimise or deal with the impact of risks for your service or scheme.

Secure: a child having a connection with someone who they can trust to meet their needs. Confidence that the world is a safe place and that relating to others is satisfying.

Wellbeing: a state of wellbeing results from the satisfaction of basic needs – tenderness and affection; security and clarity; social recognition; to feel competent; physical needs (adapted from Laevers 1994). It includes happiness and satisfaction, effective social functioning and the dispositions of optimism, openness, curiosity and resilience (Early Years Learning Framework, p. 46).

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