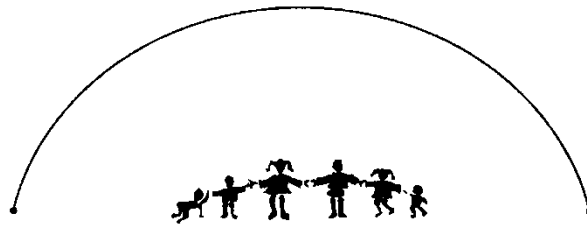


East Melbourne Child Care Co-operative.

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East Melbourne Child Care Co-operative.

General Information

Legal Framework

EMCC is a registered Co-Operative under the Co-operatives Act and has its own Constitution. Its parents, educators and interested members of the community are its shareholders (members). EMCC has a current lease arrangement with the City of Melbourne for the Powlett Reserve Children's Centre and Kindergarten and the Department of Sustainability and Environment for Yarra Park Children's Centre and Kindergarten.

Centre Educational Program

EMCC offers a comprehensive range of childcare and kindergarten educational programs, including full and part-time childcare, and kindergarten programs for three and Department of Education and Early Childhood Development (DEECD) funded Kindergarten for four year old children.

National Quality Rating and Assessment

Both Centres are assessed against the National Quality Standard (NQS) by regulatory authorities and are provided with a rating level. These are Significant Improvement Required, Working towards NQS, Meeting NQS, Exceeding NQS or Excellent. Each centre has a Quality Improvement Plan.

The Sponsoring Bodies:

Melbourne City Council (MCC)

As one of the sponsoring bodies, the MCC leases the Powlett Reserve Children's Centre and Kindergarten premises under a lease agreement to the EMCC.

The MCC is also responsible for:

- 1) Conducting a three-yearly review of the EMCC in accordance with MCC's policy of supporting affordable childcare.
- 2) Consulting with the Committee of Management of the EMCC.
- 3) Providing required support and skills to the Committee of Management and educators.

Department of Sustainability and Environment

The Department of Sustainability and Environment is currently the landlord for the Yarra Park Children's Centre and Kindergarten, providing the building in accordance with the agreement between EMCC and Department of Sustainability and Environment.

Work-related sponsor(s)

Up to seven places across the two Centres must be set aside for work-related sponsorship under an agreement with Orica.

The Committee of Management:

In accordance with the Rules of the EMCC, the Committee of Management is made up of eight members. Seven elected EMCC members and EMCC's Executive Director (who is appointed by the Committee of Management). EMCC Centre Managers are ex-officio members. All Policies and Procedures established by the Committee of Management must be in accordance with the Rules of the EMCC (Appendix A). The Committee of Management will be composed of three members from one Centre and four members from the other Centre wherever possible.

Committee of Management responsibilities:

Some of the key duties and responsibilities of the Committee of Management are:

- To develop Policies and Procedures for the EMCC, in consultation with the members.
- To engage, supervise and dismiss educators as required.
- To liaise with all educators and encourage good employee relations.
- To plan and manage the finances of the EMCC, including preparing budgets, setting fees, keeping financial records and presenting an audited annual statement to members.
- To inform members of, and to encourage their participation in, the EMCC's activities.
- To liaise with the local community and council, and any relevant State and Federal authorities.
- To ensure that statutory regulations relating to children's services are observed.
- To ensure that all requirements of the Education and Care Services National Law Act 2010, the Education and Care Services National Regulations 2011, National Quality Standard, the Health Act 1958, the Food Act 1984 and EMCC's Rules are observed.
- To ensure that EMCC meets equal employment objectives and encourages fair employment practices.

Sub-Committees:

The Committee of Management may delegate some of its powers to sub-committees, each consisting of at least one Committee member and such other EMCC members, as it sees fit. Any sub-committee so formed shall conform to any regulations imposed on it by the Committee of Management and shall report to the Committee of Management on a regular basis. Sub-committees may elect a convenor and secretary of their meetings. Occasional sub-committees may be created as required and will consist of one member of the Committee of Management and interested users of the EMCC.

Four standing sub-committees have been created and their objectives are as follows:

1. Finance Sub-Committee
Make recommendations to the Committee of Management regarding the fee structure, budgeting and other financial matters. The Treasurer must be a member of this sub-committee.
2. Policy and Procedures Sub-Committee
Make recommendations to the Committee of Management concerning EMCC Policy and Procedures matters in accordance with EMCC's Rules and agreements made with the sponsoring bodies. The Committee of Management shall have final approval of any such Policies and Procedures.
3. Building and Maintenance Sub-Committee
Responsible for the general maintenance of the grounds/buildings/equipment at both Centres, as well as for informing the Committee of Management when new equipment is needed.
4. Social and Fundraising Sub-Committee
This sub-committee organises activities to:
 - Foster the development of a social network.
 - Encourage families to contribute and actively belong to EMCC.
 - Raise funds for the improvement of facilities and equipment.

Working Parties:

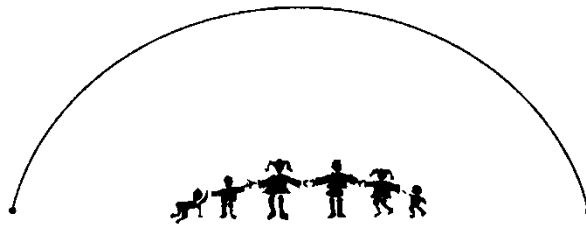
Working Parties are set up to follow through particular issues as they arise. Parents are always encouraged to participate.

General meeting:

A special General meeting of the Co-operative may be convened at any time by the Committee of Management. The Committee of Management must convene a general meeting of the EMCC on the written request of the number of active members of the EMCC who together are able to cast at least 20% of the total number of votes to be cast at a meeting of the EMCC.

Annual General Meeting (AGM):

The AGM shall be held within four months after the close of the financial year and shall focus on issues pertaining to EMCC. Wherever possible, child care will be made available.



East Melbourne Child Care Co-operative.

Review Schedule and Definitions

Review Schedule:

- Some Policies and Procedures are required. Please refer to the Education and Care services National Regulations 2011, Regulation 168 - 172, pages 177-178.
- Each Policy and Procedure will be reviewed every three years.
- Each Policy and Procedure has a date for review. The review process will take place over three months.
- In the event of a change in legislation or a serious incident, the relevant Policy and Procedure will be reviewed immediately.
- Policies and Procedures can be reviewed if more up to date research becomes available or there is a change in relation to views on best practice.
- Fourteen days' notice will be given to families of children enrolled at EMCC before any change becomes effective to a Policy and Procedure that would:
 1. Have a significant impact on any enrolled child.
 2. Affect the family's ability to utilise the Centre
 3. 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 EMCC).

National Regulations: Regulations 168-172.

Definitions:

Additional needs: is the term used for children who require or will benefit from specific considerations or adaptations and who are Aboriginals or Torres Strait Islanders, are recent arrivals in Australia, have a culturally and linguistically diverse background, live in isolated geographic locations, are experiencing difficult family circumstances or stress, are at risk of abuse or neglect, are experiencing language and communication difficulties, have a diagnosed disability—physical, sensory, intellectual or autism spectrum disorder, have a medical or health condition, demonstrate challenging behaviours and behavioural or psychological disorders, have developmental delays, have learning difficulties, are gifted or have special talents or have other extra support needs.

Approved learning framework: means a learning framework approved by the Ministerial Council (*National Law*).

Approved provider: means a person who holds a provider approval (*National Law*).

Authorised nominee: in relation to a child, means a person who has been given permission by a parent or family member of the child to collect the child from the education and care service or the family day care educator (*National Law*).

Certified supervisor: means a person who holds a supervisor certificate (*National Law*).

Children: refers to each baby, toddler, three to five year old and school age child and means children as individuals and as members of a group in the education and care setting, unless otherwise stated. It is inclusive of children from all social, cultural and linguistic backgrounds and of their learning styles, abilities, disabilities, gender, family circumstances and geographic locations.

Critical reflection: describes reflective practices that focus on implications for equity and social justice (Early Years Learning Framework, page 45).

Curriculum: means all the interactions, experiences, activities, routines and events, planned and unplanned, that occurs in an environment designed to foster children’s learning and development (Early Years Learning Framework).

Diagnosed as at risk of anaphylaxis: in relation to a child, means a child has been diagnosed by a registered medical practitioner as at risk of anaphylaxis.

Early Childhood Teacher: means a person with an approved early childhood teaching qualification.

Educational leader: is the person the approved provider of an education and care service designates in writing to be a suitably qualified and experienced educator, co-ordinator or other individual to lead the development and implementation of educational programs in the service (*National Regulations*).

Educator: means an individual who provides education and care for children as part of an education and care service (*National Law*).

Emergency: in relation to an education and care service, includes any situation or event that poses an imminent or severe risk to the persons at the centre.

Excursion: means an outing organised by EMCC.

Family member: in relation to a child, means a parent, grandparent, brother, sister, uncle, aunt, or cousin of the child, whether of the whole blood or half blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise, or a relative of the child according to Aboriginal or Torres Strait Islander tradition or a person with whom the child resides in a family-like relationship or a person who is recognised in the child’s community as having a familial role in respect of the child (*National Law*).

Medication: means medicine within the meaning of the *Therapeutic Goods Act 1989 Commonwealth*.

Nominated supervisor: in relation to an education and care service, means a person who is a certified supervisor is nominated by the approved provider of the service to be the nominated supervisor of that service and has consented to that nomination (*National Law*).

Parent: in relation to a child, includes a guardian of the child or a person who has parental responsibility for the child under a decision or order of a court (*National Law*).

Preschool program: means an early childhood educational program delivered by a qualified early childhood teacher to children in the year that is two years before grade 1 of school (*National Law*).

Quality Improvement Plan (QIP): an Approved Provider must ensure that a QIP is prepared for the Service that

- Describes self-assessment of the quality of the practices of the Service against the National Quality Standard and the national Regulations
- Identifies areas for improvement
- Contains a statement of the Approved Service’s philosophy.

Reflective practice: is a form of ongoing learning that involves engaging with questions of philosophy, ethics and practice (Early Years Learning Framework, page 13).

Registered Medical Practitioner: means a person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student).

Service approval: means a service approval granted and amended under Part 3 of the *National Law* or this Law as applying in another participating jurisdiction.

Statement of philosophy: is a statement the approved provider of an education and care service must ensure is in place. It is designed to guide the operation of the service and must be available to the educators of the service and parents of children attending the service (*National Regulations*).



Our Mission Statement

Quality learning in a nurturing environment.

Our Philosophy

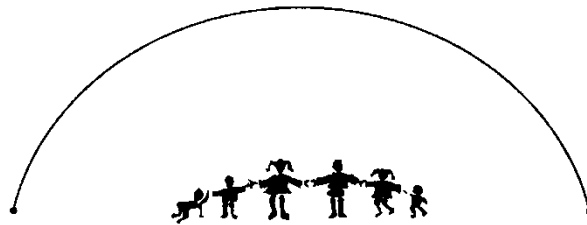
The East Melbourne Childcare Co-operative acknowledges the importance of providing children with high quality education in the early years as this lays the foundation for the future development, health and wellbeing of children.

We believe in:

- building strong, warm, enduring, respectful and reciprocal relationships with the children, their families and each other, this is fundamental to the learning and development of children.
- respecting children as individuals, acknowledging and supporting their independence and enabling them to become successful learners and confident and creative individuals.
- play based learning as children learn most effectively when they actively engage in their surrounding environment and are having fun. Therefore, we value and support a program which facilitates meaningful and stimulating experiences where children can thrive, make their own decisions, use their imagination and enhance their interests.
- creating an inclusive environment where children, families and educators feel they belong, irrespective of their culture, values, abilities, beliefs, background or gender. We also respect, recognise and incorporate the diversity of cultures, languages, values, beliefs, interests and strengths of everyone within our environment.
- striving to show sensitivity to families, educators, children and community members from Aboriginal and Torres Strait Islander backgrounds, so that they have a sense strong of belonging within the Centre and pride in their culture. We respect, value and embrace their involvement within our Centre.
- the critical role of the family in the life of the child and the importance of the collaboration and effective partnerships between families and educators.
- providing a supportive and stimulating environment for our educators. We recognise and value the expertise and commitment of our educators and encourage them to employ reflective teaching practices. We believe it is vital for educators to openly communicate with one another about their ideas, opinions and feelings as this assists in establishing a shared vision. To ensure our educators are providing the highest quality and most current practices of education, we support their continuing professional development through further study and training within the community.

The East Melbourne Childcare Co-operative incorporates the guiding principles of the National Quality Framework. The Framework entails the Education and Care Services National Law, Education and Care Services National Regulations, National Quality Standard and the Early Years Learning Framework (EYLF).

The National EYLF and the Victorian VEYLFD support educators in enhancing young children's learning and development throughout the early years by building on their interests and knowledge as well as that of the wider community. The framework contains principles, practices and learning outcomes which assist in fostering the development of the whole child.



East Melbourne Child Care Co-operative.

Educational Program Policy and Procedure

Rationale:

EMCC believes in play based learning as children learn most effectively when they actively engage in their surrounding environment and are having fun. Therefore we value and support a program which facilitates meaningful and stimulating experiences where children can thrive, make their own decisions, use their imagination and enhance their interests.

Purpose:

EMCC incorporates the guiding principles of the National Quality Framework. The Framework entails the Education and Care Services National Law, Education and Care Services National Regulations, National Quality Standards and the Early Years Learning Framework (EYLF).

The National EYLF and the Victorian Early Years Learning and Development Framework (VEYLDF) support educators in enhancing young children's learning and development throughout the early years by building on their interests and knowledge as well as that of the wider community. The framework contains principles, practices and learning outcomes which assist in fostering the development of the whole child.

Procedures:

EMCC provides an educational program that is

- Based on two approved learning frameworks 'Belonging, Being, Becoming – The Early Years Learning Framework' (EYLF) for Australia and 'Victorian Early Years Learning and Development Framework' (VEYLDF)
- Delivered in accordance with the two frameworks
- Based on developmental needs, interests and experiences of each child and group of children
- Takes into account the individuality of each child
- Open-ended experiences for the children to explore at their own level and pace
- Contributes to the following outcomes
 1. Children have a strong sense of identity
 2. Children are connected with and contribute to his or her world
 3. Children have a strong sense of wellbeing
 4. Children are confident and involved learners
 5. Children are effective communicators

The information about the educational program is displayed in each Room and is easily visible and accessible to parents.

When requested the following information is given to the child's parents:

- The content and operation of the educational program as it relates to their child
- Information about their child's participation in the program
- A copy of assessments or evaluations relating to their child

Assessment of children's learning

The EYLF and VEYLDF outline that assessment is a procedure used by educators to gather information about what an individual child knows, understands and can do. The information is analysed and assessed by educators to effectively plan for each child's learning and development. The information is also used by educators to reflect on their own values, beliefs

and teaching practices, and to communicate about children's learning with children and their families. In preparing the documentation, educators will consider the period of time the child is being educated and cared for at the Centre and how the documentation will be used. Educators prepare the documentation in a way that is readily understandable by the other educators and parents of the child.

The documentation will include

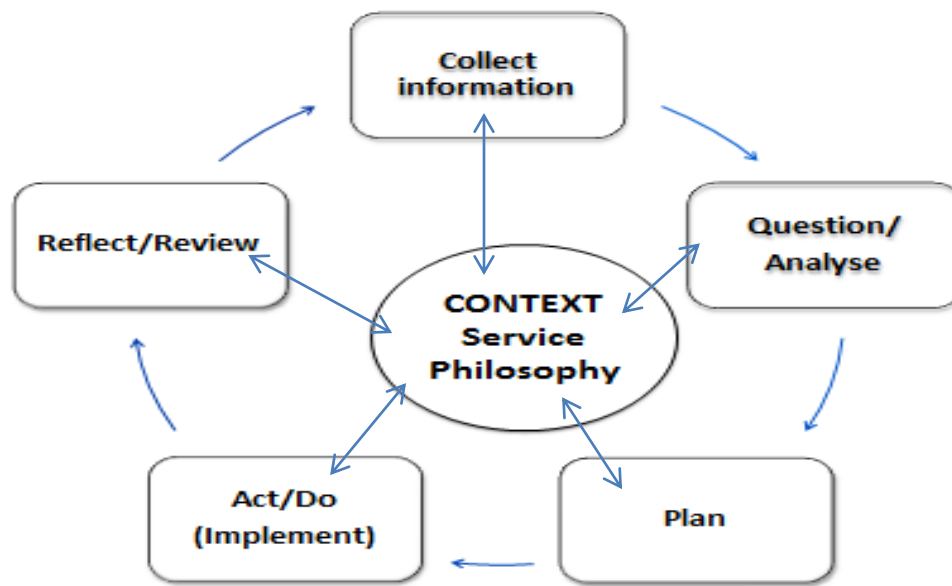
- Assessment of the child's development needs, interests, experiences and participation in the educational program
- Assessment of the child's progress against the learning outcomes of the educational program

The planning cycle:

Our curriculum decision-making involves:

- Using educator's in-depth knowledge of each child's strengths and interests (gained from families as well as through observations and interactions with each child)
- Tracking what children know, can do and understand using the Learning Outcomes as points of reference
- Planning strategies and facilitating the environment (indoors and outdoors) to support further learning
- Reflecting on the learning to support further learning

EMCC's Planning Cycle



Collecting information:

We understand the holistic way that children learn and value responsive and reciprocal relationships, value partnerships with families and view children as capable and competent learners and communicators. We develop methods of assessment in which children and families have more opportunity to contribute to the planning that occurs.

Current methods of documentation:

Below are different methods of documentation educators' use at EMCC

Family contributions

- Families are encouraged to share background information about their child's interests and discoveries at home as well as their expectations or suggestions for extending this learning. Depending on how busy families are, their interest or their literacy levels it may be difficult to obtain this information in writing, therefore we can write anecdotes about what the families have told us about their experiences.

Anecdotes

- Anecdotes are short records about something we have noticed about the child's interest, skills, interactions or ideas.

Learning Stories

- Learning Stories are another way of writing an observation. They include an analysis of the learning occurred and further planning step, 'what next?' Educators to follow on with the learning and support the children by extending their learning through a variety of experiences. This to become evident in the child's portfolio.

Group Learning Stories

- A written story about something that all the children participated in. individual children's experience of the learning to be included in the learning story.

Examples of their work

- A drawing or painting. A series of photos showing the process of an art experience, a construction or any other type of play that has a start, a middle and an end can be equally valuable and can show how children's learning is progressing. It can include comments, narratives or explanations made by children about their paintings, drawings and constructions.

Photographs

- Photographs to capture many aspects of children's participation and progress.

Transcripts of conversations

- Documenting a conversation between children. It may show how their thinking and ideas are influenced by their peers.

Developmental Milestones (Checklist)

- A useful tool to check children's development.

The educators collate all the information of the individual child and place it into Learning Portfolios. These are interesting for children, families and educators to look through and they are used to show the 'distance travelled' in relation to the child's learning and development. The Learning Portfolios are available for children and families to view at any time. Educators strongly encourage families to have input into their child's Learning Portfolios, whether it be a story, photos or writing comments on the child's documentation. Children take their portfolios home at the end of each year.

Our teaching styles and practices:

Child-initiated learning

- The focus of learning is from the child's perspective, so often topics of learning are about the things the child finds interesting and stimulating. It changes the image of the child from that of an empty vessel being filled by the knowledge of the teacher, to seeing the child as having "preparedness, potential, curiosity and interest in constructing *their own learning* and in negotiating with everything the environment brings to them." (Lella Gandini, "Fundamentals of the Reggio Emilia Approach to Early Childhood Education", *The Journal of Young Children*, November 1993).

Adult-guided learning

- We need to understand *how and what* children learn and how to recognise moments when we can support children. We do this by asking children questions, showing them how to use a tool, sharing a story, helping them seek an answer through books or the internet or just listening carefully.

Adult-led learning (Intentional teaching)

- 'We are the stage directors; curriculum is the teacher's responsibility, not children's. The children's ideas are an important source of curriculum but only one of many possible sources that reflect the complex ecology of their lives.' (Jones, Elizabeth, Evans, Kathleen, & Stritzel, Kay. *The Lively Kindergarten: Emergent Curriculum in Action*. Washington DC: NAEYC. 2001 Page 5). Therefore we will intentionally facilitate an environment based on what is currently important to the educators, children, families and the wider community, for example ANZAC Day, Olympics, seasonal changes.

Information sourced: 'Documentation and Planning under the National Quality Standards' Heather Barnes Workshop (August, 2012).

Funded Four Year Old Kindergarten Program:

EMCC runs two funded four year old Kindergarten programs one at each centre with full funding from the Department of Education and Early Childhood Development. While we run our Kindergarten Programs for extended hours (over a full day) they are provided with the same funding as Sessional Kindergarten Programs. Each of our Kindergarten Programs is designed and run by a Qualified Early Childhood Kindergarten Teacher.

The extra hours in our Kindergarten Programs allow more time for the children to explore, engage in long uninterrupted play, come together more frequently for group experiences, enjoy meal times together, learn how to problem solve and resolve social conflicts, practice new skills, develop friendships and bonds with educators and peers, observe their peers and learn from them and participate in physical activity.

Indoor/outdoor Play

We encourage indoor/outdoor play throughout the day.

Electronic Media

EMCC encourages the use of audio materials including the use of music, computers, iPads and story CDs in the educational program. EMCC does not use television in its educational programs, believing this could undermine other more creative and physically engaging activities. The use of educational DVDs may be used to enhance the educational program and will be used at the discretion of the Centre Manager. From time to time, the Centre may play videotaped material of the children. In such cases, parental consent will be sought prior to children being videotaped.

Toys

EMCC strongly encourages children to leave personal toys at home. Educators cannot be responsible for lost toys. Comfort toys are, of course, acceptable. All comfort toys that are brought into the Centre are to be clearly named.

EMCC has declared all Centres are a WAR TOY FREE ZONE (for example, no toy guns, or other war apparatus). Superheroes' capes are also discouraged as they can become caught up on trees and climbing equipment and seem to encourage reckless and aggressive behaviour.

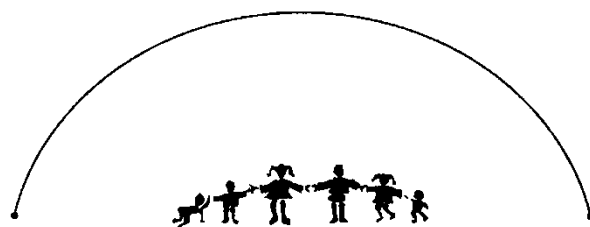
National Law: Section 168

National Regulations: Regulations 73 -76

Date: ____October 2014_____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: _____October 2017_____



East Melbourne Child Care Co-operative.

Kitchen Policy and Procedure

Purpose:

EMCC kitchens are registered under the Victorian Food Safety Act 1984, as a Class 1 Centre. Each Centre follows their HACCP Program (Hazard Analysis Critical Control Point). HACCP is a risk management methodology used by food and related industries for control of food safety hazards to acceptable risk levels.

Whilst children are being educated and care for at the Centre, EMCC ensures all educators, relief educators and volunteers implement adequate health and hygiene practices and safe practices for handling, preparing and storing food to minimise risks to children.

Procedures:

The Centre's HACCP Program will be followed at all times by the educators. It is required that the Centre Manager and/or Executive Director is trained in the Food Safety Supervisor's Course and the Cook completes the Basic Food Handler's Course

- The kitchen is internally audited once a year
- The kitchen is externally audited once a year by a Council Approved Auditor

- All educators are required to read and follow the Centre HACCP Program Guidelines for safe food handling and hygiene, in regard to children's food and drink
- Educators are to ensure that the food and drink supplied to the children are stored, handled, prepared and served in a safe and hygienic manner
- Only food or drink (with exception to formula) supplied by Registered kitchens and whom we have their Registration number, will be consumed by children at the Centre
- No food or drink will be sold at the Centre by families, educators or staff, with exception to the Family Fun Day Cake Stall which is a donation.

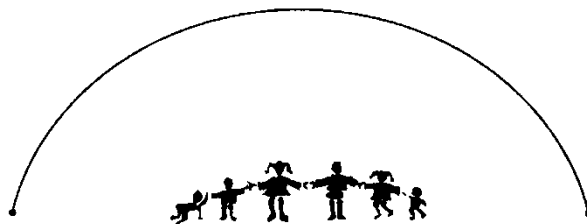
Information sourced from: Food Standards Australia New Zealand www.foodstandards.gov.au (September, 2012)

National Regulations: Regulations 77-79

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Nutrition, Food and Beverages Policy and Procedures

Rationale:

The EMCC realises that children in long term day care may receive 50% - 70% of their daily food intake whilst at the Centre. It is therefore important that the Centre provides adequate nutrition. It is important to help children develop good eating attitudes and habits.

Purpose:

Whilst attending the Centre, children will have access to safe drinking water at all times and have food and drinks available throughout the day. The food will be nutritious and adequate in quantity and will take into account dietary requirements appropriate to each child's growth and development needs, cultural, religious or health requirements.

The Centre's HACCP Program will be followed at all times by the educators. It is required that the Centre Manager and/or Executive Director is trained in the Food Safety Supervisor's Course and the Cook, completes the Basic Food Handler's Course.

Procedures:

- Provide food consistent with dietary guidelines.
- Provide access to safe drinking water whenever it is needed or requested.
- Provide access to food during the day when it is needed or requested.

- Incorporate the use of fresh fruit and vegetables and wholegrain foods as much as possible without added salt or sugar.
- Provide children with a reasonable choice of food at all times.
- Cater for the individual needs of children in relation to age, culture, allergies, vegetarianism, and any medical condition.
- Present food in an attractive manner.
- Provide food with a variety of taste, texture and colour.
- Develop an awareness of cross cultural foods.
- Educators will actively participate, sit at the table with the children, role model and supervise at meal times and ensure that they are relaxed happy occasions.
- Encourage, but not force, children to try foods.
- Food will not be withheld from children, unless for dietary reasons.
- Encourage independence and social skills at meal times.
- Establish healthy eating habits in children by incorporating of nutritional education in the program.
- No nuts or nut products will be used within the Centre; however some pre-packaged goods may contain traces of nuts. Parents are encouraged to speak to the Centre Manager if their child is unable to eat food products that contain traces of nuts.
- Display the monthly menu/food charts in each room and foyer.
- In the Babies and Toddler Rooms, the intake of each child food for that day will be communicated on the whiteboard or daily sheet in each Room.
- Only food or drink (with exception to formula) supplied by Registered kitchens and whom we have their Registration number, will be consumed by children at the Centre

Allergies and special dietary requirements:

Parents must inform Centre Manager and educators if their child is allergic to any food or if, for medical, cultural or religious reasons, their child cannot eat certain foods. Parents are required to keep any special dietary requirements up to date with the Centre, in written form, email is acceptable. Substitute food will be prepared for children where possible with special dietary requirements and every attempt made to provide a good balanced diet in accordance with those requirements. Parents may be required to provide special food items. Due to high allergies to nuts in some children, EMCC will not use nuts in their cooking; however, some pre-packaged goods may contain traces of nuts. A Food Allergies Request form will be displayed in all Rooms, the office and the Kitchen to ensure children do not receive the food they are allergic to or not allowed to eat.

Heating and Cooling Food:

Keep food hot (more than 60°C) or cold (5°C or less), otherwise throw out. Heating and cooling food properly will prevent germs from growing in the food. Australia's food safety standards state that reheated food should reach 60°C. It is recommended that food be reheated to 70°C and should stay at this temperature for 2 minutes. Use a food thermometer to ensure that reheated food reaches the correct temperature. Check food is cooled before giving to child. Throw out all leftovers.

Children cooking experiences:

Children love to cook and we encourage the experience in the Centre. Cooking is a safe and enjoyable activity for the children at the Centre. We follow the following procedures:

- Children to wash and dry their hands before cooking, during if needed, and after the cooking experience
- Always be aware of dangers of heat
- Tie up any long hair
- To reduce the spread of germs being spread through food, only prepare food that will be cooked afterwards as the heat will destroy any germs. If the food is not going to be cooked, the risk can be lowered if the child only prepares food to eat themselves
- If children have been vomiting or diarrhoea, they should not participate in the cooking experience until they have been symptom free for 48 hours. If the Centre has had an outbreak of gastrointestinal disease, no cooking experiences will be offered, and the Public Health unit will be contacted before resuming cooking experiences.

Breakfast:

The morning is a very busy time at the Centre, set up for the day occurs, children need help to say goodbye to parents and it is very hard to be continuously serving food throughout the whole morning, therefore, breakfast will be served to children until 8.30am, this is either weetbix or toast. After 8.30am, children who are hungry will be served morning tea at 9.00am.

Breastfeeding:

Breastfeeding is encouraged and supported within the Centre environment. A quiet space is available for mothers who choose to breastfeed.

Preparing, Storing and Heating Bottles:

Bottles of breast milk and formula need to be carefully prepared, stored and heated. **Only warm milk once, and discard any warmed milk that has not been used.**

Preparing bottles:

When preparing formula, always wash your hands first, and ensure that work surfaces, bottles and other equipment are clean. Follow manufactures instructions carefully as the directions differ between brands and for different age/weight ranges.

Storing bottles:

Breast milk or formula needs to be kept refrigerated or frozen. Bottles are not to be put in the door of the refrigerator. All bottles need to be labelled with the child's name and the date the bottle was prepared or brought in by parent.

Thawing breast milk:

In the refrigerator and used within 24 hours or by standing in a container of lukewarm water and used straight away

Heating bottles:

Heat bottles **once only and in a container of hot water or bottle warmer. Do not use a microwave.**

- To heat bottle, stand the bottle in a container of hot water for no more than 15 minutes or use a bottle warmer on appropriate millilitre setting as per directions on side of warmer
- Before feeding the infant, check the temperature of the milk by letting a little drop on the inside of your wrist – it should feel warm or even a little bit cold

Birthdays:

EMCC believes the celebration of birthdays enhances children's sense of belonging. In order to ensure that all children receive equal recognition, the Centre will provide an iced cake for each child's birthday (complete with candles) to be shared with other children in their Room. Siblings will be invited to join in the birthday celebrations. Special diet cakes can be provided where required. Parents are asked to refrain from bringing in additional food or materials to the Centre, for example, lollies, soft drinks, chips, snack foods and party items (such as hats, whistles etc.)

Dental Care**Procedure:**

The EMCC recognises the importance of educating children on good oral hygiene practises, where age appropriate. Children will be given information on good oral hygiene through the educational program offered to the children. As stated by the Australian Dental Association guidelines, brushing children's teeth after lunch is optional. Children will be encouraged to eat hard fruit and to drink water after meals to cleanse their mouth.

Sourced: Australian Dental Association www.ada.org.au (July, 2012)

Information sourced:

Get up and Grow: Healthy Eating and Physical Activity for Early Childhood www.health.gov.au (July 2012)

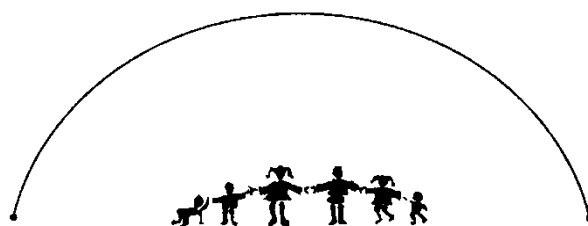
National Health and Medical Research Council (2012), Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (5th Edition)

National Regulations: Regulations 77 – 80, 168

Date: _____ October 2014 _____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: _____ October 2017 _____



East Melbourne Child Care Co-operative.

Sleep and Rest Policy and Procedure

Purpose:

EMCC will take reasonable steps to ensure that a child's need for sleep and rest are met, having regard to each child's age, development and needs.

EMCC follows and endorses SIDS and KIDS Safe Sleeping Practices. EMCC will ensure all Babies in our care are slept in a safe environment to reduce the risk of Sudden and Unexpected Death in Infancy (SUDI) including SIDS and fatal sleeping accidents through best safe sleeping practice.

EMCC defines rest as period of inactivity, solitude, calmness or tranquillity and can include being in a state of sleep. EMCC consults with families about their child's individual sleep and rest needs and endeavours to be aware of the different values and parenting beliefs, cultural or otherwise that are associated with sleep and rest.

Procedures:

Effective sleep and rest procedures are important for each child to feel safe and secure in their environment. EMCC will not endorse practices for sleep and rest time other than the SIDS and KIDS Safe Sleeping Practices unless provided with written advice from a medical practitioner:

- Children either sleep and rest in a cot or on a mattress
- When cots and mattresses are side by side, children will sleep alternatively head to toe, to therefore to prevent the spread of infectious diseases, for example, children not coughing on each other
- A comfort toy is provided if required or a child may bring their own toy from home for sleep and rest time
- Children who do not require a sleep will have an opportunity to seek rest and relaxation throughout the day
- An educator to be supervising children at all times whilst they are sleeping and resting

Safe sleeping for Babies procedures:

- To ensure all educators, staff, students and volunteers implement and comply with evidence-based safe sleep practices and guidelines recommended by SIDS and KIDS Sleeping Program

- To ensure all educators, staff, students and volunteers are informed of the SIDS and KIDS Safe Sleeping recommendations for best practice and have access to training and resources to maintain their knowledge and skills
- To ensure that EMCC applies a continuous quality improvement approach to the practice, promotion of safe sleeping information and evaluation of practice on a regular basis

SIDS and KIDS Safe Sleeping Practices

- Put babies on their back to sleep
- Sleep with face uncovered
- Put babies feet at the bottom of the cot
- A cot that meets current Australian Standard AS2172
- Children's sleepwear meets Australian Standards
- Tuck blankets in firmly or use a safe baby sleeping bag
- No bottle feeding lying in cot or bed as it can result in choking
- Do not use quilts, doonas, duvets, pillows, lambswool or cot bumpers
- Use a safe mattress: firm, clean, flat (not tilted or elevated), right size for cot
- Removal of necklace or beads, such as amber necklaces when child is going to bed
- Keep smoke free
- Ensure no dangling cords are within reach
- Ensure environment is suitable for example, not too cold/hot
- Ensure you can see the children at all times, for example, no sheets hanging over cots

Linen

Each child has their own named basket with a blanket and sheet. Linen is changed weekly or as needed. All soiled linen is soaked in a bucket overnight and then washed.

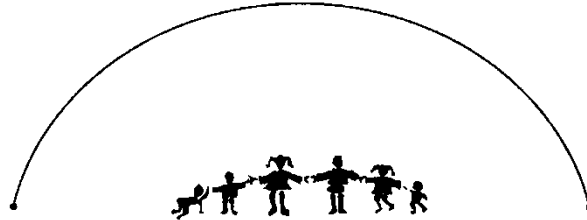
Information sourced from SIDS and KIDS Safe Sleeping Practices www.sidsandkids.org (October 2013)

National Regulations: Regulations 81-82, 103, 105, 106, 110, 115, 116, 168

Date: ____ October 2014 _____

Signed: ____ R.V. _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Tobacco, Drug and Alcohol-Free Environment Policy and Procedure

Rationale:

EMCC is a tobacco, drug and alcohol free environment during the Centre's ordinary hours of operation.

Purpose:

To ensure children are not exposed to tobacco, drugs and alcohol whilst being educated and cared for at the Centre.

Procedures:

- All families, educators, staff, relief educators, volunteers and visitors to the Centre must adhere to this Policy and Procedure whilst at the Centre.
- Educators, staff, relief educators and volunteers must not consume alcohol prior to starting work or during the Centre's ordinary hours of operation.
- Educators, staff, relief educators and volunteers must not be affected by drugs (including prescription medications) that may impair their capacity to provide education and care to children at the Centre. This does not mean that educators, staff, relief educators or volunteers who require prescription medication must be excluded, but rather that consideration be given as to whether that medication affects the person's capacity to provide education and care to children.
- Illegal drugs are not permitted at the Centre.
- An educator, relief educators, volunteer or visitor who is suspected of being under the influence of alcohol or illegal drugs will be asked to leave the Centre. The situation will be reported to the Executive Director and Committee of Management.
- No adult under the influence of alcohol or illegal drugs will be allowed to accompany an excursion. No alcohol or illegal drugs will be taken or consumed on an excursion.
- Educators, families, staff, relief educators, volunteers and visitors must not smoke on the Centre premises.
- Exception to alcohol being available after the Centre has closed and during family events at the Centre, for example Children's Christmas Party and Family Fun Day.

Releasing a child to a parent 'under the influence'

In the event of a child being collected by a parent suspected of being under the influence of alcohol or other mind-altering substances all effort will be made to deter them from collecting the child

1. Educators will calmly tell the parent they feel it would be unwise for them to take the child home
2. Suggest that the other parent or emergency contact person come and meet them at the Centre

3. If serious concern for both parent and child occurs and the parent resists alternative suggestions, the Police may be called
4. Centre Manager and Executive Director are to be informed and will follow up with parent and discuss concerns

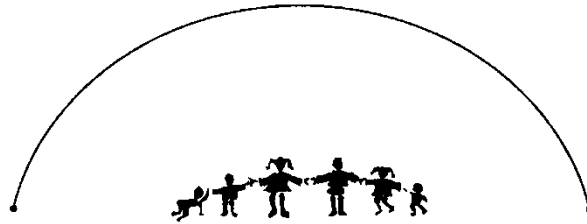
National Law: Section 167

National Regulations: Regulations 82–83

Date: ____ October 2014 _____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: _____ October 2017 _____



East Melbourne Child Care Co-operative.

Child Protection Policy and Procedure

Rationale:

Every child has the right to a full and productive life. It is up to everyone to ensure our children grow up in environments that build confidence, friendship, security and happiness, irrespective of a person's family circumstances or background. Protecting children from abuse is a whole community responsibility. EMCC plays an important role in the prevention of child abuse and neglect through their access to information about family functioning and needs of children.

Purpose:

EMCC is committed to child protection and a child safe environment. EMCC aims to ensure all children educated and cared for at the Centre are safe and protected from any form of abuse, neglect, violence or exploitation. All educators will be aware of current child protection laws and will understand their obligations and responsibilities under the law. No child, whilst being educated and care for at the Centre will be subject to any form of corporal punishment or any discipline that is unreasonable in the circumstances. **Educators, staff, relief educators, volunteers, visitors, students and families must adhere to this Policy and Procedure at all times.**

Information below is from Protecting the Safety and Wellbeing of Children and Young People: A joint protocol of the Department of Human Services Child Protection, Department of Education and Early Childhood Development, Licensed Children Services and Victorian Schools.

Collaborative Practice

Collaborative work between Child Protection and EMCC can improve outcomes for children and their families. Effective collaboration on the creation of working relationship based on principles of trust, respect and shared decision-making contributes to ensuring the safety and wellbeing of all children by protecting them from significant harm.

Duty of Care

Educators working at EMCC have a duty of care to support and protect the children at the Centre. When an educator form a reasonable belief that a child has been harmed or is at risk of harm, they are ethically bound to take action to protect the safety and wellbeing of that child.

Exercising duty of care means:

- Acting on concerns quickly and acting in the child's best interests
- Protecting the safety, health and wellbeing of children at EMCC
- Seeking appropriate advice or consulting when unsure
- Supporting a child at an interview
- Providing ongoing support to a child and their family

Duty of care is breached if a person:

- Does something that a reasonable person in that person's position would not do in a particular situation
- Fails to do something that a reasonable person in that person's position would do in the circumstances

- Acts or fails to act in a way that causes harm to someone to whom the person owes a duty of care

Voluntary (non-mandated) Reporting

At the moment early childhood educators are not mandated to report. However, Section 183 of the *Children, Youth and Families Act 2005 (CYFA)*, states that **any person** who believes on reasonable grounds that a child is in need of protection may report their concerns to Child Protection. This means that any person is able to make a report to Child Protection when they believe that a child is at risk of harm and in need of protection, and the child's parents are unable or unwilling to protect the child. EMCC encourages its educators to make a report to the Centre Manager as soon as they believe, on reasonable ground that a child is in need of protection.

Forming a belief on reasonable grounds

A person may form a belief on reasonable grounds that a child is in need of protection after becoming aware that a child's health, safety or wellbeing is at risk and the child's parents are unwilling or unable to protect the child.

There may be reasonable grounds for forming such a belief if:

- a child states that they have been physically or sexually abused
- a child states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves)
- someone who knows the child states that the child or young person has been physically or sexually abused
- a child shows signs of being physically or sexually abused
- the educator is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the child or young person's safety, stability or development
- the educator observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's actions or behaviour may place them at risk of significant harm and the child's parents are unwilling or unable to protect the child.

Reporting a belief

Educators, whether or not mandated, need to report their belief when the belief is formed in the course of undertaking their professional duties. A report must be made as soon as practicable after forming the belief and on each occasion on which they become aware of any further reasonable grounds for the belief. If one educator has a different view from another educator about making a report and the educator continues to hold the belief that a child is in need of protection, that person is obliged to make a report to Child Protection.

Failure to report

A failure by mandated professionals and educators to report a reasonable belief that a child is in need of protection from significant harm as a result of physical or sexual abuse may result in the person being prosecuted and a court imposing a fine under the CYFA (section 184(1)).

Definitions of abuse

Physical Abuse:

Physical abuse consists of any non-accidental form or injury or serious physical harm inflicted on a child by any person. Physical abuse does not mean reasonable discipline, though it may result from excessive or inappropriate discipline. Physical abuse can include beating, shaking, burning and assault with implements. Physical injury and significant harm to a child may also result from the failure of a parent, educator or guardian to adequately ensure the safety of a child, exposing the child to extremely dangerous or life-threatening situations.

Sexual Abuse:

A child is sexually abuse when any person uses their authority or power over the child to engage in sexual activity. Child sexual abuse involves a wide range of sexual activity and may include fondling genitals; masturbation; oral sex; vaginal or

anal penetration by finger, penis or any other object; voyeurism and exhibitionism. It may also include exploitation through pornography or prostitution.

Emotional Abuse:

Emotional abuse occurs when a child is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and put downs, or persistent coldness from a person, to the extent that the behaviour of the child is disturbed or their emotional development is at serious risk of being impaired. Psychological or emotional abuse may occur with or without other forms of abuse, the child may develop personality or behavioural disorders, or become filled with self-doubt and internalised rage, unable to form sustained and intimate relationships. There are few physical indicators, although emotional abuse may cause delays in emotional, mental or even physical development

Neglect:

Neglect includes a failure to provide the child with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent that the health or development of the child is significantly impaired or placed at serious risk. A child is neglected if they are left uncared for over long periods of time or abandoned.

Procedures:

All educators, relief educators and volunteers must have their Working with Children Check viewed and recorded by the approved provider or ensure that the nominated supervisor of, or the certified supervisor in day to day charge of, the Centre, before the person can engage as an educator or permitted to be a volunteer at the Centre.

Reporting abuse of children in their family environment

Educators are responsible for adhering to the following procedures:

- If an educator suspects that a child may be at risk of abuse or neglect within their family environment, they will discuss the situation with the Centre Manager and/or Executive Director immediately. Parents will be informed if deemed appropriate.
- Concerns will be documented and held in confidential records, accessible only to authorised educators and the President of the Committee of Management. Often, it may only be over time that enough information is available to ascertain a clear picture as to whether or not a child is at risk.
- Detailed records of all concerns will be kept by the Centre Manager. The records will be based on observation and direct comments from the child, which should be recorded verbatim without interpretation.
- The Centre Manager will evaluate all concerns and in conjunction with the educator and make the decision to make a referral to Child First or to Child Protection.
- If the child is at immediate risk, Child Protection will be notified immediately.
- If an educator is unhappy with the decision of the Centre Manager, the Executive Director and the President of the Committee should immediately be contacted to mediate the issue. Whilst it is acknowledged that the educator is entitled to make a notification, all efforts to reach agreement as to the most appropriate course of action will be exhausted.
- Educators are to identify safe and protective behaviour within the environment and establish procedures for child protection matters.
- Educators will have yearly in-house workshops about child protection.
- Centre Manager and Executive Director will provide up-to-date information as it becomes available to all educators in relation to Laws, Regulations and Child Protection, including the responsibilities of mandatory and non-mandatory reporting.

Reporting abuse of children at EMCC

If an educator suspects an occurrence of abuse of a child perpetrated by another educator, then they will immediately report their concerns to the Centre Manager.

- The Centre Manager will evaluate all allegations seriously.

- The Centre Manager will immediately discuss the matter with the Executive Director.
- The Centre Manager and Executive Director will determine a relevant course of action to take. The plan will be documented and kept confidential. The plan will include steps to inform the child's parents about the allegations.
- All allegations of physical and sexual assaults of children at EMCC will be referred to Child Protection by the Executive Director.

Deciding to Refer to CHILD FIRST or Child Protection

A referral to Child FIRST may be the best way of connecting children and their families to the services they need, where families exhibit any of the following factors that may impact upon a child's safety, stability or development:

- Significant parenting problems that may be affecting the child's development.
- Family conflict, including family breakdown.
- Families under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement Young, isolated and/or unsupported families.
- Significant social or economic disadvantage that may adversely impact on a child's care or development.

A report to Child Protection should be made in any of the following circumstances:

- Physical abuse of, or non-accidental or unexplained injury to, a child (mandatory reporters must report).
- A disclosure of sexual abuse by a child or witness, or a combination of factors suggesting the likelihood of sexual abuse – the child exhibiting concerning behaviours, for example after the child's mother takes on a new partner or where a known or suspected perpetrator has had unsupervised contact with the child (mandatory reporters must notify).
- Emotional abuse and ill treatment of a child impacting on the child's stability and healthy development.
- Persistent neglect, poor care or lack of appropriate supervision, where there is a likelihood of significant harm to the child, or the child's stability and development.
- Persistent family violence or parental substance misuse, psychiatric illness or intellectual disability – where there is a likelihood of significant harm to the child or the child's stability and development.
- Where a child's actions or behaviour may place them at risk of significant harm and the parents are unwilling or unable to protect the child.
- Where a child appears to have been abandoned, or where the child's parents are dead or incapacitated, and no other person is caring properly for the child.

For more information or questions, educators and families can contact a Children's Services Advisor on 1300 307 415.

Educators and families can also read the Protecting the Safety and Wellbeing of Children and Young People: A joint protocol of the Department of Human Services Child Protection, Department of Education and Early Childhood Development, Licensed Children Services and Victorian Schools, 2010, which is located in the Staff Room or on the Department of Education and Early Childhood Development website www.education.vic.gov.au

Links to the following Policies and Procedures:

- Child Safe Environment Policy and Procedure
- Confidentiality and Storage of Records Policy and Procedure
- Participation of Students and Volunteers on Practicum Policy and Procedure
- Serious Incidents Policy and Procedure
- Adequate Supervision Policy and Procedure
- Code of Conduct Policy and Procedure
- Interactions with Children in Relation to Positive Guidance and Rights Policy and Procedure
- Relief Educators Policy and Procedure
- Telephone, Internet and Email Policy and Procedure
- Visitors Policy and Procedure
- Educators Policy and Procedure

Background and legislation:

Children, Youth and Families Act 2005
Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
Charter of Human Rights and Responsibilities Act 2006

Information sourced from:

Protecting the Safety and Wellbeing of Children and Young People: A joint protocol of the Department of Human Services Child Protection, Department of Education and Early Childhood Development, Licensed Children Services and Victorian Schools, 2010

Department of Education and Early Childhood Development www.education.vic.gov.au (September, 2012)

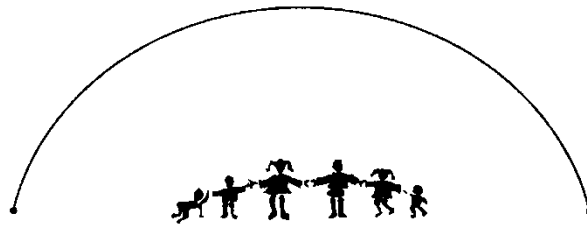
National Law: Sections 166-167

National Regulations: Regulations 84, 168

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Incident, Injury, Trauma and Illness Policy and Procedure

Purpose:

EMCC has in place procedures in the event that a child is injured, becomes ill, or suffers a trauma. A parent must be notified as soon as possible and within 24 hours, in the event of an incident, injury, illness or trauma relating to their child (including death of a child). An Incident, Injury, Trauma and Illness Record Form will be recorded as soon as possible and within 24 hours after the incident.

EMCC will keep all Incidents, Injury, Trauma and Illness Records until the child is 25 years old. The records will be accurate and remain confidentially stored during this time.

Procedures:

All incidents, injury, trauma and illnesses that occur at the Centre will be recorded on the Incident, Injury, Trauma and Illness Record Form. A parent needs to be notified as soon as possible and within 24 hours of the incident occurring. The parent needs to sign and date the form. The Centre Manager also needs to be informed of all incidents as soon as possible and within 24 hours of the incidents occurring. Once the form has been completed accurately, it will be stored in the child's file.

Parents are required to meet the cost of any medical treatment their child receives whilst at EMCC, including any ambulance charges.

Accidents

- A fully equipped First Aid Kit is maintained at the Centre at all times. In the case of a minor accident, the child will be given appropriate treatment by an educator who has a current first aid certificate.
- The Regulatory Authority will be contacted if any incident involving serious injury or trauma to, or illness of, a child while being care and educated for at the Centre, such as: (Please also refer to Serious Incidents Policy and Procedure)
 1. Which a reasonable person would consider urgent medical attention from a registered medical practitioner, such as whooping cough, broken limb, anaphylaxis reaction
 2. For which the child attended, or ought reasonably to have attended a hospital
- In the event of serious incidents, the child/children involved will be transported by ambulance to the Casualty Section of the Royal Children's Hospital. Parents will be informed and are required to attend their child as soon as possible. Every effort will be made for an educator to accompany the child in the ambulance to hospital, however this will depend on child: educator ratios and may not be possible at the time. The Regulatory Authority will be notified of any incident at the Centre where the attendance of emergency services was sought, or should have been sought (Please refer to Serious Incidents Policy and Procedure).

Illness

To ensure that the Centre maintains a safe and healthy environment for all children and educators and to protect them from cross infection, children will not be allowed to attend the Centre if due to illness, they:

1. Are unable to cope in a group situation;
2. Require an unmanageable level of educator time; or

3. Are in the opinion of educators, too unwell to attend the Centre.

Parents should take their child to the Doctor if they notice any of the following:

- Pussy or sticky eyes;
- Persistent green/yellow nasal discharge;
- Severe diarrhoea or vomiting;
- Unusual skin rashes;
- Fever at 38°C or above; or
- Persistent pain

In cases where educators have reasonable suspicion that a child is suffering from an illness or disease, EMCC reserves the right to require medical certification that a child is safe to attend the Centre. Failure to provide EMCC with the appropriate medical certificate may result in the exclusion of the child from attendance until such time as the Centre Manager is satisfied that the child is no longer suffering from the illness or disease.

Information sourced from: National Health and Medical Research Council (2012), Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (5th Edition)

Medical Information

Parents are responsible for informing educators of

- Any infectious disease that their child has, with the exception of HIV and/or AIDS cases
- Any medical problem, additional needs, or chronic illness which may affect their child's ability to participate in EMCC programs
- Any current medication or treatment their child is receiving, even if it is not necessary for that medication to be administered by educators.

Care of sick children

When a child is visibly distressed and/or suffering from symptoms, such as those listed below, **parents are required to pick up sick children within 90 minutes of notification.** If the parent is unable to pick up the child within this time or if a parent cannot be contacted within 30 minutes, then the emergency contacts will be called. If no contact can be made with either the parents or emergency contacts, then an ambulance will be called. Every effort will be made for an educator to accompany the child in the ambulance to hospital, however this will depend on child: educator ratios and may not be possible at the time. Where possible, educators will remove the child away from direct contact with other children.

Signs and symptoms that a child is unwell:

- Vomiting
- Diarrhoea
- Influenza or influenza like illnesses
- Shortness of breath
- Pain
- Dizziness or drowsiness
- Lethargic and decreased activity
- Poor feeding, not feeding
- A fever of 38°C or above
- Uncontrolled bleeding (for example a bleeding nose which cannot be controlled)
- Other symptoms, for example a rash, which the Centre Manager and educators believe could be indicative of a serious illness or could pose a serious risk to the health and wellbeing of the child, other children or educators

The Centre reserves the right for the child not to return to the Centre within 24 hours of showing any of these symptoms or until the child is well.

When a child is sent home, educators will:

1. Where available, print a Fact Sheet from National Health and Medical Research Council (2012), Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (5th Edition) and give to the parent
2. Advise the parent of the recommended exclusion period of the illness

Please refer to National Health and Medical Research Council 'Recommended Minimum Exclusion Period' Fact Sheet or National Health and Medical Research Council (2012), Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (5th Edition)

Medication

- Educators are to be advised by parents of any prescription or non-prescription medication, such as Paracetamol, Dimetapp, cough medicine, that has been administered in the last 24 hours. This is so educators can monitor the child more closely
- Medication to be given to educators. Medication will be stored appropriately according to instructions on the container, such as refrigerator, medicine cabinet
- Medicine not to be stored in child's bag or locker

Administration of medication

Medication (including prescription, over the counter and homeopathic medications) will not be administered to a child at the Centre without authorisation by a parent or person with the authority to consent to administration of medical attention to the child. The Medication Form to be filled out by parent.

In the case of an emergency, it is acceptable to obtain verbal consent to two educators from a parent, or a registered medical practitioner or medical emergency services if the child's parent cannot be contacted. In the case of anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible

The medication must be administered:

- From its original container, bearing the original label and instructions and before the expiry or use by date
- For prescribed medications, from an original container that bears the original label with the name of the child to whom it is prescribed and before the expiry or use by date
- In accordance with any instructions attached to the medication or provided by a registered medical practitioner
- With a second educator
 1. Checking the dosage of the medication being administered
 2. Confirming the identity of the child the medication is being administered
 3. Witnessing the administration of the medication
- Details of the administration must be recorded on the Medication Form

EMCC recognises the right of parent to use a variety of health remedies and will administer these as written in the Medication Form. However, where drugs cannot be administered orally (for example, those requiring injection or the use of suppositories), the Centre must be guided by the ability and willingness of educators to administer such drugs.

Administering pain relief

Where telephone consent from a parent is obtained and audibly witnessed by two educators, then Paracetamol (Tempra, Panadol, Dymadon or similar preparations) may be given. Paracetamol will be kept at the Centre for this reason. The dosage administered will not exceed the recommended dosage unless accompanied by a letter of authorisation from a medical practitioner. Parents will be required to sign a Medication Form on arrival. **The child still needs to be collected from the Centre within 90 minutes of notification.**

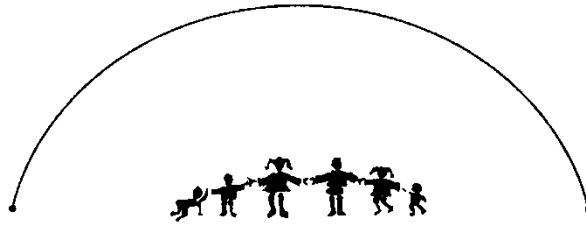
National Law: Section 174, 167

National Regulations: Regulation 85-87, 92-95, 168, 177-178, 181 - 184

Date: ____ October 2014 _____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Serious Incidents Policy and Procedure

Rationale:

The Regulatory Authority will be notified of any serious incident at the Centre. A serious incident will be documented on an Incident, Injury, Trauma and Illness Record Form as soon as possible and within 24 hours of the incident. **The Approved Provider (Executive Director) is responsible for notifying the Regulatory Authority within 24 hours of the incident at the Centre.**

Procedure:

A serious incident includes:

- The death of a child at the Centre, or following an incident whilst attending the Centre
- Any incident involving serious injury or trauma to, or illness of, a child while being care and educated for at the Centre
 3. Which a reasonable person would consider urgent medical attention from a registered medical practitioner, such as whooping cough, broken limb, anaphylaxis reaction
 4. For which the child attended, or ought reasonably to have attended a hospital
- An incident at the Centre where the attendance of emergency services was sought, or should have been sought
- If a child:
 1. Appears to be missing or cannot be accounted for
 2. Appears to be taken or removed from the Centre premises in a way that breaches the National Regulations, or
 3. Is mistakenly locked in or locked out of any part of the Centre premises

‘Medical attention’ includes a visit to a registered medical practitioner or attendance at a hospital. ‘Emergency services’ might include ambulance, fire brigade, police or state emergency services.

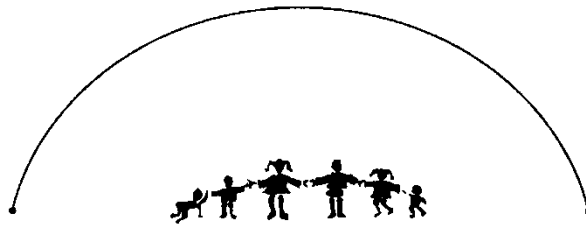
National Law: Section 174

National Regulations: Regulations 12, 87, 176

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Dealing with Infectious Diseases Policy and Procedure

Rationale:

The EMCC will take reasonable steps in dealing with the spread of infectious diseases at the Centre, and ensure that the parent or emergency contact of each child at the Centre is notified of the occurrence of an infectious disease as soon as possible.

Procedure:

Educators responsible for:

- Ensuring reasonable steps are taken to prevent the spread of infectious diseases at the Centre
- All educators are required to report any infectious disease that is reported to them by a parent/guardian to the Centre Manager
- Ensure the exclusion requirements from the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet is adhered to
- Keep record of illness of any child, educators or other staff. This will support the spread of infection. The records will be invaluable in supporting the Centre and Public Health workers to identify the cause of any outbreak and how to control it

Centre Manager responsible for:

- Ensuring reasonable steps are taken to prevent the spread of infectious diseases at the Centre
- Contacting Victorian Department of Health Communicable Disease and Prevention Unit (1300 651 160) to notify if a child is suffering from a vaccine preventable disease
- Contacting Victorian Department of Health Communicable Disease and Prevention Unit (1300 651 160) to notify if have more than two cases of vomiting and/or diarrhoea amongst children or staff within 48 hours of each other
- Display the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet in the foyer
- Ensure the exclusion requirements from the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet is adhered to
- Notify parents or authorised emergency contact of each child at the Centre as soon as practicable about the occurrence of the infectious disease. This can be done through email and Fact Sheets from National Health and Medical Research Council placed on entrance door to the Centre, Room doors and on foyer noticeboard
- Request parents/guardians to notify the Centre if their child has an infectious disease
- Implementation of effective infection control education and continue to inform all educators and families of up to date Infection Control Guidelines from the Department of Human Services
- Ensure illness records of children, educators and other staff are completed

Parents/guardians responsible for:

- Notifying the Centre if their child has an infectious disease
- Providing accurate and current information regarding the immunisation status of their child when they enrol and any subsequent changes to this whilst they attend the Centre
- Comply with the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet

Procedure relating to children and educators who are not immunised

- Centre Manager to advise parents/guardians on enrolment and during an outbreak of an infectious disease that the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet will be followed in regards to the outbreak
- Centre Manager to advise educators during orientation process and during an outbreak of an infectious disease that the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet will be followed in regards to the outbreak
- In the event of an infectious disease outbreak, unimmunised children and educators and children and educators whose immunised status is unknown, maybe excluded from attending the Centre until the risk of infection has passed

Information sourced from: National Health and Medical Research Council (2012), Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (5th Edition)

http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55d_exclusion_period_poster_130701.pdf (August 2013)

Procedures relating to outbreak of gastroenteritis at Centre

- Contact Victorian Department of Health Communicable Disease and Prevention Unit (1300 651 160) to notify if have more than two cases of vomiting and/or diarrhoea amongst children or staff within 48 hours of each other
- Follow '*A Guide for the Management and Control of Gastroenteritis Outbreaks in Children's Centres*' (please refer to Appendix section to read the Guide)
- **All ill children and staff are to remain at home until 48 hours after symptoms have ceased**

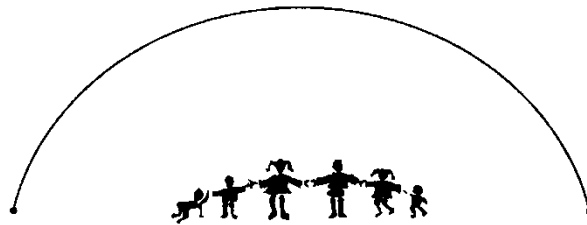
Information sourced: [http://docs.health.vic.gov.au/docs/doc/412320256B5A9239CA2578A300265C25/\\$FILE/Industry-guide-childcare-web.pdf](http://docs.health.vic.gov.au/docs/doc/412320256B5A9239CA2578A300265C25/$FILE/Industry-guide-childcare-web.pdf) (October, 2014)

National Regulations: Regulations 4, 77, 88, 168

Date: ____ October 2014 ____

Signed: ____ R.V. ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Preventing Spread of Infectious Disease Policy and Procedure

Rationale:

The EMCC will take reasonable steps to prevent the spread of infectious diseases at the Centre.

Purpose:

To ensure all children and educators are adequately protected against infectious diseases and to provide an environment which is safe and not hazardous to their health.

The three most important ways of preventing the spread of infectious disease are:

- Effective hand washing;
- Exclusion of children and educators; and
- Immunisation

Procedure:

Hand washing

The process of washing your hands should take about 30 seconds.

1. Wet hands with running water
2. Use liquid soap and spread over hands
3. Lather soap and rub hands thoroughly, including the wrists, the palms, between the fingers, around the thumbs and under the nails. Rub hands together for at least 15 seconds
4. Rinse thoroughly under running water
5. Dry thoroughly

Educators need to supervise and observe the children when washing their hands so that they develop it as a good habit and do it properly. Encourage the children not to touch the tap after they have washed and dried their hands as the tap will have lots of germs on it

Children need to wash their hands

Before	After
<ul style="list-style-type: none">• Starting the day at the Centre• Leaving to go home• Eating or handling food	<ul style="list-style-type: none">• Eating or handling food• Going to the toilet• Blowing their nose or touching nose secretions• Having their nappy changed• Touching animals

Educators need to wash their hands

Before	After
<ul style="list-style-type: none">• Starting work• Going home• Eating or handling food• Giving medications	<ul style="list-style-type: none">• Taking off gloves• Changing a nappy• Cleaning nappy change area• Using the toilet

<ul style="list-style-type: none"> • Putting on gloves 	<ul style="list-style-type: none"> • Helping a child use the toilet • Wiping a child's nose or their own • Eating or handling food • Handling garbage • Cleaning up faeces, vomit or blood • Touching animals
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Exclusion of sick children, educators and other staff

The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who have the infectious disease and people who are at risk of catching the disease, the less chance the disease has in spreading through the Rooms and the Centre. Excluding ill children, educators and other staff is the most effective way to limit the spread of infection at the Centre

- The child where possible will be removed away from direct contact with other children
- The child's parents are then contacted and educators will request that the child is collected immediately. Depending on the nature of the illness, educators may also request permission to administer paracetamol
- If the child's parents cannot be contacted, then the emergency contacts need to be phoned and requested to collect the child
- Educators need to write an illness report and have parents sign it
- Educators need to place a Fact Sheet from National Health and Medical Research Council, on their Room door, the front entrance door and the foyer noticeboard to notify other families and staff of the illness in the Centre. In some cases, families will be notified by email or phone about certain illness, such as Chicken Pox, measles, so they can make an informed decision about bringing their child to the Centre.
- Educators to advise parents of when they can come back to the Centre in regards to the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet
- Parents may be asked to provide a Doctor's certificate for clearance to come back to the Centre
- When an educator has a suspected contagious illness such as those listed on the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet or any other illness which may directly affect educators and children, the following steps are taken
- Educator to notify Centre Manager
- Educator will be asked to provide a Doctor's certificate for clearance to come back to work

Immunisation

EMCC recognises the right of parents to choose alternative methods of immunisation for their child, however stresses that parents have the sole responsibility for their child transmitting or contracting immunisable diseases. The Health Department of Victoria strongly recommends that children be immunised according to the Health Department Schedule.

- In case of an outbreak of an infectious disease the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet will be followed in regards to the outbreak, meaning the child may be excluded from care during the outbreak, even if they are well
- Parents to provide the Centre with up to date immunisation records
- Educators are required to keep up to date with their immunisation status
- In case of an outbreak, educators who are not immunised may be excluded from the Centre during outbreaks in accordance with the National Health and Medical Research Council '*Recommended Minimum Exclusion Period*' Fact Sheet

Dealing with Blood Spills

- Wear gloves
- Place paper towel over the spill. Carefully removed the paper towel and contents and place in a plastic bag. Seal the bag and place in the rubbish bin
- Put on new gloves and clean the surface with warm water and detergent and allow to dry
- Remove and discard gloves
- Wash hands thoroughly with soap and warm water

- If a large blood spill, repeat above steps, then wipe the area with diluted bleach and allow to dry

Preparing Bleach Solution

- Always prepare bleach solution according to the manufactures instructions.
- Make up new bleach solutions every day.
- Any diluted bleach that is not used within 24 hours of preparation needs to be discarded.
- Always wear gloves when handling and preparing bleach.
- Do not put bleach in a spray bottle

Dealing with faeces, vomit and urine spills

- Wear gloves
- Place paper towel over the spill. Carefully removed the paper towel and contents and place in a plastic bag. Seal the bag and place in the rubbish bin
- Put on new gloves and clean the surface with warm water and detergent and allow to dry
- If blood spill came from a person with a known or suspected infectious disease, use a disinfectant on the surface after cleaning with detergent
- Remove and discard gloves
- Wash hands thoroughly with soap and warm water

Nasal discharge

- Wash your hands, or use alcohol-based hand rub, after every time you wipe a child's nose with a tissue or;
- Wear gloves. After blowing the child's nose, remove gloves and wash hands or use alcohol-based hand rub

Coughing and sneezing

- Encourage the children to cover their mouth and nose with a tissue when they sneeze or cough, then dispose of the used tissue appropriately
- Have the child wash their hands with soap and water and dry thoroughly

Cleaning toys

Washing toys effectively is very important in reducing the spread of diseases. Toys, especially those in the Babies Room, need to be washed regularly. Toys are to be washed with warm water and detergent to help loosen the germs so that they can be washed away. Rinse and dry the toys thoroughly.

- Have a 'Toys to Wash' basket in each Room
- Remove toys during the day, if you see a child sneeze on it, mouth it or if it has been played with by a child who is unwell
- Wash toys regularly, especially in the Babies Room
- All toys to be checked for cleanliness prior to use within the program
- ALL TOYS TO BE WASHED/CLEANED BEFORE BEING PUT AWAY IN THE STORE ROOM (inside and outside store rooms)
- Board books can be cleaned using a moist cloth with detergent on it and then left to dry.
- During an outbreak of gastroenteritis, toys can be washed in the steriliser. This can occur, once all kitchen dishes are completed for the day and the steriliser has been drained. The toys can then be washed; ensuring water is drained again at the end of the day.

Information source: National Health and Medical Research Council (2012), Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (5th Edition)

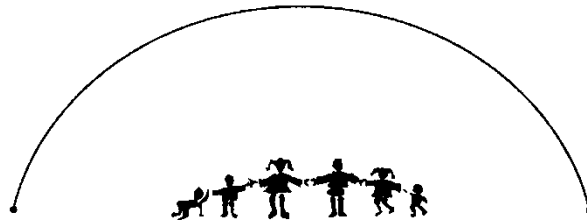
http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55d_exclusion_period_poster_130701.pdf (August 2013)

National Regulations: Regulations 77, 88

Date: ____October 2014____

Signed: ____R.V____ (Executive Director)

Date to be reviewed on: ____October 2017____



East Melbourne Child Care Co-operative.

Administration of First Aid Policy and Procedure

Rationale:

EMCC will ensure that at each centre appropriate first aid facilities are available to render first aid to children and adults

Purpose:

To ensure there is a system in place for children and adults to be able to receive first aid treatment at the centre

First Aid Qualifications

- At least one educator is in attendance at the centre who holds a current approved first aid certificate
- At least one educator is in attendance at the centre who has undertaken current approved anaphylaxis management training
- At least one educator is in attendance at the centre who has undertaken current approved emergency asthma management training
- Ideally EMCC aims that all permanent educators have a current approved first aid certificate, current approved anaphylaxis management training and current approved emergency asthma management training
- Trained first aiders will only administer first aid to children or adults

First Aid Kit

- The main first aid kit is located in the Centre Manager's office. It is easily recognisable and readily accessible to all educators. A portable first aid kit is located in the Toddler Room bathroom in the cupboard, marked with First Aid Kit
- First aid kit is checked regularly (ideally bi-monthly) and a first aid checklist is in place to ensure it is fully stocked and there are no expired products. If anything needs replacing, the Centre Manager or Health and Safety Co-ordinator will replace products at Pymans Pharmacy
- First aid manual is kept in the first aid kit for educators to use as a reference
- Wall charts on resuscitation are displayed around the centre

Procedures:

Below are possible first aid incidents that may occur in the Centre. If an incident is not written below, please refer to your training in first aid, first aid manual or advice from a medical practitioner or paramedic.

Head Injury

- Cold compress (wet cloth) to be applied to the area injured to help reduce swelling
- If the child has a cut, apply a clean dressing and press on it for 5 minutes. Cuts to the head will often bleed a lot
- All head injuries, big or small, to be reported to the parents

Sourced: The Royal Children's Hospital Melbourne www.rch.org.au (October, 2013)

Taking a child's temperature

- Educators to either use underarm thermometer or ear digital thermometer
- Underarm thermometer you need to add 1 degree, ear digital thermometer does not require to add a degree
- Fever is when the temperature of the body rises to above 38°C. When a child's temperature is 38°C or above, the child's parents will be notified to collect the child
- Whilst waiting for parents to collect child, educators to make child as comfortable as possible; light clothing, remove socks, shoes and hats, offer water
- TEPID SPONGING NOT RECOMMENDED

Sourced: The Royal Children's Hospital Melbourne www.rch.org.au (August, 2014)

Bleeding

If possible wash hands with soap and water, before and after offering first aid. Dry your hands thoroughly. Wear gloves. If possible, do not sneeze or cough over the wound

Minor bleeding

- Clean the injured area with sterile gauze soaked in normal saline or clean water
- Apply an appropriate dressing, such as a Band-Aid or a non-adhesive dressing held in place with non-allergic tape
- Dressing should be checked and changed regularly
- If wound is dirty, contact parents to take to the doctor as a dirty wound is at high risk of infection

Sourced: Better Health Channel www.betterhealth.vic.gov.au (October, 2013)

Nosebleeds

- Sit the person upright and ask them to tilt their head forward
- Using the thumb and forefinger, squeeze the nostrils of the nose shut
- Hold for at least 10 minutes
- Release the hold gently and check for bleeding. If bleeding stopped, avoid blowing nose or picking at it for the rest of the day
- If bleeding continues beyond 20 minutes, seek medical advice

Severe external bleeding

- Check for danger before approaching the injured person
- Send someone to call 000
- Apply direct pressure on the wound using fingers or towel, either the injured person or yourself to do this
- If blood soaks through add another towel
- If bleeding stops, leave towel in place and bandage firmly
- Raise the injured part, unless fractured
- Watch for signs of shock. If patient loses consciousness, apply DR ABCD
- If an object is embedded in the wound DO NOT remove it

Sourced: The Royal Children's Hospital Melbourne www.rch.org.au (October, 2013)

Internal bleeding

- Is not normally seen but at times it may be revealed through the body's orifices. The history of the incident and signs and symptoms of shock may be the only information you have to recognise internal bleeding
- Treat for shock, monitor airway, breathing and circulation.
- Reassure and seek medical aid immediately

Sourced: Accredited First Aid Courses, Apply First Aid National Code: HLTF301B (February 2011)

Bites and stings

- If possible try to capture the animal or insect for identification purposes, however only do this if time allows
- Use the immobilisation method to slow the movement of venom
- Firmly bandage the wound – ensure it is not too tight that it causes numbness, tingling or colour change in the skin
- Keep the patient calm
- Seek medical treatment

Bees

- Remove the sting by sliding or scraping your fingernail across it
- Do not pull out
- Wash area
- Apply ice to reduce swelling
- Immobilise the person

- Apply pressure to bite
- Seek medical treatment if allergic to beestings

Funnel Web spider

- Seek medical help
- Bandage wound tightly
- Use second bandage to wrap limb
- Seek medical treatment

Red back spider

- Wash affected area
- Apply icepacks or iced water
- Do not bandage area
- Seek medical treatment

Snakes

- Seek medical treatment
- Bandage and splint limb

Sourced: Better Health Channel www.betterhealth.vic.gov.au (March 2010)

Skin burns

If the child is burned every second counts

- Cool the burn immediately in or under cool running water for 10 – 20 minutes
- Remove any clothing at once if possible. Clothes hold in the heat and can cause deeper burns
- DO NOT use ice, oil, butter or ointments
- Cover the burn with a clean cloth
- Keep child warm with a blanket
- Seek medical help

Sourced: Kidsafe www.kidsafevic.com.au (March 2010)

Poison

On the skin

- Remove contaminated clothes, taking care not to have contact with chemical
- Flood the skin with running water for 15 minutes
- Wash with soap and water gently, rinse well
- Call 13 11 26 Poison Information Centre

Swallowed

- DO NOT make patient vomit
- Take container of poison to phone
- Call 13 11 26 Poison Information Centre

In the eye

- Hold eyelids open
- Flood the eye with water for 10 – 15 minutes
- Call 13 11 26 Poison Information Centre

Inhaled

- Take person to fresh air, without placing yourself at risk
- Open doors and windows – if safe to do so
- Call 13 11 26 Poison Information Centre

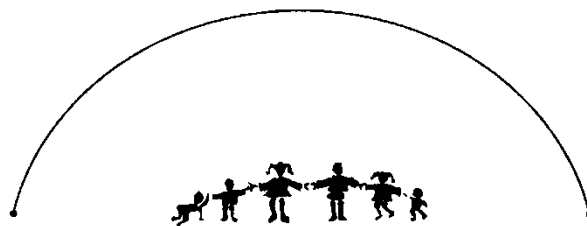
Information sourced from: The Royal Children's Hospital Melbourne. Victorian Poisons Information Centre www.rch.org.au/poisons/firstaid (May 2008)

National Law: Section 169
National Regulations: Regulations 89, 136, 168

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Dealing with Medical Conditions in Children Anaphylaxis Policy and Procedure

Values:

EMCC believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The EMCC is committed to:

- Providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- Raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- Actively involving the parents of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each educator and other relevant adults has adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose:

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the EMCC.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
- Raise the EMCC community's awareness of anaphylaxis and its management through education and policy implementation.

Scope:

The Children's Services Act 1996 requires proprietors of licensed children's services to have an anaphylaxis management policy in place. This policy is required regardless of whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to all children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists. The Children's Services Regulations 2009 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

Information sourced from: www.dhs.vic.gov.au/earlychildhood (July, 2012)

Background and Legislation:

- Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children (0-5 years) are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.
- Young children may not be able to express the symptoms of anaphylaxis.
- A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector device.
- The EMCC recognises the importance of all educators responsible for the children at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an auto-injection device.
- Educators and parents need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Educators should not have a false sense of security that an allergen has been eliminated from the environment. Instead the EMCC recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Legislation

Children's Services Act 1996

Children's Services Regulations 2009

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

Definitions:

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Ambulance contact card: A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis medical management action plan: a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

Anaphylaxis management training: Comprehensive training provided by an accredited source such as allergy nurse educators or other qualified professionals such as doctors or first aid trainers, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with auto-injection devices, and is reinforced at yearly intervals.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

EpiPen®: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

Anapen®: Is another adrenaline auto-injection device containing a single dose of adrenaline, recently introduced to the Australian market.

NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

Auto-injection device kit: An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat.

Intolerance: Often confused for an allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No Food Sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by their parent/guardian, and does not share food with or accept food from any other person.

Nominated Staff Member: A staff member nominated to be the liaison between the parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

Communication Plan: A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimisation plan is outlined in Schedule 3 of this document.

EMCC Community: all adults who are connected to the EMCC.

Procedures:

EMCC shall:

1. Overall across both centres:
 - Ensure that all educators have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012 then at least every 3 years (r63 (1)(3)(4))
 - Ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the Children's Services Regulations 2009 (r.87)
 - Ensure that the Policy and Procedure is provided to a parent of each child diagnosed at risk of anaphylaxis at EMCC
 - Ensure that all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months (r.65 (1)) recording this in the staff records (r.38). It is recommended that practise with the trainer auto-injection device is undertaken on a regular basis, preferably quarterly
2. Where a child is diagnosed at risk of anaphylaxis is enrolled the EMCC shall also:
 - Conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the centre in consultation with staff and the families of the children (Schedule 3 of the Regulations)
 - Ensure that a notice is displayed prominently in the main entrance of the centre where the child is enrolled stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service (r.40)
 - Ensure educators on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management (r. 67 (2)) and that practice of the adrenaline auto-injection device in undertaken on a regular basis, preferably quarterly and recorded
 - Ensure that all relief educators in a service have completed training approved by the Secretary in the administration of anaphylaxis management including the administration of the auto-injector device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
 - Ensure that no child who has been prescribed an auto-injection device is permitted to attend the service or its programs without that auto-injection device (Schedule 3 of Regulations)
 - Implement the communication strategy and encourage ongoing communication between the parents and educators regarding the current status of the child's allergies, this Policy and Procedure and its implementation (Schedule 3 of Regulations)
 - Make parents aware of this Policy and Procedure, and provide access to it on request.
 - Encourage ongoing communication between parents and educators regarding the current status of the child's allergies, this Policy and Procedure and its implementation.
 - Display an ASCIA (Australasian Society of Clinical Immunology and Allergy Inc.) generic poster called *Action plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.
 - Display an Emergency contact card by telephones.
 - Comply with the procedures outlined in Schedule 1.
 - Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child (r. 34). This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used

- Ensure that all educators in the service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit (Schedule 3 of Regulations)
- Ensure that the educator accompanying children outside the Centre carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection kit (r. 74 (4) (d))

Educators responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to all educators
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 1. Call an ambulance immediately by dialling 000.
 2. Commence first aid measures.
 3. Contact the parent
 4. Contact the person to be notified in the event of illness if the parent cannot be contacted.
- Practise the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly.
- Ask all parents as part of the enrolment procedure, prior to their child's attendance at the Centre, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents to provide a medical management plan signed by a Registered Medical Practitioner.
- Ensure that parents provide an anaphylaxis action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy of the child's anaphylaxis medical management plan) while the child is present at the service.
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat (r. 84 (3)).
- Ensure that the auto-injection device kit containing a copy of the child's anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by an educator on excursions that this child attends (r. 74 (4) (d)).
- Regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month.)
- Provide information to the EMCC community about resources and support for managing allergies and anaphylaxis.
- Comply with the procedures outlined in Schedule 1.

Parents of children shall:

- Inform educators, either on enrolment or on diagnosis, of their child's allergies.
- Develop an anaphylaxis risk minimisation plan with EMCC educators
- Provide educators with an anaphylaxis medical management action plan signed by their Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan.
- Provide educators with a complete auto-injection device kit
- Regularly check the adrenaline auto-injection devices expiry date.
- Assist educators by offering information and answering any questions regarding their child's allergies.
- Notify the educators of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child.
- Comply with the Centre's Policy and Procedure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Centre or its programs without that device.
- Comply with the procedures outlined in Schedule 1.

Related documents:

- Related documents at the Centre

- Enrolment checklist for children at risk of anaphylaxis (Schedule 2).
- Sample Risk Minimisation Plan (Schedule 3).
- Brochure titled “Anaphylaxis – a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy.

Contact details for resources and support:

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. The Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Telephone 0425 216 402.
- Anaphylaxis Australia Inc., at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children’s Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies and if necessary, provide an auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Training:

- There is a range of providers offering anaphylaxis training, including Royal Children’s Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that the anaphylaxis management training provided is comprehensive and registered, as described in this policy.
- Access the Department of Education and Early Childhood Development website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: www.education.vic.gov.au/anaphylaxis
- Royal Children’s Hospital Department of Allergy posts training dates on its website: www.rch.org.au, follow the prompts to the Community Allergy Education Service.

Authorisation:

This Policy and Procedure was adopted by the East Melbourne Childcare Co-operative on March 18th 2011

Evaluation:

The licensee shall:

- Discuss with educators their knowledge of issues following educator’s participation in anaphylaxis management training.
- Selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- Discuss this policy and its implementation with parents of children at risk of anaphylaxis to gauge their satisfaction with both the Policy and Procedure and its implementation in relation to their child.
- Respond to complaints and notify the Department within 48 hours (r.105)
- Review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The educators shall nominate an educator to:

- Conduct ‘anaphylaxis scenarios’ and supervise practise sessions in auto-injection device administration procedures to determine the levels of educator competence and confidence in locating and using the auto-injection device kit (Anaphylaxis resource kits have been provided to all licensed children’s services. The kits contain auto-injection device trainers and trainer CD Roms to enable educators to practise the administration of the auto-injection device

regularly at least quarterly. The trainer auto-injection device should be stored separately from all other auto-injection devices, for example in a file with anaphylaxis resources, so that the auto-injection device trainer is not confused with an actual auto-injection device)

- Routinely (e.g. monthly) review each child's auto-injection device kit to ensure that it is complete and the auto-injection device is not expired.
- Liaise with the EMCC and parents of children at risk of anaphylaxis.

Parents shall:

- Read and be familiar with the Policy and Procedure
- Identify and liaise with the nominated educator
- Bring relevant issues to the attention of both educators and EMCC.

Schedule 1:

The following procedures should be developed in consultation with the parent and implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her.
 - Where the service is preparing food for the child, ensure that it has been prepared according to the parent's instructions.
 - Some parents will choose to provide all food for their child.
- All food for this child should be checked and approved by the child's parent and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents should provide a safe treat box for this child.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
- When the child diagnosed as at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the Centre:

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the Centre, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children.
- Educators should discuss the use of foods in such activities with parents of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the Centre with food
- Educators should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the children's service's food purchases and menu planning.
- Food preparation personnel (educators and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the Centre, all parents will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

- Parents are asked not to store food in their child's bag or pockets of clothing. All food from home to be labelled and stored in the kitchen.

Schedule 2: Enrolment Checklist for Children at Risk of Anaphylaxis

- ☐ A risk minimisation plan is completed in consultation with the parents, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- ☐ Parents of a child diagnosed at risk of anaphylaxis have been provided a copy of the Centre's Dealing with Medical Conditions in Children Anaphylaxis Policy and Procedure
- ☐ All parents are made aware of the Policy and Procedure
- ☐ Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the Anaphylaxis medical management plan is included in the child's auto-injection device kit
- ☐ Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service
- ☐ Adrenaline auto-injection device is stored in an insulated container (auto-injection device kit), in the room where the child of risk of anaphylaxis is in, accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- ☐ All educators, including relief educators, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management plan
- ☐ Educators responsible for the children at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk management, recognition of allergic reactions, emergency treatment and practise with an auto-injection device trainer, and is reinforced at quarterly intervals and recorded annually
- ☐ The service's emergency action plan for the management of anaphylaxis is in place and all educators understand the plan
- ☐ Parent's current contact details are available
- ☐ Information regarding any other medications or medical conditions (for example asthma) is available to educators
- ☐ If food is prepared at the Centre, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Schedule 3: Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a children's service risk minimisation plan.

How well has the children's service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?	
1. Who are the children?	<ul style="list-style-type: none"> • List names and room locations of each of the at risk children
2. What are they allergic to?	<ul style="list-style-type: none"> • List all of the known allergens for each of the at risk children • List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service
3. Does everyone recognise the at risk children?	<ul style="list-style-type: none"> • List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children • Confirm where each child's Action Plan (including the child's photograph) will be displayed

Do families and staff know how the service manages the risk of anaphylaxis?
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- Record when each family of an at risk child is provided a copy of the service's Anaphylaxis medical management policy
- Record when each family member provides a complete auto-injection device kit
- Test that all staff, including relief staff, know where the EpiPen® kit is kept for each at risk child
- Regular checks of the expiry date of each auto-injection device are undertaken by a nominated staff member and the families of each at risk child
- Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:
 - Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate, sesame
 - Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on
- A new written request is sent to families if the food allergens change
- Ensure all families are aware of the policy that no child who has been prescribed an auto-injection device is permitted to attend the service without that auto-injection device
- The service displays the ASCIA generic poster, *Action plan for anaphylaxis*, in a key location and locates a completed emergency contact card by the telephone/s
- The auto-injection device kit including a copy of the anaphylaxis medical management action plan is taken on all excursions attended by the at risk child and carried by a staff member

Do all staff know how the children's service aims to minimise the risk of a child being exposed to an allergen?

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies)
- Menus are planned in conjunction with parents/guardians of at risk children
 - Food for the at risk child is prepared according to their parents'/guardians' instructions to avoid the inclusion of food allergens
 - As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut or sesame products to which the child is at risk
 - The at risk child should not be given food if the label for the food states that the food may contain traces of a known allergen
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby
- Ensure each child enrolled at the service washes his/her hands upon arrival at the service, before and after eating if required as part of their anaphylaxis medical management plan
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk children and the reasons for this

- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child's name
- A safe 'treat box' is provided by the family of each at risk child and used by the service to provide 'treats' to the at risk child, as appropriate

Do relevant people know what action to take if a child has an anaphylactic reaction?

- Know what each child's anaphylaxis medical management action plan says and implement it
- Know who will administer the auto-injection device and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child
- All staff with responsibilities for at risk children has undertaken anaphylaxis management training and undertakes regular practise sessions for the administration of the auto-injection device.

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.

Possible exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by the children's service and a food allergen is unable to be removed from the service's menu (for example milk)	Menus are planned in conjunction with parents of at risk children and food is prepared according to parents instructions	Cook, Primary Nominee, Parent
	Alternatively the parent provides all of the food for the at risk child	
	Ensure separate storage of foods containing allergen	Licensee & Cook
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers.	Cook & Staff
	There is a system in place to ensure the at risk child is served only the food prepared for him/her	Cook & Staff
	A at risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	Staff
	Children are regularly reminded of the importance of no food sharing with the at risk child.	Staff
	Children are supervised during eating	Staff
Party or celebration	Give plenty of notice to families about the event	Licensee/Primary Nominee/Qualified Staff

	Ensure the at risk child only has the food approved by his/her parent/guardian	Staff
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent	Licensee/Primary Nominee
Protection from insect bite allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area	Staff
	Decrease the number of plants that attract bees	Licensee
	Ensure the at risk child wears shoes at all times outdoors	Staff
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects	Licensee
Latex allergies	Avoid the use of party balloons or contact with latex gloves	Staff
Cooking with Children	Ensure parents/guardians of the at risk child are advised well in advance and included in the planning process. Parents may prefer to provide the ingredients.	Staff

Information sourced from Department of Education and Early Childhood Development www.education.vic.gov.au (July 2012)

Information sourced: Australasian Society of Clinical Immunology and Allergy (ASCIA) www.allergy.org.au (August, 2014)

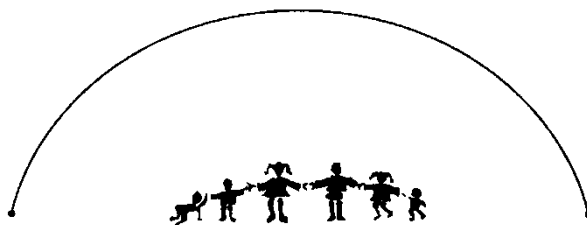
National Law: Sections 169

National Regulations: Regulations 90-94, 136, 168, 246

Date: ____ October 2014 ____

Signed: ____ R.V. ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

EpiPen® and Anapen® Policy and Procedure

Purpose:

To ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device, such as EpiPen® or an Anapen®

Definitions:

EpiPen®: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

Anapen®: Is another adrenaline auto-injection device containing a single dose of adrenaline, recently introduced to the Australian market.

NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

Procedure:

- At the Centre there is an EpiPen® available. This EpiPen® must only be used if directed by a member of the Ambulance Service. A second educator must hear this request
- Educators need to be aware of the location of each child's Action Plan, EpiPen® or Anapen® and any other medications that a child may be required to take when displaying signs of an allergic reaction
- Every month, each EpiPen® or Anapen® and other medications need to be checked to ensure that they are not out of date or the colour has not changed
- Only an educator with current training in Anaphylaxis Management may administer an EpiPen® or Anapen® to a child

First Aid of Anaphylaxis Management

Mild to moderate allergic reaction

- Swelling of the lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

Action

- For insect allergy, flick out sting if visible. Do not remove ticks
- Stay with person and call for help
- Give medications (if prescribed)
- Locate EpiPen®
- Contact family/emergency contact

Anaphylaxis (severe allergic reaction)

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat

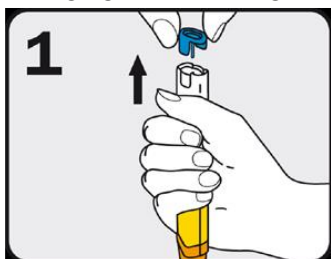
- Difficulty talking and/or hoarse throat
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

Action

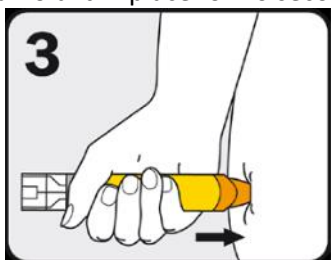
- Lay person flat, do not stand or walk. If breathing is difficult allow to sit
- Give EpiPen®
- Phone ambulance – 000 or 112 (Mobile)
- Contact family/emergency contact
- Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline auto injector is available)

How to give an EpiPen® (with blue safety release and orange needle end)

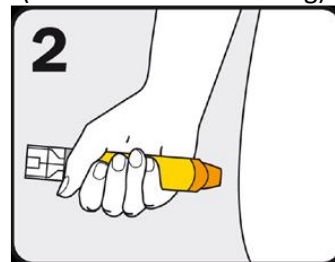
Form fist around EpiPen® and pull off
BLUE SAFETY RELEASE.



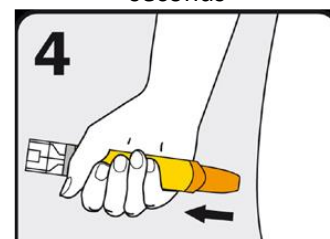
PUSH DOWN HARD until a click is heard or felt
and hold it in place for 10 seconds



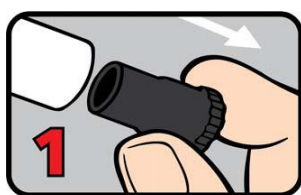
Place ORANGE end against outer mid-thigh
(with or without clothing).



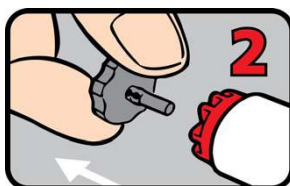
REMOVE EpiPen®. Massage injection site for 10 seconds



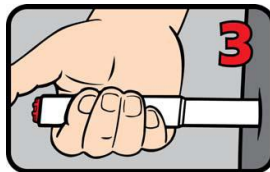
How to give an Anapen®



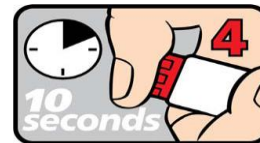
PULL OFF BLACK
NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP
from red button.



PLACE NEEDLE END FIRMLY
against outer mid-thigh at 90°
angle (with or without clothing).



PRESS RED BUTTON so it
clicks and hold for 10 seconds.
REMOVE Anapen® and DO
NOT touch needle. Massage
injection site for 10 seconds.

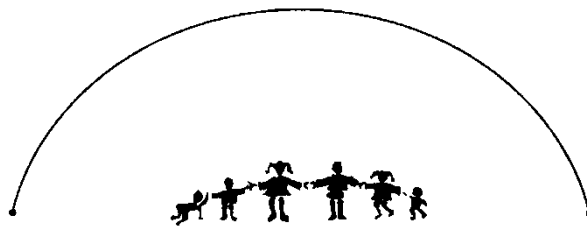
Information sourced: Australasian Society of Clinical Immunology and Allergy (ASCIA) www.allergy.org.au (August, 2014)

National Regulations: Regulations 90, 92-95

Date: ___ October 2014 _____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ___ October 2017 _____



East Melbourne Child Care Co-operative.

Dealing with Medical Conditions in Children Asthma Policy and Procedure

Rationale:

Asthma is a chronic health condition affecting approximately 10% of Australian children. Asthma is one of the most common reasons for child admissions to hospital. In order to meet the legal obligations outlined in the *Education and Care Services National Regulations 2011*, and to ensure the health and wellbeing of all children attending the Centre, EMCC recognises the importance of educator education, implementation of best practice policy and the involvement, engagement and understanding of parents of children with asthma attending the Centre

Purpose:

- To ensure all parents and educators are aware of their obligations and best practice management of asthma at the Centre
- To provide necessary information for the effective management of children with asthma attending the Centre

Key points and obligations:

- All parents and educators are provided with a copy of this Policy and Procedure
- Obtain health information for each child enrolled at the Centre, including a detailed Asthma Plan and Risk Minimisation Plan for children enrolled with asthma
- Keep a detailed record of medication administered to any child
- Ensure that at least one educator on duty at all times at the Centre has a current and approved Emergency Asthma Management certificate
- Ensure adequate provision and maintenance of first aid kits

Procedures:

Centre Manager will:

- Provide educators with a copy of the Centre Asthma Policy and Procedure and ensure educators are aware of asthma management strategies upon employment at EMCC

- Ensure relief educators and volunteers are aware of the Centre Asthma Policy and Procedure and ensure they are aware of asthma management strategies before working with the children
- Provide Emergency Asthma Management training to educators as required
- Ensure at least one educator is on duty at all times who has a current Emergency Asthma Management certificate
- Provide parents with a copy of the Centre Asthma Policy and Procedure upon enrolment of their child
- Identify children with asthma during the enrolment process and provide parents with an Asthma Plan to be completed on consultation with a medical practitioner
- Develop a Risk Management Plan for every child with asthma, in consultation with the parents
- Ensure that all children with asthma have an Asthma Plan and a Risk Management Plan kept with their enrolment record and ensure that both Plans are updated at least yearly
- Ensure parents of all children with asthma provide reliever medication and a spacer (including a child's face mask if required) at all times the child is attending the Centre
- Each child is recommended to have their own asthma kit at the Centre, containing
 1. Reliever medication (a blue/grey metered dose inhaler containing salbutamol)
 2. A spacer device
 3. A children's face mask
 4. Record form of when medication has been administered
- A child's own asthma kit, is to be visible, easily accessible in the Room and out of reach of children with the child's asthma plan next to it
- Ensure adequate provision and maintenance of the Centre and children's asthma first aid kits
- Ensure that each Centre asthma first aid kit contains
 1. Reliever medication (a blue/grey metered dose inhaler containing salbutamol)
 2. A spacer device
 3. A children's face mask
- Ensure that reliever medication within the Centre asthma first aid kit are regularly replaced and have not expired, and that spacers and face masks are replaced after each use
- Promptly communicate to parents any concerns regarding the management of children with asthma enrolled at the Centre
- Identify and minimise, where possible, asthma triggers for children at the Centre
- Ensure that children with asthma are not discriminated in any way
- Ensure that all children with asthma can participate in all activities safely and to their fullest abilities

Educators will:

- Ensure they are aware of the Centre Asthma Policy and Procedure
- Ensure that they can identify children at the Centre with asthma and are able to locate children's asthma kits
- Ensure that they know where the Centre asthma first aid kit is stored
- Ensure they maintain current Emergency Asthma Management training and qualifications
- Ensure they are aware where Asthma Plans and Risk Management Plans are kept
- Identify and minimise, where possible, asthma triggers for children attending the Centre
- Ensure that children with asthma are not discriminated in any way
- Ensure that all children with asthma can participate in all activities safely and to their fullest abilities
- Promptly communicate to Centre Manager and parents any concerns regarding the management of children with asthma enrolled at the Centre

Parents will:

- Inform Centre Manager and educators if their child has asthma upon enrolment at the Centre
- Read the Centre Asthma Policy and Procedure
- Provide a copy of their child's Asthma Plan to the Centre, ensuring it has been signed by a medical practitioner. The Asthma Plan should be reviewed and updated at least yearly
- Work with Centre Manager and/or educators to develop a Risk Minimisation Plan for their child
- Provide the Centre with the child's reliever medication along with a spacer (and child's face mask if required) at all times the child is attending the Centre or alternatively leave at the Centre

- Communicate all medical and health information, relevant to their child, to the Centre Manager and educators of the Centre
- Promptly communicate any changes to their child's asthma or any concerns about the current health of the child
- Where possible and depending on ability, encourage their child to learn about their asthma and communicate to their educators if they are unwell or experiencing asthma symptoms

If a child does not have a spacer and/or face mask at the Centre and the Centre is required to use their one, then the parent is required to purchase or refund the Centre for a purchase of another spacer and/or face mask for the Centre. Please note that it is a recommendation of The Asthma Foundation of Victoria that spacers and face masks are single-person use only (National Health and Medical Research Council (NHMRC) (2010) "Australian Guidelines for the Prevention and Control of Infection in Healthcare" Commonwealth of Australia, Canberra, 2010)

Asthma first aid procedure:

- Follow the written first aid instructions on the child's Asthma Action plan, if available and signed by a medical practitioner. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Action Plan, **begin the first aid procedure outlined below.** Reliever medication is safe to administer to children, even if they do not have asthma, however if there is not Asthma Action Plan you must also call emergency assistance to attend (000) and notify the parent of the child as soon as possible

Call emergency assistance immediately (Dial 000)

- The child's asthma symptoms are severe
- The child suddenly stops breathing
- The child's asthma symptoms continue to worsen
- There is no Asthma Action/Care Plan for the child
- Blue/grey reliever medication is not available
- You are unsure what is causing the breathing difficulty

Recognising an asthma attack

Mild	Moderate	Severe
Talk in sentences	Shortened sentences	Few words per breath
Cough	Persistent cough	Persistent cough
Soft wheeze	Loud wheeze	Wheeze may be absent
Minor difficulty breathing	Difficulty breathing	Gasping for breath/distress
Tightness in chest		Pale, sweaty, blue lips
Young children may complain of a "sore tummy"		Muscle exertion

Asthma First Aid

Step 1. Sit the child upright

- Be calm and reassuring
- Do not leave them alone (send someone else to get the asthma first aid kit)

Step 2. Give 4 puffs of blue reliever puffer medication

- Use a spacer
- Shake the puffer
- Put 1 puff in to the spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

Step 3. Wait 4 minutes

If no improvement, give 4 more puffs as above

Step 4. If there is still no improvement call emergency assistance (000)

- Say ambulance and that someone is having an asthma attack
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives

Asthma emergency kits:

Should contain the following

- Reliever medication
- X 2 small volume spacer device
- X 2 compatible children's face mask
- Medication record form
- Asthma first aid instruction card

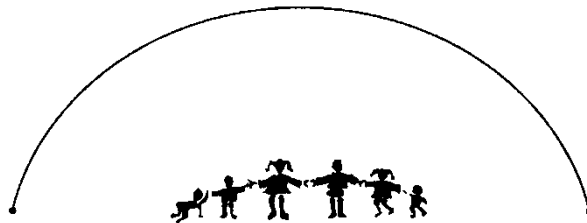
Information sourced: The Asthma Foundation of Victoria, www.asthma.org.au (August, 2014)

National Regulations: Regulations 90-91, 94, 96 168

Date: ____October 2014____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ____October 2017____



East Melbourne Child Care Co-operative.

Dealing with Medical Conditions in Children Diabetes Policy and Procedure

Purpose:

To ensure all parents and educators are aware of their obligations and best practice management of diabetes at the Centre and to provide necessary information for the effective management of children with diabetes attending the Centre

To ensure the health and wellbeing of all the children attending the Centre with diabetes, EMCC recognises the importance of educator education, implementation of best practice policy and the involvement, engagement and understanding of parents of children attending the Centre with diabetes

Definitions:

Type 1 diabetes

Type 1 diabetes occurs due to a severe deficiency of insulin. Insulin is the hormone which controls blood glucose levels or BGLs. It is an auto-immune disease in which the body's own immune system attacks the insulin-making cells in the pancreas and destroys them over time. There is no risk of contracting diabetes from affected individuals. Type 1 diabetes occurs mainly in childhood.

Signs and symptoms of diabetes occur over a period of days and weeks. They include lethargy, weight loss, increased urination and excessive thirst. Without insulin the disease progresses to a life threatening condition marked by dehydration, high blood glucose levels and a build-up of acids (ketones) in the blood (ketoacidosis)

Treatment for type 1 diabetes involves insulin injections, blood glucose monitoring and food management

Type 2 diabetes

Type 2 diabetes usually does not emerge until adulthood and is associated with the following risk factors: being overweight, inactivity and a genetic predisposition. However, Type 2 diabetes affects some children with identified risk factors which are compounded by disadvantage socioeconomic conditions and/or other medical conditions. Type 2 diabetes is different from Type 1 diabetes. People with Type 2 diabetes are able to make insulin but when it is released in to the blood stream it is unable to work efficiently (insulin resistance). This leads to high blood glucose levels (hyperglycaemia).

Procedure:

Children with diabetes are no more likely to be sick than other children and can generally be expected to do everything with their peers do, however because of their diabetes, they may need

- Special consideration when planning sport, excursions and other activities

- Extra toilet provisions
- Extra consideration if unwell
- Some individual supervision
- To eat at additional times, especially when involved in physical activity
- Special provisions for privacy if testing for blood glucose levels and injecting insulin

Centre Manager Responsibilities:

- Provide educators with a copy of the Centre Diabetes Policy and Procedure and ensure educators are aware of diabetes management strategies upon employment at EMCC
- Ensure relief educators and volunteers are aware of the Centre Diabetes Policy and Procedure and ensure they are aware of diabetes management strategies before working with the children
- Provide parents with a copy of the Centre Diabetes Policy and Procedure upon enrolment of their child
- Identify children with diabetes during the enrolment process and provide parents with a Diabetes Plan to be completed on consultation with a medical practitioner
- Develop a Health Support Plan and a Care and Learning Plan for every child with diabetes, in consultation with the parents
- Ensure that all children with diabetes have an Diabetes Plan, Health Support Plan and a Care and Learning Plan kept with their enrolment record and ensure that all Plans are updated at least yearly
- Promptly communicate to parents any concerns regarding the management of children with diabetes enrolled at the Centre

Educator responsibilities:

- Ensure they are aware of the Centre Diabetes Policy and Procedure
- Ensure they are aware where the Diabetes Plan, Health Support Plan and the Care and Learning Plan are kept
- Promptly communicate to Centre Manager and parents any concerns regarding the management of children with diabetes enrolled at the Centre

Most young people are on two injections a day (before breakfast and before evening meal) and do not need to inject at the Centre. **Educators at Childcare Centres are not expected to give insulin injections.** If insulin injections are required at the Centre, adult support and supervision should be provided. A discussion needs to take place between parents, health professionals and educators about how often and what time the injections need to happen and what tasks of performing the insulin injection the child can self-manage. The Diabetes Plan, Health Support Plan and the Care and Learning Plan would assist with this

Parent responsibilities:

- Inform Centre Manager and educators if their child has diabetes upon enrolment at the Centre
- Read the Centre Diabetes Policy and Procedure
- Provide a copy of their child's Diabetes Plan to the Centre, ensuring it has been signed by a medical practitioner. The Diabetes Plan should be reviewed and updated at least yearly
- Work with Centre Manager to develop a Health Support Plan and a Care and Learning Plan for their child
- Communicate all medical and health information, relevant to their child, to Centre Manager and educators of the Centre
- Promptly communicate any changes to their child's diabetes or any concerns about the current health of the child
- Where possible and depending on ability, encourage their child to learn about their diabetes and communicate to their educators if they are unwell or experiencing diabetes symptoms

Diabetes first aid procedure:

Low blood glucose levels (hypoglycaemia or 'hypo')

A low blood glucose level is when there is not enough glucose in the blood stream for normal functioning. The number is usually below 4.0mmol/L. A hypo can be caused by:

- too much insulin
- exercise

- not eating enough exchanges (carbohydrates).

Hypoglycaemia may occur at any time, but there is a greater chance of this happening with exercise or before the next meal is due (usually morning tea or lunch). Hypoglycaemia may be dangerous. The signs can progress from mild to severe very quickly—prompt first aid treatment is crucial.

Signs of hypoglycaemia

Mild

- Sweating, paleness, trembling, hunger, weakness
- Changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness)
- Inability to think clearly, lack of coordination

Moderate

- Inability to help oneself
- Glazed expression
- Being disorientated, unaware or seemingly intoxicated
- Inability to drink and swallow without much encouragement
- Headache, abdominal pain or nausea

Severe

- Inability to stand
- Inability to respond to instructions
- Extreme disorientation
- Inability to drink and swallow (leading to danger of inhaling food into the lungs)
- Unconsciousness or seizures (jerking or twitching of face, body or limbs)

First aid for hypoglycaemia

Mild to moderate hypos can be treated by giving foods or drinks by mouth. Parents should provide educators with their child's preferred hypo kit. Anyone having a hypo needs to be supervised through to recovery

The essentials in the treatment of mild to moderate hypos are the following:

- Give glucose immediately to raise the blood glucose level (e.g. half a can of normal (with sugar) soft or fruit drink, or 5–6 jellybeans if child is over 3 years of age)
- Wait 5 minutes
- If there is no improvement, repeat giving glucose (e.g. half a can of normal (with sugar) soft or fruit drink, or 5–6 jellybeans if child over 3 years of age)
- If the condition improves, follow up with a snack of one piece of fruit or one slice of bread or dried biscuits, only when recovered (usually 5 minutes)
- If there is still no improvement, call an ambulance. State clearly that the person has diabetes, and whether he or she is conscious. Inform emergency contacts
- If unconscious, maintain airway, breathing and circulation (the 'ABC' of first aid) while awaiting the ambulance. Document the event by following site policy in recording the details appropriately.

Treatment of a severe hypo

Never put food or drink in the mouth of a child who is unconscious, convulsing or unable to swallow, in case it is inhaled. The only treatment for a severe hypo is either an injection of glucose into the vein (this can be given only by a doctor or a trained paramedic) or the intramuscular injection from the Glucagen Hypo Kit[®] given by a doctor, a paramedic, a school nurse or a parent or guardian.

In severe hypoglycaemia:

- Lie the child on one side and protect from injury
- Provide first aid, checking that there is no danger around, and maintains airway, breathing and circulation (the 'ABC' of first aid). Check that the mouth is clear to allow unobstructed breathing. Skin colour should remain pale to normal if the person is breathing properly
- Call an ambulance and inform the operator that there is a diabetic emergency

- Inform emergency contacts
- Document the event following site policy in recording the details appropriately.

Emergency Care

An ambulance should be called immediately if any of the following is observed:

- rapid, laboured breathing
- flushed cheeks
- sweet acetone smell to breath

In severe hyperglycaemia:

- Lie the child on one side and protect from injury
- Provide first aid, checking that there is no danger around, and maintain airway, breathing and circulation (the 'ABC' of first aid). Check that the mouth is clear to allow unobstructed breathing.
- Skin colour should remain pale to normal if the person is breathing properly
- Call an ambulance and inform the operator that there is a diabetic emergency
- Inform emergency contacts
- Document the event on an Incident, Injury, Trauma and Illness form

***Hospitalisation is needed urgently.* This is often the mode of presentation in a previously undiagnosed person with diabetes.**

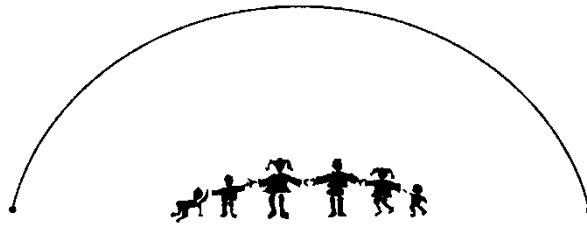
Information sourced: Diabetes: Planning and Support Guide for Education and Childcare Services www.decd.sa.gov.au (August, 2012)

National Regulations: Regulations 90-91,96, 168

Date: ____ October 2014 _____

Signed: ____ R.V. _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Adequate Supervision Policy and Procedure

Rationale:

Educator-to-child ratios are 1:4 for children under three and 1:15 for children over three years old. Educator-to-child ratios alone do not determine what is considered adequate supervision. Supervision is critical to the safety of children. At its most basic level, supervision helps to protect children from hazards or harm that may arise in their play and daily routines. Adequate supervision means that an educator can respond immediately, including when a child is distressed or in a hazardous situation.

Purpose:

EMCC ensures all children are adequately supervised whilst they are being educated and cared for at the Centre

Procedures:

- Every child will always be monitored actively and diligently. This means knowing where children are at all times. Children of different ages and abilities need different levels of supervision. In general, the younger children are, the more they may need an adult to be physically present and close by to support and help them.
- **Parents are required to sign their child in and out each day they are at the Centre (refer to the Delivery and Collection of Children Policy and Procedure)**
- When children arrived in the morning, their name is to be put on the whiteboard or communication book so all educators know who is present in the Room. As children leave at the end of the day, their name is to be taken off – this is the responsibility of the educators in the Room.
- When children move Rooms for 'Family Grouping' their names need to be written on the whiteboard of that Room and removed once the child has left the Centre
- The educational program may include experiences in both the indoor and outdoor environment. Educators will effectively supervise children in both these environments, for example, if all children are playing outside and a child needs to go to the bathroom, an educator needs to supervise the child indoors whilst they are in there
- Whilst children are sleeping or resting at the Centre, an educator needs to be supervising them (refer to Sleeping and Resting Policy and Procedure)
- During water play, an educator is to be supervising at all times (refer to the Water Safety Policy and Procedure)
- The adequacy of supervision should be determined by a range of factors, including:
 1. Number, ages and abilities of children
 2. Number and positioning of educators
 3. Each child's current activity
 4. Areas where children are playing, in particular the visibility and accessibility of these areas
 5. Risks in the environment and experiences provided to children
 6. Educators' knowledge of each child and each group of children
 7. The experience, knowledge and skill of each educator
- Adequate supervision requires teamwork and good communication amongst educators, for example, educators should let their colleagues know if they need to leave the area for any reason, such as to get a resource from another area, or to use the bathroom
- **Two educators are required to care for a child at all times**

- **Students, volunteers and visitors cannot be given responsibility of supervision at any time**

End-of-day procedures

At the end of the day

- Two educators will check the Sign in/out book. If children have not been signed out, then the educator will contact educators from the child's room, to find out the time the child left the Centre.
- Two educators will do a physical check of each Room to see if any child is still present at the Centre to ensure no child is accidentally locked inside the Centre

The Regulatory Authority must be notified within 24 hours if a child:

- **Appears to be missing or cannot be accounted for**
- **Appears to have been taken or removed from the Centre premises in a way that breaches the National Regulations, or**
- **Is mistakenly locked in or locked out of the Centre**

Information sourced from: National Quality Framework Resource Kit, Education and Care Services National Regulations, 2011 pg. 64-65 (August, 2012)

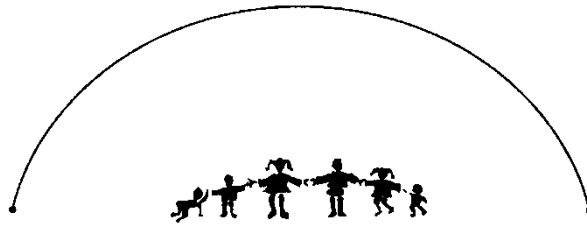
National Law: Sections 165, 167, 174

National Regulations: Regulations 101, 115, 166, 168, 176

Date: ____ October 2014 _____

Signed: _____ R.V. _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Providing a Child Safe Environment Policy and Procedure

Rationale:

EMCC will provide a child safe environment for the children where every reasonable precaution is taken to protect children from harm and hazards likely to cause injury

Purpose:

To ensure all children will be adequately supervised at all times that the children are being cared and educated for at the Centre. Supervision is important for the safety of the children, for it protects them from hazards and harm that may arise at the Centre.

Procedures:

- All equipment and furniture used in the Centre are regularly checked to ensure they are safe, clean and in good repair
- Outdoor space at the Centre premises is enclosed by a fence that is of a height and design that the children cannot go through or under it
- The laundry is located away from the children and they cannot access it
- The Centre to provide adequate shaded areas in the outdoor premises to protect the children from overexposure to ultraviolet radiation from the sun
- The Centre is designed and maintain in a way that facilities supervision of children at all times, having regard to the need to maintain rights and dignity of children during toileting and nappy changes
- Hot drinks to be made and consumed in the staff room
- Safety plugs in all electrical outlets
- Purchasing products/equipment that meet Australian Standards

Occupational Health and Safety (OH and S) audit for the indoor and outdoor environments

- OH and S audits to be conducted regularly, ideally every two months
- OH and S checklist to be completed after audit

Environmental Care

- The EMCC shall, wherever possible, use environmentally safe cleaners, disinfectants and detergents and ensure educators and children are not exposed to dangerous chemicals
- All possible efforts will be made to recycle all paper, glass and plastic

Maintenance procedure

- Educators to report of any area/equipment or work practice that is unsafe for the children
- Any area that is unsafe, is to be sectioned off to ensure no danger to anyone
- Equipment to be removed from the children's use and placed in the outdoor storage are with a sign "Broken do not use" If broken equipment is beyond repair, it is to be thrown away
- Any unsafe equipment or furniture to be reported to the Centre Manager

Yard Safety Audit

- Educators are to assess the safety of the equipment and the environment each morning to ensure there is no dangerous products or broken equipment in the yards
- Educators to check the yards for syringes or broken glass that may have been left or thrown over the fences

- Any dangerous equipment is to be removed immediately from the yards or cordoned off to ensure children cannot access it. This then must be reported to the maintenance officer or Centre Manager
- Yard Safety Audits Checklist to be completed after setting up the yards each morning. If the yards are not set up due to the weather, a yard safety check still needs to be completed in case the children go outside later in the day

Disposal of used needles and syringes

- Avoid touching the needle with your fingers of hands
- DO NOT PANIC
- Get sharps container from shelf in the laundry and take it to the needle or syringe
- Using gloves pick up the needle or syringe by the blunt end, do not try to recap the needle. Place the syringe or needle in to the sharps container and make sure the lid is on tightly
- Place the sharps container back into the laundry
- When the sharps container is full, telephone Melbourne City Council on 9658 9658 and ask them to collect the sharps container and replace

Hazardous Substances and dangerous goods products

- Dangerous products will be stored away from the children at all times
- Laundry liquids and disinfectants are to be stored in the laundry on a high shelf
- Spray bottles containing disinfectants and other containers with dangerous products in them will have a label stating the contents. Dangerous products will not be stored in food containers
- The Centre will ensure that any dangerous or hazardous materials are stored out of reach of children and a sign stating 'Potentially Dangerous Item Stored Here' will be placed with item
- No granulated fertiliser that is harmful to the children is to be used on the gardens
- Gardening products to be stored on high shelves in areas inaccessible to children
- Ensuring material safety data safety sheets are displayed and current
- Diluting products according to instructions
- Handling and using products only for correct use

Sourced: Work Safe Victoria 2008

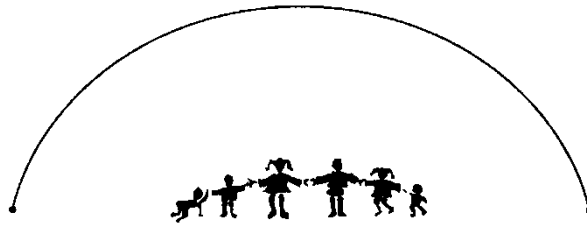
National Law: Sections 165, 167

National Regulations: Regulations 101, 103, 104, 106, 114, 115, 168, 176

Date: _____ October 2014 _____

Signed: _____ R.V. _____ (Executive Director)

Date to be reviewed on: _____ October 2017 _____



East Melbourne Child Care Co-operative.

Water Safety Policy and Procedure

Rationale:

EMCC will provide a child safe environment for the children where every reasonable precaution is taken to protect children from harm and hazards likely to cause injury. Children can drown in as little as a few centimetres of water therefore supervision is very important.

Purpose:

To ensure all children will be adequately supervised at all times that the children are being cared and educated for at the Centre. Supervision is important for the safety of the children around water.

Procedures:

- Active supervision when water is on the program.
- With children aged 0-2 an educator must be present at water activities.
- Water is to be tipped out when not in use.
- Do not prop any doors or gates open that allow children access to a body of water.
- Check the yards after rain or watering for any collection of water.

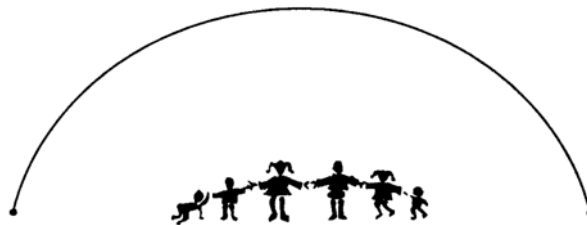
Information sourced from www.kidsafevic.com.au (October 2013)

National Regulations: Regulations 168

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Emergency and Evacuation Policy and Procedure

Purpose:

For all educators, relief educators, volunteers and students to know what to do in the event of an emergency and evacuation at the Centre

Procedure:

- All educators, relief educators, volunteers and students to familiarise themselves with the Centre's evacuation plan (copies available in each room, foyer, kitchen and staff room in prominent position near each exit) and identify the location of fire exits and fire extinguishers.
- All families are encouraged to familiarise themselves with the procedures
- An emergency whistle is available in the office and emergency phone numbers are listed in the sign in/out book of the children attending the Centre that day and the educator's emergency contact phone list is located at the back of the sign in/out book.
- The centre will have ready access to an operating telephone or other similar means of communication, to be able to communicate immediately with emergency services or parents of children attending the Centre during an emergency
- The emergency and evacuation procedures to be rehearsed every 3 months. These will be documented and evaluated
- Risk assessment is conducted to identify potential emergencies related to the Centre

Colour Coding

Each emergency has been colour coded to enable educators to react appropriately without alarming others. The following emergencies have been identified as potential emergencies related to the Centre. The standard colour codes are as follows:

RED	FIRE
PURPLE	BOMB THREAT
BLACK	ARMED HOLD-UP/VIOLENT PERSON
YELLOW	TOXIC EMISSION/EXPLOSION/OTHER
ORANGE	EVACUATION
GREEN	ALL CLEAR

It is important that ALL educators know the colour codes and use them to advise other educators of the emergency

Evacuation Plan

The Evacuation Co-ordinator will always be the person in charge of the Centre at the time of the Emergency

Evacuation Co-ordinator duties, upon emergency

- Determine the appropriate evacuation route and notify educators of route
- Determine the assembly point to be used and notify educators
- Maintain a record of areas reported 'clear'
- Gather sign in book, phone, children and educators contact numbers and building floor plan
- Ensure evacuation is proceeding as required

- Allocate educators to where additional assistance is needed
- Maintain an accurate record of any educator who returns to the building to assist other educators
- Meet emergency services representatives and advise of evacuation progress, the number of persons still in the building, their possible locations and information regarding the emergency
- Provide emergency services with the floor plan of the building
- Provide an ongoing liaison to emergency services
- Ensure all relevant documents gathered are taken to the assembly area
- Evacuation Co-ordinator duties, upon arrival at assembly point
- Ensure all children, educators and visitors are accounted for
- Ensure all relevant attendance books, roll books and necessary records are available
- Commence making arrangements for notification of and responding to inquiries from parents
- Commence making arrangements for relocating children, educators and visitors to more suitable and controlled areas. The weather conditions will dictate the urgency of these considerations
- Prepare for media interviews

Toddler Room

- Gather portable first aid kit and take to evacuation area

Room Leader duties, upon hearing the whistle

- **REMAIN CALM – DO NOT SHOUT OR RUN**
- Cease activities immediately
- Determine the need for blankets and other equipment to be taken
- Gather the children together and instruct them to hold hands
- Direct educators to walk children out of building via the safest exit. Babies Room children will be carried or put into emergency cot and wheeled out through exit door
- Conduct head count while evacuating the building
- Double check the room, and the other areas allocated to ensure all children have evacuated
- Take children's anaphylaxis and asthma bags from the wall
- **IF POSSIBLE TURN OFF ALL APPLIANCES OR POWER** – air conditioners, heaters, fans, stereos
- Leave **LIGHTS TURNED ON**
- Report your area 'clear' to Evacuation Co-ordinator
- Evacuate building and proceed to selected assembly area
- Room Leader duties, upon arrival at assembly area
- Conduct a second head count
- Ensure all children and educators are accounted for
- Ensure children are kept together and reassured

All educators' duties, upon hearing whistle

- **REMAIN CALM – DO NOT SHOUT OR RUN**
- Cease activities immediately.
- Gather the children together.
- Assist in walking children out of building via the safest exit, ensuring all children remain together. Babies Room children will be carried or put in emergency cot and wheeled out
- Conduct head count whilst evacuating the building
- Make sure all children are evacuated from your rooms and allocated areas
- Evacuate building as directed by Room Leader and proceed to selected assembly area with the children, ensuring they are kept together at all times
- All educators' duties, upon arrival at assembly point
- Ensure all children and educators are accounted for
- Ensure children are kept together and reassured
- Remain calm and ensure children are kept calm and out of danger

General instructions:

1. When educators have cleared the building and advised the Evacuation Co-ordinator, **RE-ENTRY TO THE BUILDING IS NOT PERMITTED** without the express permission of the Evacuation Co-ordinator
2. Police or emergency services personnel will advise when the emergency is over
3. Should the situation be drawn out, educators can expect to be approached by media seeking interviews. **UNDER NO CIRCUMSTANCES ARE EDUCATORS TO MAKE STATEMENTS.** They are also to ensure **CHILDREN ARE NOT INTERVIEWED OR PHOTOGRAPHED**
4. All media requests **MUST** be directed to the Evacuation Co-ordinator or person in charge
5. The Evacuation Co-ordinator, in conjunction with the Police or emergency personnel, will arrange to notify parents and provide advice of any necessary action to be taken by them
6. Bad weather conditions and the type of emergency may require gathering blankets when leaving the building
7. If the emergency is likely to continue for some time, go to the opposite campus.

Corner of Grey and Simpson Street

East Melbourne

9419 4301

Directions to Powlett Reserve – Walk to the end of Berry Street and cross at lights over Wellington Parade (opposite Pyman's Pharmacy), walk down Simpson Street until you get to Grey Street.

OR

27 Berry St East Melbourne

9428 0896

Directions to Yarra Park – Walk up Simpson Street cross over Wellington Parade at the lights, walk down Berry Street before Punt Road.

Evacuation following a bomb threat: All personal belongings of children and educators should be taken with them

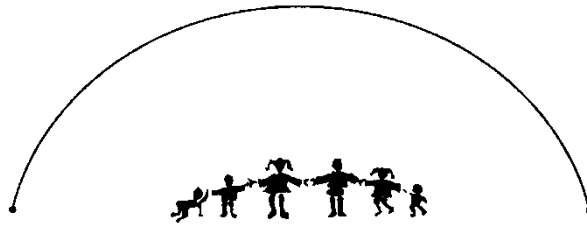
REMEMBER ANY FORM OF PANIC, SHOUTING OR RUNNING MAY CREATE CONFUSION AND ANXIETY IN THE CHILDREN. THIS WILL HAMPER EVACUATION PROCEDURES AND MAKE YOUR TASK MORE DIFFICULT

National Regulations: Regulation 97, 98, 168

Date: ____ October 2014 _____

Signed: ____ R.V. _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Delivery of Children and Collection of Children to Centre Policy and Procedure

Purpose:

EMCC will comply with all legislative requirements while fulfilling its duty of care to ensure the safe delivery and collection of enrolled children.

Procedures:

Delivery of Children to the Centre

- Parents or authorised nominee must sign the attendance book in the foyer when delivering the child to the Centre. The time that the child arrived, contact number, expected person to collect the child and expected time of collection
- A child cannot be delivered to the Centre before 7.30am

Collection of children from Centre

- Parents or authorised nominee must sign the attendance book in the foyer when collecting the child from the Centre. The time the child was collected needs to be also written
- Children need to be collected by 6.00pm
- The Approved Provider and Nominated Supervisor must ensure that children being cared and educated for at the Centre do not leave the Centre except in reasons given below
- A child may only leave the Centre under any of the following circumstances
 1. A parent or authorised nominee collects the child
 2. A parent or authorised nominee provides written authorisation for the child to leave the Centre
 3. A parent or authorised nominee provides written authorisation for the child to attend an excursion
 4. The child requires medical, hospital or ambulance treatment, or there is another emergency
- Refer to Serious Incidents Policy and Procedure if a child is missing or cannot be accounted for or appears to have been taken or removed from the Centre in a way that breaches the National Regulations
- If another person, other than the parent, is collecting the child from the Centre, they need to be 18 years or older

Parent's responsibility for the delivery and collection of children from the Centre:

- Signing their child in and out every time they attend the Centre in the attendance book. The parent needs to write the time the child was delivered to the Centre, a contact number, expected person to collect the child, expected time out and then when collecting the child, the time the child was collected.
- **Parents to ensure there are two educators at the Centre before leaving their children**
- Negotiate with the Centre Manager an agreed drop off and pick up time and adhered to this as strictly as possible so that appropriate educator levels can be maintained
- Re-negotiate these times if necessary
- Notify the Centre if they wish to leave their child earlier or pick the child up later than the appointed time, to ensure the Centre can adhere to appropriate educator: child ratios
- If a person other than the parent is collecting the child, the parent is to notify the educators. This needs to be written and added to the child's enrolment form

Educator's responsibility for the delivery and collection of children from the Centre:

- **Two educators are required to care for a child at all times**

- When a parent notifies the educator that another person is collecting the child, the educator needs to ensure that the other person is authorised to collect the child. If the person is not authorised, then the educator needs to get written permission from the parent for this to occur. The written permission then needs to be added to the child's enrolment form
- If educators do not recognise the person arriving to collect the child, the person will be questioned as to their identity and asked for Photo Identification. Educators will refer to the child's enrolment form to confirm the person has authorisation to collect the child. In the event of a non-authorised person and no written authorisation, the parent will be contacted to give written authorisation before the child is allowed to leave the Centre

Late pick up of a child

Children must be collected by 6.00pm. In the event of a late pick up, the following procedures shall apply:

- Wherever possible, parents should ring the Centre to inform educators if they have been detained
- Parents shall sign a Late Pick Up book noting their time of arrival at the Centre
- Refer to Fees Policy and Procedure in payment of Late Pick Up Fees

Emergency procedure in the event of a late pick up of a child

If parents have not arrived by 6.15pm, the following procedures shall be followed:

- Educators shall attempt to contact parent(s) on all given numbers
- If this is not possible, then educators need to contact the emergency contacts listed in the child's enrolment form and advise:
 1. Their name and position with the EMCC;
 2. The fact the contact has been given as an emergency contact for the child; and
 3. That the educator wishes the emergency contact to collect the child as soon as possible. Educators will await their arrival and ensure they sign the child out
- If no emergency contacts are known, or if contact cannot be made, then the Executive Director of the EMCC will be called and requested to take responsibility for the child. Then the Committee of Management will be notified.

In this Policy, the term 'parent' does not include a parent who is prohibited by a court order from having contact with the child.

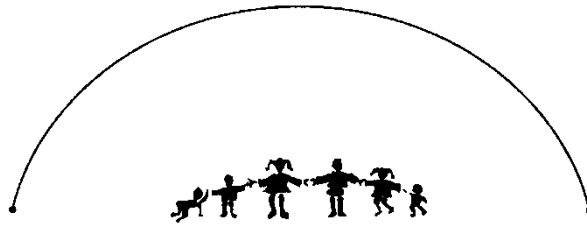
National Law: Sections 165, 167

National Regulations: Regulations 99, 158-159, 168, 176

Date: ____ October 2014 ____

Signed: ____ R.V. ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Excursions Policy and Procedure

Purpose:

EMCC encourages the use of excursions, seeing them as valuable experiences, which broaden children's knowledge and introduce or reinforce a world away from home and the Centre.

Procedure:

All excursions will be planned and will be notified to, and approved by the Centre Manager.

Request for approval will include

- A copy of excursion form
- A risk assessment

Excursion Form

- No child will be taken on an excursion from the Centre without the written permission of a parent
- Parents will be provided with an Excursion Form which will include:
 1. Name of the child.
 2. Date of the excursion.
 3. The destination and planned stops/breaks of the excursion.
 4. Acknowledgement that the risk assessment has been sighted and agreed to.
 5. Adult/Child ratio and whether the Adult will be an accompanying parent.
 6. The name and signature of the parent giving permission.
- Excursion Volunteer Forms must be completed by all volunteers.
- Parent/Volunteers who are bringing children who are not enrolled in the program are to be informed that they are responsible for that child at all times.
- Parents must be provided with the information prior to the excursion. This will include:
 - The destination and any planned stops or breaks in the journey.
 - The date of the excursion.
 - The cost of the excursion.
 - Intended mode of transport.
 - Planned activities.
 - A copy or access to the Risk Assessment Plan.
 - The Adult/Child ratio for the excursion.
 - Emergency contact details.
 - Instructions regarding children's attire for example, clothing, lunch boxes
 - Contingency plans.

Risk assessment

A risk assessment will be undertaken prior to all excursions and must:

- Identify and assess risks that the excursion may pose to the safety, health or wellbeing of any child being taken on the excursion
- Specify how the identifies risks will be managed and minimised

Without limiting above points, a risk assessment must consider:

- The proposed route and destination for the excursion
- Any water hazards

- Any risks 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

Excursion

- There will never be less than the 1 Adult/ 2 Child ratios. In the case of Special Needs children, additional adults will be included. Accompanying adults will be assigned specific children and explained the objectives of the excursion prior to leaving.
- If an excursion is identified as a risk, for example, inadequate Adult/Child ratios or weather; then the excursion will be cancelled.
- At least two educators with a current first aid certificate will accompany the children on the excursion.
- First aid supplies and a mobile phone will be taken on the excursion. Mobile phone number to be written down and left at the Centre
- A name tag consisting of the Centre information will be placed upon each child.
- A roll of the children and emergency contact numbers will be taken on the excursion and one copy will be left at the Centre.
- If public transport is used then seat belts will be provided where suitable.
- All excursion forms will be filed with the child's enrolment record.
- Room leader to evaluate excursions.

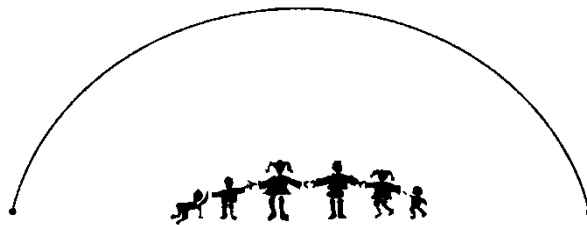
National Law: Section: 167

National Regulations: Regulations 100-102, 168

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Clothing and Footwear Policy and Procedure

Purpose:

To ensure children wear effective and safe clothing and footwear for free movement of play and are developmentally appropriate. The clothing and footwear, children wear whilst at the Centre can influence the quality of experiences as clothes and footwear can affect their health, safety, comfort, play and learning

The Centre endeavours to consult with parents about their child's individual needs and to be aware of the different values and beliefs, cultural or otherwise that are associated with clothing and footwear.

Procedures:

Clothing and dressing, play important roles in children's learning and development. Clothing and footwear should be easily manageable as possible in order to facilitate and promote children's independence

- All clothing and footwear needs to be clearly named
- Children need to bring at least one change of labelled clothes and footwear in their bags as children may need to change during the day due to various reasons
- When children are toilet training, they need to have several pairs of underwear and pants/shorts to change into when needed

Clothing

Clothing encompasses

- Children should wear clothing appropriate for the Centre, for example no party dresses, clothes that you do not want to get ruined
- Safe sleepwear (refer to the Sleep and Rest Policy and Procedure)
 1. Educators to monitor the temperature of the sleep/rest environment and address children's clothing needs
 2. Children's sleepwear meets Australian Standards
- Sun protective clothing (refer to the SunSmart Policy and Procedure)
 1. All children are required to wear a hat that covers their face, neck and ears, for example, legionnaire, broad-brimmed or bucket hats. No baseball caps as they do not offer enough protection.
 2. When outside, children are required to wear loose fitting clothing that covers as much skin as possible. Clothing made from cool, densely woven fabric is recommended.
 3. Children are not to wear singlets or singlet dresses outside.
- Clothing appropriate for messy play. Aprons will be worn, during painting and water experiences
- Appropriate clothing for changing weather conditions and temperature of play environment. During winter, a jacket is to be worn outside, a warm hat is recommended.
- Clothing that is easily manageable to facilitate self-help and promote independence

Footwear

Safe, comfortable footwear that fits well is essential. Footwear must provide support as well as protection for the feet

- Footwear that is appropriate to children at the Centre, such as sneakers, sandals and shoes
- Thongs are not be worn, as they are dangerous if the child is running, jumping, or climbing
- Wearing appropriate footwear for babies and infants
- Footwear that is easily manageable to facilitate self-help and promote independence

Clothing and footwear not permitted at the Centre

We recommended the following not to be worn at the Centre because it:

- is dangerous to wear thongs whilst a child is running, jumping or climbing
- restricts movement, the child's ability to play or inhibits the development of self-help skills, for example overalls are often difficult items of clothing to remove when toilet training
- is too revealing and may potentially place a child at risk, for example some styles of swimwear, midriff tops
- contravenes the SunSmart Policy and Procedure, for example, strapless tops/dresses or singlets
- superheroes capes, as they can become caught up on trees and climbing equipment and seem to encourage reckless and aggressive behaviour.

Educators, relievers, volunteers and students as role models

Educators, relievers, volunteers and students will role model appropriate clothing and footwear whilst educating and caring for children at the Centre

Spare clothing

At the Centre we do have access to spare clothing, however this is limited. Parents are responsible for ensuring that their child has appropriate clothing and footwear for the day and an appropriate number of changes of clothes and footwear in their bags.

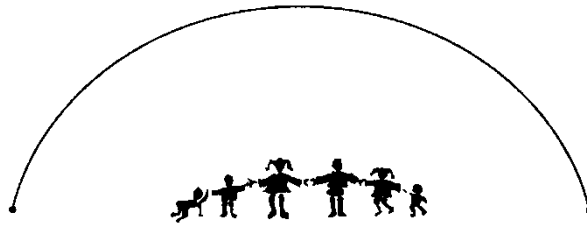
Information sourced from: National Childcare Accreditation Council: Children's Clothing in Childcare www.ncac.gov.au (August, 2012)

National Regulations: Regulations 73, 155, 168

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Nappy Change and Toileting Policy and Procedure

Rationale:

EMCC acknowledges and supports that during positive nappy changing and toileting routines, it creates an opportunity to promote children's learning, to meet their individual needs and develop strong relationships

Purpose:

EMCC educators will interact in a positive way with children as part of their nappy changing and toileting routine and to adhere to hygienic practices to prevent disease spreading through contact with body fluids (please refer to Preventing Spread of Infectious Disease Policy and Procedure)

Procedure:

Nappy Changing

- There is access to a designated nappy changing area in every under three Room. The Kinder children who require a nappy change, have access to either a nappy changing area in their Room or they are to use one in an under three Room
- The nappy change area can be easily cleaned after each change
- Nappy change areas are close to hand washing facilities
- Nappy change supplies are easily accessible to educators
- A used nappy bin and waste bin are close to the area
- When a child is having their nappy changed, an educator will keep a hand on the child the entire time to ensure they do not fall off the table
- Children are encourage, if able, to climb the steps up to the nappy change table
- After each nappy change, the nappy change mat needs to be sprayed with detergent and water, multipurpose is acceptable and wiped down
- Nappy change mat to be sprayed with disinfectant at least once during the day and when required
- A spare nappy change mat to be available at the Centre

Changing a nappy

- Wash your hands.
- Have everything you need, ready, such as nappy, wipes
- Place paper towel on the change table. If an educator chooses not to put a paper towel on change mat, then extra care needs to be taken in cleaning the change mat in between nappy changes.
- Put disposal gloves on both hands
- Remove the child's nappy and put it in a lidded bin. Place any soiled clothes in a plastic bag
- Clean the child's bottom.
- Remove the paper and put it in a lidded bin.
- Remove your gloves and put the gloves in the bin.
- Put a clean nappy on the child
- Dress the child.
- Take the child away from the change table.
- Wash your hands and the child's hands
- Clean the change table with detergent and water, multipurpose is acceptable
- Wash your hands

Toilet training

EMCC recognises that toileting needs to be managed in a relaxed and reassuring manner based on each child's individual needs. Educators encourage and respect children as individuals, acknowledging and supporting their independence in regard to toilet training. An educator is to have a discussion with parents before the child commences toilet training, to ensure they best meet the child's needs and to make toilet training a positive experience for the child.

The Centre has an adequate, developmentally and age appropriate toilet and hand washing facilities. The location and design enables children safe and convenient use. There is sufficient amount of toilets and hand basins at the Centre to ensure minimise delay for the children. Adequate supervision is able to be maintained while children access the bathroom with a level of independence that is appropriate for the child's stage of development (please refer to Adequate Supervision Policy and Procedure)

Educator's responsibility in supporting children in toilet training:

- Ask children regularly if they need to use the toilet. Children recently out of nappies may need to be encouraged to "try" anyway, however not forced. If the child says "no" to going to the toilet, the educators will explain to the child that in 5 minutes they can "try" to go to the toilet
- Provide a step for children to easily reach toilets if necessary.
- Wear gloves in case they need assistance during the toileting process.
- Encourage the child to pull down their own clothing and underwear and provide assistance if necessary.
- Ask the child to sit down on the toilet. They may need some assistance to balance themselves on the seat. Some may prefer to stand to do a wee.
- Encourage children to wipe themselves using toilet paper. They may need some help to access the toilet paper. Provide a 'wet wipe' for children who have had a bowel movement. Some children may still need assistance wiping their bottoms after toileting.
- Encourage children to pull up own underwear and clothing (assisting if needed) and flush the toilet.
- Children to wash hands after going to the toilet
- Educators to wash hands after helping a child go to the toilet

Supportive practices for educators for nappy changing and toileting:

- Educators acknowledge that how they react to soiled or wet nappies, toileting needs and accidents give children powerful messages about themselves and their bodies. Never showing displeasure or negative reactions to a child's bowel movements, no matter how messy or smelly it is
- It is important to allow children to take their time, go at their pace
- Responding to children's cues and allowing them to be active participants in the process.
- Where possible, using the correct terms for going to the toilet. Ask families what words they use at home, as consistent language between home and the Centre will support children to understand and learn more easily.
- Being sensitive to individual children's needs and styles, and tailor individual nappy change and toileting procedures to each child.
- Changing nappies or helping children to use the toilet on a needs basis, as well as having times during the day when each child's nappy is checked.
- Speaking respectfully with children about what you are doing. For example, tell children that you are checking their nappy, and talk with them about what is happening as you are changing their nappy or assisting them to use the toilet.
- Asking or reminding children about using the toilet.
- Responding as quickly as possible when a child indicates a need to use the toilet.
- Encouraging families to provide children with clothes that assist them to toilet independently, for example, elastic waisted pants that are easy to pull up and down (refer to Clothing and Footwear Policy and Procedure)

In addition to meeting children's physical needs, nappy changing and toileting are important time to:

- Have one on one interactions with children, and to give them full attention
- Build trusting and caring relationships with children
- Interact verbally and nonverbally
- Build children's understanding of what is happening now and promote their ability to predict what will happen next

- Support children to develop and extend their self-help skills, for example hand washing, dressing

Bathroom cleaning procedure:

The toilet area is to be cleaned thoroughly once during the day by educators and again at night by our cleaning contractors. They are also to be cleaned at any other time deemed necessary by educators (whenever they are dirty)

- Toilet seats and tops (for example, the button area), the sink and taps are to be cleaned by spraying with disinfectant and left for 10 minutes before being dried with a paper towel.
- Nappy bin to be emptied at rest time.
- Nappy bin, including lid/handle to be sprayed with disinfectant and left for 10 minutes before being dried with paper towel.
- Spray the toilet bowl with disinfectant and leave for 10 minutes before drying with a paper towel.
- Nappy change mat to be sprayed with disinfectant and left for 10 minutes
- Spray the steps with disinfectant and leave for 10 minutes and dry with paper towel
- Bathroom floor is to be swept and mopped
- Leave windows up to allow ventilation.
- Ensure children's soap and toilet paper dispensers are full at midday clean.

Information sourced from:

National Childcare Accreditation Council: Positive Toileting and Nappy Changing Factsheet 14 www.ncac.gov.au (September, 2012)

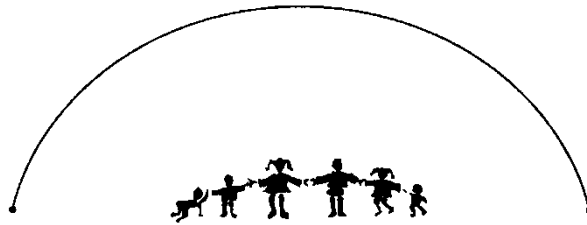
National Health and Medical Research Council (2012) *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (5th Edition)*

National Regulations: Regulations 109, 112

Date: ____ October 2014 _____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

SunSmart Policy and Procedure

Children and educators are to use a combination of sun protection measures between September and end of April and whenever UV Index levels reach 3 and above.

Rationale:

A balance of ultraviolet radiation (UV) exposure is important for health. Too much of the sun's UV can cause sunburn, skin and eye damage and skin cancer. Sun exposure in the first 10 years of life is a major factor in determining future skin cancer risk. Too little UV from the sun can lead to low vitamin D levels. Vitamin D is essential for healthy bones and muscles, and for general health.

Purpose:

This SunSmart Policy has been developed to:

- Ensure all children and educators have some UV exposure for vitamin D.
- **Ensure all children and educators to use a combination of sun protection measures between September and end of April and whenever UV Index levels reach 3 and above.**
- Ensure outdoor environment is sun safe and provides shade for children and educators
- Assist children to be responsible for their own sun protection.
- Ensure that families and educators are informed of the Centre's SunSmart measures.

Procedures:

- Educators are encouraged to access the SunSmart UV Alert at www.sunsmart.com.au to find out daily local sun protection times to assist with the implementation of this policy.
- We use a combination of sun protection measures for all outdoor activities from **September to the end of April and whenever UV levels reach 3 and above.**
- Where possible, active, outdoor sun safe play is encouraged throughout the day
- Our SunSmart practises consider the special needs of infants. All babies under 12 months are kept out of direct sun when UV levels are three and above.

Shade

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

Clothing

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

Hats

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

Sunglasses [OPTIONAL]

Children and educators are encouraged to wear close fitting, wrap-around sunglasses that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4) and cover as much of the eye area as possible.

Sunscreen

- SPF 30+ broad spectrum, water resistant sunscreen is available for children and educator's use.
- Sunscreen is applied at least 20 minutes before going outdoors and reapplied every two hours if outdoors.
- With parental consent, children with naturally very dark skin are not required to wear sunscreen to help with vitamin D requirements.
- From 3 years of age, children are encouraged to apply their own sunscreen under supervision of educators

When enrolling their child, families are:

- Informed of the Centre's SunSmart Policy and Procedure
- Asked to provide a suitable hat for their child
- Asked to provide their child with suitable outdoor clothing that is cool and covers as much skin as possible (for example that covers the shoulders and chest, upper arms and legs)
- Asked to provide SPF 30+ broad spectrum, water resistant sunscreen for their child, if unable to have the Centre's sunscreen for allergy reasons
- Required to give permission for educators to apply sunscreen to their child
- Encouraged to practise SunSmart behaviours themselves when at the Centre

Educators Occupational Health and Safety (OHS) and Role modelling

As part of OHS UV risk controls and role-modelling, when the UV is 3 and above educators:

- Wear sun protective hats, clothing and sunglasses when outside
- Apply SPF 30+ broad spectrum, water resistant sunscreen
- Seek shade whenever possible

Families and visitors are requested to use a combination of sun protection measures (sun protective clothing and hats, shade, sunglasses and sunscreen) when attending the Centre.

Planned experiences

- Sun protection and vitamin D are incorporated into the learning and development program.
- The SunSmart policy and procedure is reinforced through educators and children's activities and displays.
- Educators and families are provided with information on sun protection and vitamin D through family newsletters, noticeboards and the Centre's website.

Relevant Documents / Links

Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for children)

Victorian Early Years Learning and Development Framework (VEYLDF)

National Early Years Learning Framework (EYLF)

Education and Care Services National Law Act 2010: Section 167

Education and Care Services National Regulations 2011: regulations 114, 168 (2) (a) (ii)

National Quality Standard for Early Childhood Education and Care and School Age Care (Quality Area 2)

Building Quality Standards Handbook (BQSH): Section 7.5.5 Shade Areas

Get Up & Grow: Healthy eating and physical activity for early childhood (Section 2) 2009

Occupational Health and Safety Act 2004

Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation (2006)

Safe Work Australia: Guidance Note for the Protection of Workers from the Ultraviolet Radiation in Sunlight (2008)

AS/NZS 4486.1:1997 – Playgrounds and Playground Equipment Part 1: Development, installation, inspection, maintenance and operation Shade/Sun Protection

Relevant resources

Be SunSmart, Play SunSmart by Anne Stonehouse Includes suggested play experiences to help encourage children to play the SunSmart way and incorporates concepts from the new learning and development frameworks. (See link below.)

Songs, video clips, online learning modules and suggested play experiences available from www.sunsmart.com.au/childcare_and_schools/in_early_childhood_services

SunSmart UV Alert: The SunSmart UV Alert indicates daily weather forecasts including temperature, local UV levels and times sun protection is or isn't needed. This is available in the weather section of the newspaper, on the SunSmart website at www.sunsmart.com.au, as a free smart phone app or as a widget that you can add to your website.

Creating effective shade: This online shade audit tool allows you to assess whether the existing shade at your service is adequate. It also helps you develop a list of practical recommendations to improve shade:
www.sunsmart.com.au/shading-audit/intro

Information sourced from SunSmart website at www.sunsmart.com.au (May, 2014)

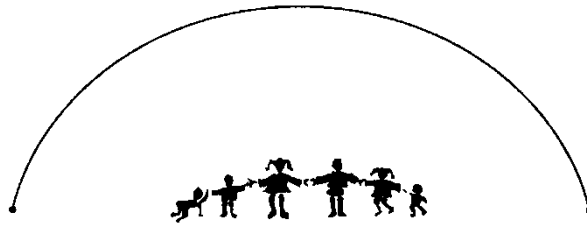
National Law: Section 167

National Regulations: Regulations 114, 168

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Occupational Health and Safety Policy and Procedure

Rationale:

EMCC commits to provide a safe and healthy environment for employees, families, children, relief educators, contractors, visitors, students and volunteers. This policy reflects the value EMCC places on its employees, children, families, relief educators, students, volunteers and visitors by endeavouring to protect the health, safety and welfare of all members of its community. The commitment to occupational health and safety (OHS) will be evident by the integration of that commitment into all organisational activities.

Purpose:

EMCC is committed to occupational health and safety. It is understood that there is a shared legal responsibility, commitment and accountability by all persons to implement EMCC Occupational Health and Safety Policy and Procedure whilst at the Centre

Scope:

This policy is on-going and applies to all committee, educators, parents, children, relief educators, contractors, visitors, volunteers and students attending the Centre.

Procedures:

EMCCs' responsibilities:

- Will ensure that Management, educators, relief educators, students and volunteers are aware of their health and safety responsibilities as employers/employees/volunteers of EMCC
- Systematic identification, assessment and control of hazards will be undertaken.
- Effective communication and consultation form a fundamental part of the management process, encouraging innovative means of reducing risk in the work environment.
- Training will be provided to assist educators to identify health and safety hazards, leading to safe work practices within the Centre

EMCC specifically recognises the need to ensure that:

- Statutory requirements are fulfilled, in particular the provisions of the *Occupational Health and Safety Act 2004* and its successors and that all relevant codes of practices are adopted and accepted as the minimum standard
- There is a systematic risk management approach to the management of workplace hazards
- Hazards and risks to health and safety are identified, assessed and where they cannot be eliminated, are controlled effectively (refer to Child Safe Environment Policy and Procedure)
- Measures to control hazards and risks to health and safety are monitored and evaluated regularly
- Adequate instruction is given to educators in safe working procedures and that they are informed of any hazard to their well-being and health which may be known to be associated with the work in which they are involved
- Consultation and cooperation between Management and educators is important for effective translation of objectives into action
- Equipment and resources are maintained in a safe condition (refer to Child Safe Environment Policy and Procedure)
- OHS accountability is included in all position descriptions
- Adequate resources are allocated to fulfil the aims of this policy

Employees' obligations:

EMCC recognises its employees' obligations under Section 25 of the *Victorian Occupational Health and Safety Act 2004*.

'While at work', an employee must

- a) Take reasonable care for his/her own health and safety;
- b) Take reasonable care for the health and safety of persons who may be affected by the employee's acts or omissions at a workplace; and
- c) Cooperate with his/her employer with respect to any action taken by the employer to comply with the requirement imposed by or under this *Act* or *Regulations*
- d) Not interfere with safety equipment, for example, fire extinguishers

Occupational Health and Safety Officer:

- Occupational Health and Safety Officer (OHSO) are employees elected by their peers to formally represent them in OHS matters, including where there is consultation about OHS issues with their employer. Under the *OHS Act 2004*, OHSO's have a role – as distinct from a legal duty or responsibility – to help raise and help resolve OHS issues.
- Note that OHSO's are employee representatives and are therefore distinct and separate from employer representatives, such as members of Committees of Management or cluster managers.
- In addition, the Act provides for certain legal powers for OHSOs to take issues further if necessary. One of the powers of an OHSO is to issue a Provisional Improvement Notice (PIN) in the event that the OHSO believes on reasonable grounds that there is an OHS issue related to the organisation's activities, where this issue breaches the *OHS Act 2004* or *OHS Regulations 2007*. PINs should only be issued by an OHSO as a last resort, when all efforts to consult with the employer have failed. The employer can appeal to WorkSafe Victoria if they disagree with the PIN. For more urgent OHS issues, OHSO's and the employer both have the legal power to issue a cease work where there is an immediate threat to health and safety.
- OHSO's can facilitate more effective OHS consultation between the employer and employees, and therefore enhance OHS. However, it is important to note that the employer must not coerce employees into being OHSO's, and that OHSO's should be nominated by their peers rather than selected by the employer.
- It is also highlighted that an employer can meet their legal obligations regarding OHS consultation (*OHS Act 2004 Sections 35 and 36*) with employees if they consult about OHS issues that are likely to affect these employees, even if there is no OHSO's. Furthermore, employees are also able to nominate for an employee to represent them for a specific OHS issue, if required, rather than have an elected OHSO. This is a very practical approach to employee representation, where services have very low employee numbers.
- OHSO's are entitled to WorkSafe approved OHSO training during their work hours, with the cost of the course paid by the employer. There is a five day OHSO Initial Course and a one day OHSO Refresher Course available every year thereafter, if necessary. This OHSO training is not mandatory. Generally if OHSO's wishes to attend this training, the employer should proactively make it possible for the OHSO to attend this training.
- Finally, it is important to note that OHSO's do not have any additional legal duties in their capacity as OHSO's. Therefore, the employer should not consider the OHSO role as a delegate or extension of the employer. Stated another way, the employer's OHS responsibilities and legal duties are non-delegable to others, including OHSOs. The best approach is for both employer and OHSO's to work collaboratively to enhance OHS at their Centre.

Hazard Management:

The following steps provide the basis for managing hazards at the Centre. All these steps are commonly referred to as 'risk management assessment'.

1. Identify the hazard:
 - Reduce the likelihood of an accident is hazard identification, therefore identifying all workplace situation or events that could cause injury or illness
2. Assess the risk associated with the hazard
 - Assess the level of risk of the identified hazard, therefore collecting information and making decisions
 - Important to consider the extent of the harm or consequences from the hazard and the likelihood of harm occurring.
 - Three categories of control measures that can be taken
 - Eliminate the hazard;
 - Minimise the risk; or
 - Introduce "back up" controls"

3. Control the risk
 - Establish and maintain a system, which gives opportunity for regular evaluations and review procedures
4. Review the process
 - Applies to the overall risk management process and checks the process is working effectively to identify hazards and manage risks

The Occupational Health and Safety Officer will undertake regular building and equipment 'risk management assessments' to ensure that EMCC maintains a safe work environment. A report will be presented at the following Committee of Management meeting. Equipment and buildings requiring maintenance will be discussed with Centre Manager and/or Executive Director who will contact appropriate contractors to repair items.

Risk Management Assessment Guidelines:

EMCC will provide risk management assessment guidelines for managing the following hazards identified in the early childhood industry:

Manual handling:

Manual handling is defined in the *OHS Regulations 2007, Part 3.1 Manual Handling*, as 'any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any object'. Manual handling is given high priority at EMCC. It is the aim to reduce or eliminate any manual handling problems in the workplace.

The six major manual handling hazards in early childhood are:

- Lifting children in/out of cots and highchairs, or on/off change tables
- Working at low levels with children
- Moving equipment
- Storing supplies and equipment
- Using office areas
- Maintaining indoor and outdoor areas

There are several types of injuries associated with manual handling tasks. These are:

- Muscle sprains and strains
- Injuries to muscles, ligaments, intervertebral discs and other structures in the back
- Injuries to soft tissues such as nerves, ligaments and tendons in the wrists, arms, shoulders, neck or legs
- Abdominal hernias
- Chronic pain

Information for educators on the most appropriate way to manual handle equipment, children etc. to ensure they avoid injury are found in the Staff Room, in forms of posters and information sheets. Educators are encouraged to ensure they are familiar with this information and display appropriate manual handling procedures whilst at the Centre.

Hazardous substances and dangerous goods:

Please refer to Child Safe Environment Policy and Procedure

Portable Ladders:

Before using a ladder, educators will give consideration to whether:

- the job can be undertaken from the ground with extension tools;
- the construction or repair of the item or part of it can be undertaken on the ground;
- the item being accessed can be relocated to ground level to eliminate the need to work at height temporarily or permanently;
- an elevating work platform such as a mobile work platform can be used;
- scaffolding or use of a mobile scaffold can be used;
- a step platform can be used; and
- fixed stairs or steps can be installed that comply with relevant Australian Standards and building codes.

If the above measures cannot be used or are not reasonably practicable for the given situation, then it may be appropriate to use a ladder provided it can be used safely.

Extension ladder

Extension ladders offer the greatest length in general purpose ladders. They consist of two or more sections that travel in guides and allow adjustable lengths. Extension ladders are made of wood, metal, or reinforced fibreglass. Extension ladders are intended to support only one person at a time.

The sections of extension ladders must be assembled in such a way that the sliding upper section is on top of the lower section. Extension ladders must have non-slip bases if there is any chance that the ladder can slip. Care must be taken, for example, if an extension ladder is used on an oily, metal or concrete surface. In such situations, the ladder should be placed securely and tied off to prevent it from slipping.

Standard stepladder

The standard stepladder, a general purpose ladder, has flat steps and a hinged back. It is self-supporting and non-adjustable. An industrial model, designed for heavy service use, has oversize back legs, heavy-duty flat steps, and knee braces that increase rigidity and durability. Standard stepladders should be used only on surfaces that offer firm, level footing such as floors and platforms. They are available in metal, wood, or reinforced fibreglass versions, and are intended to support only one person at a time. These ladders must have a metal spreader or locking arms.

Using ladders

Most portable ladder accidents happen when people fail to follow appropriate safe practices relating to:

- selecting appropriate ladders
- placing and securing ladders
- ascending and descending ladders
- using ladders correctly.
- maintaining ladders
- transporting ladders
- storing ladders.

Selecting ladders

Ladders come in different types for different tasks and different needs. The right choice of ladder results in savings in time and energy, and a reduction in risk of injury:

- Select the appropriate ladder for the task.
- Inspect the ladder before it is used. Make sure that it is in sound condition - clean, dry, and undamaged.
- Placing and securing ladders
- Move the ladder near the work to be done.
- Angle the ladder properly. The base should extend out not less than one-fourth the ladder's length.
- Place a solid rest across window openings for the top of the ladder.
- Protect the base of a tall ladder if vehicles or pedestrians could strike it.
- Avoid placing a ladder in front of an unlocked, unguarded door.
- Avoid setting a ladder on boxes, tables, trucks, or other moveable objects.
- Nail or lash a ladder in place if it will be used repeatedly in the same spot.
- Avoid working on ladders in exposed areas during a severe storm or strong wind.
- Avoid using a portable ladder if an approved stairway could be used instead.
- Keep the area around the top and bottom of a ladder free of debris.
- Ascending and descending ladders
- Face the ladder at all times.
- Grasp the side rails with both hands; there is a better chance of avoiding a fall if a step fails.
- Raise and lower heavy, awkward loads with a hand line or hoist.
- Attach light, compact tools or materials to the ladder or to the user.
- Avoid sliding down the ladder.
- Avoid climbing when the hands or shoes are slippery.
- Avoid using hands for carrying items.
- Avoid carrying awkward loads when ascending or descending a ladder.
- Using ladders

- Do not use ladders with broken, patched, oily, or cracked rails, rungs, or steps.
- Do not reach out over the side rails, lean, or turn excessively on a ladder.
- Do not stand or sit on the top two steps of a stepladder.
- Do not use a non-self-supporting ladder without first opening it up and securing the metal spreader or locking device.
- Do not load a ladder beyond its maximum load capacity.
- Place both feet firmly on the ladder rungs.
- Make sure that only one person stands on, or works from, a standard ladder. Use a scaffold or a second ladder if two or more people are doing the same task.

Maintaining ladders

Ladders will to be inspected by the Centre Manager or OHS officer on a monthly basis to make sure that any ladder does not pose a risk in itself.

Ladders with any of the following faults should be replaced or repaired:

- timber stiles that are warped, splintered, cracked or bruised;
- metal stiles that are twisted, bent, kinked, crushed or with cracked welds or damaged feet;
- rungs, steps, treads or top plates that are missing, worn, damaged or loose;
- tie rods that are missing, broken or loose; ropes, braces or brackets that are missing, broken or worn; and
- timber members that, apart from narrow identification bands, are covered with opaque paint or other treatment that could disguise faults in the timber.
- Ladders should not be painted as essential safety information may be obscured.

Transporting ladders

When carrying a ladder, keep the front end elevated, especially around blind corners, in aisles, and through doorways. This reduces the chance of striking another person with the front of the ladder. Two people to carry extension ladder

Emergency procedures:

Please refer to the Emergency and Evacuation Policy and Procedure

First aid:

Please refer to the Administration of First Aid Policy and Procedure

SunSmart safety:

Please refer to SunSmart Policy and Procedure and to Child Safe Environment Policy and Procedure

Clothing and Footwear:

Please refer to Clothing and Footwear Policy and Procedure. **Please note: Educators are not to wear thongs whilst at the Centre as they pose a high OHS issue due to the instability of wearing thongs as well as increase of injury**

Office safety:

Lighting and glare

- Computer work areas should have lower light levels than standard office areas because brightly-lit areas wash out images on monitors.
- Adjustable lamps may be needed to provide additional light for reading documents. To control direct glare and reflected glare sources, the walls, furniture, and other equipment located near a computer should not have highly reflective finishes. To reduce glare, walls can be painted with non-reflective, subdued colours.
- Computer operators must be able to adjust window blinds as needed.
- Light fixtures near computers should be equipped with diffusers. Recessed or indirect lighting systems can eliminate glare and reflections but are not suitable for all workplaces. Placing the computer work areas between rows of overhead lights reduces glare and reflection from overhead lights.
- Screen glare filters should be used as a last resort as they can contribute to blurring and poor contrast of screen characters. Using screen filters is a supplementary solution and not a substitute for proper lighting.

Monitors

- Characters on the monitor should not be distorted or have a perceptible flicker or waiver. Character size should be sufficient for the viewing distance. The computer operator should be able to adjust program controls to increase the size of the characters for reading easy (for example in MS Word the View setting 'normal' rather than 'page layout' should be used for entering text). The screen should have brightness and contrast controls and the user must know how to adjust them.
- Regular screen cleaning is necessary to maintain clarity.
- When adjusting the monitor height, the topmost active line of the display should be at or slightly below the user's line of vision. The topmost active line is the first line that is regularly used, not the top line of the status bar. The viewing distance between the user's eyes and the screen should be 40 – 70 cm when the neck is in the neutral position. Screens that swivel horizontally and tilt or elevate vertically enable the operator to adjust the screen for the best viewing angle. Mounting a monitor on an adjustable arm that allows movement in all directions is the most efficient way to provide flexibility, create workstation space, and allow more than one operator to use a workstation.

Keyboards

- Keyboards should have a thin profile from the desktop to the typing surface to minimise wrist deviation. Keys should provide tactile and audible feedback.
- Movable keyboards with flat or negative tilt angle adjustments allow operators to set keyboards in a way that suits them. Keyboards fitted with wrist or palm rests support hands by minimising contact with table edges and minimising wrist bending during the pauses between actual keyboard activities. Wrist pad thickness should not exceed the height of the first row of keys on the keyboard.
- When using the keyboard, the hands, wrist, and forearms should be in a reasonably straight line, parallel to and slightly above the keyboard. The shoulders should be relaxed with the elbows next to the body.

Arms in relation to the mouse

- The mouse should be at the same height as the keyboard and to either side.
- The arm should be held close to the body for support while the hand, wrist and forearm are in a reasonably straight line parallel to and slightly above the mouse.

Document holders

- The document holder should be stable and adjustable for height, distance, and angle of view. The holder should fully support the document and be able to be used on either side of the monitor or between the monitor and keyboard, minimising the need for the operator to move the head, neck, or back to look from the screen to the document.

Chairs

Some key factors in selecting a chair are:

- Stability: choose a chair that has good stability (five point base).
- Chair height adjustment: the seat height must be pneumatically adjustable by the operator when seated.
- Ideally, the chair height should be adjusted first and then the workstation adjusted. In the event that the work surface is too high, the chair height needs to be adjusted upward until the hand, wrist, and forearm are parallel to the keyboard and slightly above the keys. A footrest can then be added as needed to compensate for the increased chair seat height.

Seat padding

- Hard, unpadded seats are uncomfortable to sit on for more than an hour. Soft, deeply padded seats cause a person to sink too far, transferring the weight load from the buttocks to the surrounding tissues. This causes tension in the hip muscles and becomes uncomfortable. The seat design should promote lower back contact with the backrest. The front edge of the seat should have a softly padded, rounded front edge. Straight, unpadded seat front edges compress thigh tissues, restricting blood circulation. This cause's pain and leg numbness. Seat covering material should be porous and breathable. Slippery seats may cause the operator to slide away from the backrest, thus providing little back support.

Backrests

- Backrests should be height adjustable above the seat, horizontally adjustable over the seat, and should contour to the curve of the lower back.
- They should be large enough to support the entire back, including the lower back region, but not so large that they interfere with the use of the arms during the performance of tasks.

Armrests

If chairs have armrests, the armrests should:

- be adjustable to the user's width and height
- allow the chair to fit under the work surface so that the user can get close enough to the work while continuing to use the chair's backrest
- not be so high as to elevate the shoulders, causing stiffness or pain in the shoulder or neck muscles not be so low as to promote slumping and leaning to one side.

Work areas

- Work areas should be spacious enough to accommodate the computer operator, allow the full range of motions involved in performing the task, and provide room for the equipment and materials that make up the workstation.
- An effective work area should be limited to the convenient reach of the operator, about 40 cm in front of or to the side of the computer operator.
- If a mouse is used, the work area should accommodate the mouse and keyboard on the same level. Adjustable height worktables and keyboards allow for a variety of operators and tasks.
- If a fixed height worktable is used, an adjustable height keyboard tray should be available.
- The keyboard tray must be wide enough to accommodate both a keyboard and mouse and the height adjustment mechanism must not interfere with the user's leg position.
- Work areas should have a matt finish to minimise glare and reflection.

Footrests

Footrests are necessary if the feet do not rest flatly on the floor after the chair height has been properly adjusted.

Footrests should:

- be stable, incline adjustable, non-restrictive of leg movement, and removable
- be large enough to support the soles of both feet
- have no more than 30 degrees inclination
- be covered where the feet rest with a non-skid material that minimises slippage.

Stress:

Stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. EMCC recognises that stress can lead to poor health and even injury and is committed to combating stress in the work place.

Strategies for dealing with stress are:

- Educator's appraisals Informal discussions/social meetings
- Open door policy
- Communication and respect
- Educator training development, provide resources, for example books, relaxation, strategies
- Time in Lieu
- Centre Manager to offer assistance as needed, for example extra planning time

Playground safety:

Please refer to Adequate Supervision Policy and Procedure and Child Safe Environment Policy and Procedure

Electrical Safety:

EMCC is committed to ensuring that all electrical equipment is safe to use and is regularly tested. Before using electrical equipment, educators are requested to briefly check appliances each time to protect themselves as well as the children. The checking procedure should concentrate on three main areas, power outlets, wiring to appliances and extension cords. If any faults are noticed then it is the responsibility of the educator to remove the appliance and complete the maintenance log and inform OHSO and Centre Manager

Power outlets

Do a visual check to ensure that:

- there are no cracks or physical damage
- there is no water penetration
- the socket is not loose.

Wiring to appliances

Do a visual check to ensure that:

- there are no cut cables: run your hand over the cable to feel any cuts is a good way of testing
- there are no frayed cables
- there is no damage to the plug, for example, burning or cuts
- there are no problems with the grommet (the plastic or rubber insert as the cable enters the appliance)
- is it in place?
- does it feel loose?
- has it deteriorated with age?
- there are no joins in the cable or damage repaired in a temporary fashion with, for example, electrical insulating tape
- the internal coloured wires of cables are not visible at any point. The outer plastic sleeving must cover and protect the inner wires.

Extension cords

Do a visual check to ensure that there are:

- no cords on the floor to present tripping hazards
- no cords on the floor to be damaged by liquids, furniture or pedestrian traffic.

Electrical Tagging

Twelve monthly inspections are to be completed by an external company

In addition to the established hazards, EMCC will:

- Review Incident, Injury, Trauma and Illness forms to ensure that the cause is not workplace related
- Review the potential impact of new workplace practices or equipment introduced into the workplace
- Do regular 'risk management assessments'
- Investigate all workplace incidents

Background and legislation:

Occupational Health and Safety Act 2004

NCAC Quality Practices Guide (2005) – Principle 5.4, 5.5, 6.2, 6.3

Getting into the Act – WorkSafe Victoria

Guide to the OHS Act 2004 – WorkSafe Victoria

Getting help to improve health and safety – WorkSafe Victoria

Managing safety in your workplace – WorkSafe Victoria

AS/NZS 4804:2001 and 4801:2001 Occupational health and safety systems

Definitions:

- Hazard: Hazard means the potential to cause injury, illness or disease.
- Hazard identification: Involves finding all of the foreseeable hazards in the workplace and understanding the possible harm that the hazards may cause.
- Hazard management: Describes a structured process of hazard identification, risk assessment and control aimed at providing safe and healthy conditions for employees, contractors and visitors whilst on *Centre* premises or whilst engaged in *Centre* endorsed activities.
- Harm: Harm is death, injury, illness (including psychological illness) or disease that may be suffered by a person as a consequence of exposure to a hazard.
- Risk: Risk is the chance (or likelihood) that a hazard will cause harm to people.
- Risk assessment: Is a process for developing knowledge and understanding about hazards and risks so that sound decisions can be taken about the control of hazards. Risk assessments assist in determining;

1. What levels of harm can occur
 2. How harm can occur
 3. The likelihood that harm will occur.
- Risk control: Is a thing, work process or system of work that eliminates an OHS hazard or risk, or if this is not reasonably practicable, reduces the risk so far as is reasonably practicable.
 - Evaluation: In order to assess whether the policy has achieved the values and purpose the committee will:
 1. Consider feedback from educators, parents, volunteers regarding the Policy and Procedures and ensure that procedures are evaluated and if necessary revised following any incidents
 2. Evaluate the awareness of educators and other relevant people of the Policy and Procedure

Information sourced from: OHS in Early Childhood Services www.ohsinecservices.org.au (September, 2012)

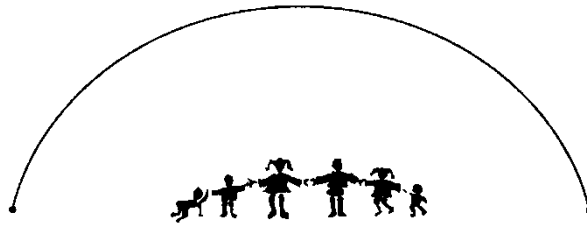
National Law: Section 167

National Regulations: Regulations 101, 103-106, 110-111, 114, 115, 168, 176

Date: ____ October 2014 _____

Signed: _____ R.V. _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Determining the Responsible Person at the Centre Policy and Procedure

Purpose:

A responsible person must be physically present at the Centre at all times whilst the Centre operates

The name and position of the responsible person in charge of the Centre at any given time must be displayed so that is easily visible to anyone from the main entrance of the Centre

Procedure:

A 'responsible person' can be

- The Approved Provider (or person in management or control), or
- The Nominated Supervisor, or
- A Certified Supervisor who has consented to be placed in day-to-day charge

Given that the responsible person in charge may change throughout the day, for example at change of shift, this requirement will be met by using the whiteboard in the entrance. It is the responsible person's duty to change the name on the whiteboard when opening or leaving the Centre

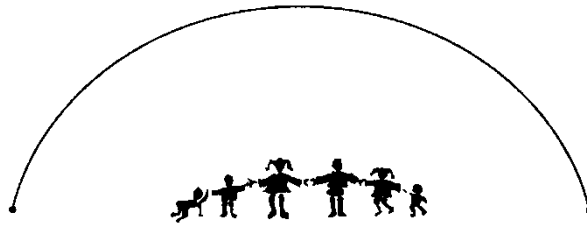
National Law: Section 162

National Regulations: Regulations 150, 168, 173

Date: ____ October 2014 ____

Signed: ____ R.V. ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Relief Educators Policy and Procedure

Purpose:

EMCC on occasion needs to employ relievers to ensure educator- to-child ratios are met at the Centre. EMCC endeavours to engage regular relievers to ensure continuity of education and care for the children

Procedures:

- Before relief educator educates and cares for the children, the Approved Provider or Nominated Supervisor or Responsible Person in charge for that day is to read the person's Working with Children Check. If applicable, training qualifications, first aid and anaphylaxis certificates. All information is to be photocopied and placed in the Relievers Folder
- The hours and names of each relief educator that works at EMCC is kept at Powlett Reserve Children's Centre and Kindergarten and then archived after a year and kept at Yarra Park Children's Centre and Kindergarten
- Relief educators to sign themselves in and out each day in the Sign In/Out folder. This includes the time arrived and departed the Centre
- Relief educators will be introduced to all educators, families and children
- Educators to ensure the relief educator reads and understands the Student/Reliever/Volunteer Handbook (which is found in the Staff Room) or to read summarised Reliever Information Handbook, available in each room
- Each Room, may have their own Reliever Summary Information Form – this is to be given to the relief educator before commencement of working with the children
- Relief educators to be shown through the Centre and made aware of their responsibilities. They need to be shown;
 1. Routines in each Room
 2. Emergency evacuation procedure
 3. Policy and Procedures folder
 4. Allergy lists in each Room
- Relief educators are to adhere to all Centres Policies and Procedures whilst at the Centre

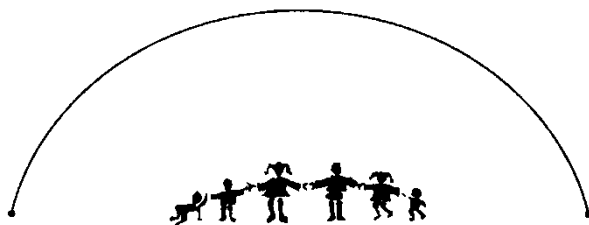
National Law: Sections 169, 170

National Regulations: Regulations 126, 151, 357-358, 360

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Participation of Volunteers and Students on Practicum Policy and Procedure

Purpose:

EMCC is committed to assisting student and volunteer training. Students and volunteers are fully supervised by EMCC educators at all times and are not included in the calculation of educator/child ratios. EMCC Management will determine the number and type of students and volunteers placed in the Centre

Procedures:

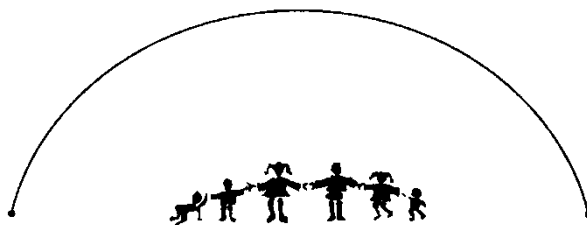
- A Volunteers/Students/Extra Curriculum Educators form needs to be completed before commencement of practicum. The form includes their full name, address and date of birth
- A record will be kept for each day on which the student or volunteer participates in the Centre. This will include the name of the volunteer or student, date, signature and hours of participation
- All students and volunteers must have a Working with Children check
- Students under the age of 18, do not require a Working with Children Check
- All students and volunteers need to be introduced to all educators, families and children
- Educators to ensure the student and volunteers reads and understands the Student/Reliever/Volunteer Handbook (which is found in the Staff Room)
- Students and volunteers are to be shown through the Centre and made aware of their responsibilities. They need to be shown;
 1. Routines in each Room
 2. Emergency evacuation procedure
 3. Policy and Procedures folder
 4. Allergy lists in each Room
- Students and volunteers to be informed of their break/meal times
- Students and volunteers need to display a photo and a note informing families of the purpose and dates of their visit
- All permanent educators that have a student or volunteer present in their Room, must discuss in their Room report and at the staff meeting the following information:
 1. What tasks the student is doing in relation to their study
 2. Any additional supervision that the student/volunteers needs
- The supervising educator will discuss with colleagues the above points at the beginning of placement and ongoing as required
- The supervising educator must also fill in the relevant paperwork for the student when required
- Students from High Schools participating in work experience will not be responsible for changing children's nappies

National Regulations: Regulations 149, 168

Date: ____ October 2014 ____

Signed: _____ R.V. _____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Visitors Policy and Procedure

Purpose:

EMCC welcomes visitors to the Centre. Visitors are fully supervised by EMCC educators at all times and are not included in the calculation of educator/child ratios. EMCC Management will determine the number of visitors in the Centre at any one time

Procedures:

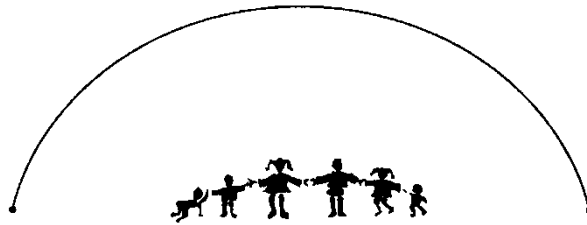
Visitors can include, families orientating at the Centre, tradespeople, families volunteering at the Centre, for example reading books in the Room, and extra-curriculum people, for example Librarian, Dentist

- Visitors need to sign their name, the time they arrived and departed and date of visit in the Sign In/Out folder
- A parent cannot leave the Centre, if their child is not enrolled at the Centre on the day of visitation, for example, if orientating, the parent must either be in the Room, or in the staff room.

Date: ____ October 2014 _____

Signed: _____ R.V. _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Educators Policy and Procedure

Rationale:

EMCC's human resources are its most valuable asset. The careful selection and development of educators will largely determine the quality of the education and care that EMCC provides. EMCC believes in providing a supportive and stimulating environment for our educators. We recognise and value the expertise and commitment of our educators and encourage them to employ reflective teaching practices. We believe it is vital for educators to openly communicate with one another about their ideas, opinions and feelings as this assists in establishing a shared vision. To ensure our educators are providing the highest quality and most current practices of education, we support their continuing professional development through further study and training within the community.

Purpose:

EMCC provides a supportive and flexible environment for educators with teamwork, mutual respect and good communication being important qualities we aim for. These values are clearly outlined in the EMCC Code of Conduct Policy and Procedure. This Policy and Procedure should be read along with the Educators Handbook, the Professional Childcare Standard and the following selection of Policies and Procedures to obtain a comprehensive understanding of expectations on EMCC educators:

- Adequate Supervision Policy and Procedure;
- Child Protection Policy and Procedure;
- Child Safe Environment Policy and Procedure
- Confidentiality of Records Storage Policy and Procedure;
- Educational Program Policy and Procedure;
- Interactions with Children in Relation to Positive Guidance and Rights Policy and Procedure;
- Interactions with Children Policy and Procedure;
- Telephone, Internet and email Policy and Procedure; and
- Tobacco, Drug and Alcohol-free environment Policy and Procedure

It is the responsibility of all EMCC employees to adhere to all Policies and Procedures, *the Education and Care Services National Law 2010(National Law) and Education and Care Services National Regulations 2011 (National Regulations)*.

Procedure:

Team, Roles and Responsibilities:

- **Executive Director**
The Executive Director is responsible for the administrative functions of the two Centres and for implementing the decisions of the Committee of Management, as well as managing Centre Managers and educators.
- **Centre Managers**
The Centre Manager in each Centre is responsible for the overall delivery of the day-to-day program, including supervising educators, liaising with parents, etc.
- **Childcare Educators**
Childcare Educators (employed in accordance with the *National Law and National Regulations*) provide high-quality learning experiences for the children through the implementation of a carefully developed educational program.
- **Educational Leader**
An Educational leader is appointed at each Centre. Their responsibility is to lead and mentor their colleagues in the development and implement of the educational program guiding planning and reflection.

- **Responsible Person**

Under the National Law a responsible person must be present at all times. Please refer to the Determining the Responsible Person Policy and Procedure.

- **Kindergarten/Early Childhood Teacher**

The Kindergarten Teachers offer an integrated Kindergarten Program that introduces the children to the skills they will require to flourish emotionally, socially, physically and academically at school.

- **Cooks**

The cooks provide a nutritionally balanced menu. They follow the HACCP Program and the Nutrition, Food and Beverage Policy and Procedure and the Kitchen Policy and Procedure.

- **Relief Educators**

Permanent relievers are subject to the same role requirements as regular educators. Please refer to the Relief Educators Policy and Procedure.

- **Students, Overseas Students, Work for the Future, Community Jobs program and Volunteers**

EMCC is committed to assisting student training. Students are fully supervised by EMCC educators at all times and are not included in the calculation of educator/child ratios. EMCC Management will determine the number and type of students placed in the Centres. Please refer to the Participation of Volunteers and Students on Practicum Policy and Procedure.

Working with Children check:

The approved provider or nominated supervisor or responsible person must read the Working with Children Check before the person is engaged as an educator or permitted to be a volunteer.

Ratios:

The National Law and National Regulations require that we maintain the required educator-to-child ratios at all times.

- 1:4 for under 3's and 1:15 over 3's

Recruiting appropriate educators:

Educator's recruitment, selection, induction and promotion processes will be based on merit and shall aim to ensure that all applicants are treated fairly and in a non-discriminatory manner. Please refer to the Educators Handbook for the full recruitment process.

Educator's Performance Appraisals:

All educators will undertake an Educator Performance Appraisal annually. During the appraisal, educators can indicate their areas of strengths, what they are doing in their Rooms and what additional training they would like to do, additional responsibilities they would like to take on and what their career goals are. During the appraisal, the educator in consultation with the Centre Manager will set professional goals to work towards within the next 12 months.

Educator's Professional Development:

The EMCC is committed to ongoing professional development of its educators. Development will include:

- Rotating roles and positions and Centres to broaden the experience of individual educators
- Attendance at appropriate in-service training and development activities
- Assisting educators to gain further childcare qualifications

Forms of assistance:

- **Financial**

EMCC may pay an amount of up to \$250.00 per annum for appropriate studies as approved by the Committee of Management. Request for such financial assistance must be put in writing by the educator to the Committee of Management.

- **Non-Financial**

An employee undertaking an accredited course is entitled to take leave of absence without loss of pay on the day of an examination. Any other time required for the course is to be in the educator's own time. However, the EMCC will attempt to facilitate course attendance with educator rostering arrangements wherever practical.

Traineeships:

The EMCC will offer traineeships to unqualified employees where possible.

Dress Code:

Please refer to the Clothing and Footwear Policy and Procedure and the SunSmart Policy and Procedure. We will present ourselves in a professional manner and wear clothing and footwear that is appropriate to work with children. Educators wearing revealing clothing or clothing that goes against our SunSmart Policy and Procedure, work safe recommendations or any other Policy and Procedure will be asked to change immediately.

Private Arrangements/Baby Sitting:

Sometimes parents ask educators to care for children outside of operation hours of the EMCC. Parents and educators must be made aware that the EMCC accepts no responsibility for such arrangements and these arrangements must not interfere with the operation of the EMCC. Such arrangements should be made after operating hours.

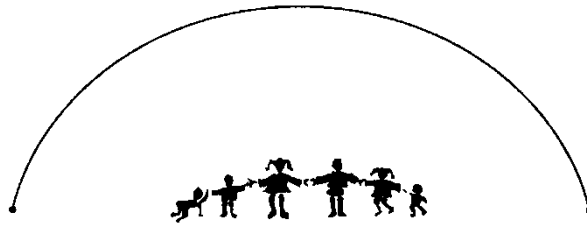
National Law: Sections 162, 169

National Regulations: Regulations 118, 122-123, 148, 150, 357-358, 360

Date: _____ October 2014 _____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: _____ October 2017 _____



East Melbourne Child Care Co-operative.

Interactions with Children Policy and Procedure

Rationale:

EMCC is committed to providing a safe, secure and caring environment that is supportive, stimulating and enriching for all children; allowing them to learn and grow into confident and creative learners.

Purpose:

EMCC is committed to ensuring children have opportunities to interact and develop respect and positive relationships with each other and educators.

Scope:

"An approved provider must take reasonable steps to ensure that the education and care service provides education and care to children in a way that -

- a) encourage children to express themselves and their opinions
- b) allow children to undertake experiences that develop self-reliance and self-esteem
- c) maintain the dignity and rights of each child
- d) give positive guidance and encouragement to each child
- e) consider the family and cultural values, age, and physical and intellectual development and abilities of each child "

Information sourced from: Education and Care Services National Regulations 2011, Regulation 155, p.164

Procedures:

EMCC Mission Statement and Philosophy supports interactions with children in the following ways:

- Build strong, warm, enduring, respectful and reciprocal relationships with children, families and educators
- Respect children as individuals, acknowledging and supporting their independence and enabling them to become successful learners and confident and creative individuals.
- Value and support a program which facilitates meaningful and stimulating experiences where children can thrive, make their own decisions, use their imagination and enhance their interests.
- Create an inclusive environment where children, families and educators feel they belong, irrespective of their culture, values, abilities, beliefs, background or gender. We also respect, recognise and incorporate the diversity of cultures, languages, values, beliefs, interests and strengths of everyone within our environment
- Strive to show sensitivity to families, educators, children and community members from Aboriginal and Torres Strait Islander backgrounds, so that they have a strong sense of belonging within the Centre and pride in their culture. We respect, value and embrace their involvement within our Centre

EMCC responsible for:

- Ensuring educators are positively interacting with children at all times
- Ensuring the environment provides opportunities for children to play in both small and large groups

Educators responsible for:

To ensure children have positive interactions at the Centre, educators will

- Incorporate EMCC Mission Statement and Philosophy into their daily interactions with children
- Encourage children to verbalise feelings and ideas
- Encourage children to be self-reliant and develop self esteem

- Role model pro social behaviours of:
 - Listening to others and responding appropriately
 - Accepting different cultures, races and religions
 - Cooperating with others
 - Turn taking and sharing with others
 - Respecting others and their belongings
- Support children's efforts, assisting and encouraging as appropriate
- Initiate one to one interactions with children, particularly babies and toddler during daily routines, and conversations with each child
- Ensure each child is able to engage meaningful, open interactions with educators that support the acquisition of skills for life and learning
- Encouraging children to initiate conversations about their experiences, interests, what is happening around them
- Respond sensitively and appropriately to children's efforts to communicate and engage them in sustained conversations about their interests in a positive manner
- Value children's ideas, opinions and comments
- Create mealtimes to be relaxed and unhurried and for educators to take the time to sit and talk with the children

Relationships in Groups:

To encourage respectful and positive relationships between children and their peers and educators, educators will adhere to the following practices:

- Encourage children to participate in enjoyable interactions with their peers, respond positively to ideas, negotiate roles and relationships, contribute to shared play, and develop friendships.
- Engage children in ongoing group projects that involve research, planning, problem solving and shared decision making.
- Role-model strategies for children to initiate interactions with each other and participate in group play and social activities
- To assist children when they are having trouble understanding or communicating with each other
- Ensure that the children have many opportunities for peer scaffolding.
- Promote a sense of community at the Centre
- Coordinate educators and grouping arrangements to support positive relationships between children.
- Support and promote children's interpersonal relationships and support the inclusion of children from diverse backgrounds and capabilities in group play, projects and experiences
- Learn about children's shared interests and use this information to plan further experiences that provide collaborative learning opportunities
- Pre-empt potential conflicts or challenging behaviours by monitoring children's play and supporting interactions where there is conflict
- Ensure that the educational program and routines of the Centre will include regular opportunities for children to engage in social play and group experiences

Sibling interaction

- Children will be given the opportunity to visit and spend time with their siblings while at the Centre where possible
- When celebrating a birthday children's siblings will be welcome to join in
- During the day children will have an opportunity to interact with their siblings, for example am and pm family grouping
- If children are not coping during their day visits, siblings are encourage to help settle children

Links to the following Policies and Procedures:

- Educational Program Policy and Procedure
- Adequate Supervision Policy and Procedure
- Interactions with Children in Relation to Positive Guidance and Rights Policy and Procedure
- Inclusive Environment for Children Policy and Procedure

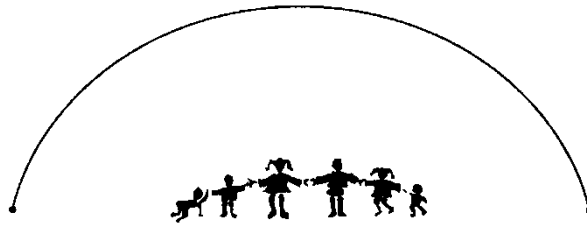
- Orientation Policy and Procedure
- Transition from Room to Room Policy and Procedure

National Regulations: Regulations 155- 156, 168

Date: ____October 2014____

Signed: _____R.V_____ (Executive Director)

Date to be reviewed on: ____October 2017____



East Melbourne Child Care Co-operative.

Interactions with Children in Relation to Positive Guidance and Rights Policy and Procedure

Rationale:

EMCC Management and educators respect children as individuals, acknowledging and supporting their independence and enable them to become successful learners and confident and creative individuals; with an emphasis on the dignity and rights of the child, self-expression, self-reliance and self-esteem and a commitment to appropriate guidance of behaviours.

Fundamental to being a child centred organisation, is a commitment to child rights. We will base our attitude, approach and practice when interacting with children, on an understanding of child rights.

The **United Nations Convention on the Rights of the Child** spells out the basic human rights that children everywhere - without discrimination – have. These are:

- The right to survival
- The right to develop to the fullest
- The right to protection from neglect, abuse and exploitation
- The right to participate fully in family, cultural and social life.

Information sourced from Plan International Australia Child Rights www.plan.org.au (August, 2012)

Purpose:

EMCC is committed to a positive behaviour guidance policy and procedure that encourages acceptable behaviour through strategies which build children's self-worth and provide support, guidance and opportunities to self-regulate their behaviour. A collaborative approach between Management, educators, families and if needed external agencies is of utmost importance. We acknowledge a shared responsibility between the Management, educators, families and all other stakeholders that this Policy and Procedure is adhered to. Management recognises their duty of care to educator's wellbeing and are committed to providing support and assistance in cases of aggressive behaviour.

Procedures:

Educators will maintain the dignity and 'Rights of the Child' at all times.

All Educators are committed to a positive approach to behaviour management which:

- Differentiates the child from the behaviour (use "I" messages)
- Display respect and empathy towards children by labelling behaviour not the individual
- Understands that a child's behaviour may be affected by; age, development, health, family situation, the environment, weather, relationships and external factors.
- Reflects on current recommendations in relation to managing behaviour
- Takes account of the individual child as well as the group
- Supports parents and educators working together on matters of concern
- Deals with dangerous and difficult behaviour
- Limits the number of rules to be followed to those that are important
- Recognises the developmental influences on behaviour at different stages
- Is sensitive to cultural differences
- Is sensitive to the child as a whole.

For all children in their care educators will:

- Model appropriate behaviour

- Respond to difficult situations calmly and rationally
- Management and educators to support each other
- Use educators knowledge, reflect and discuss for ongoing behaviour problems
- Have appropriate developmental expectations
- Encourage children to express themselves and their opinions
- Actively listen and acknowledge children's opinions and share them with others or the group
- Be sensitive to the child and take into account background factors including health, family, culture and circumstances
- Avoid humiliating, embarrassing or frightening the child
- Focus on the behaviour, not labelling the child
- Provide the child with positive experiences and encouragement to develop self-esteem and self-reliance.

When setting limits for children, educators will:

- Be sure that the limits can be met
- Explain the limits clearly in simple language
- Guide the child using words and actions
- Where appropriate let children set their own limits
- Reflect on the limits with educators, children and families

When encouraging appropriate behaviour educators will:

- Take a positive approach and use positive language
- Encourage children's positive behaviour
- Model appropriate language for children to use
- Avoid giving attention when children are behaving inappropriately
- Facilitate discussion between children

When planning and facilitating the environment educators will:

- Allow children to make choices
- Provide experiences that build self-esteem
- Be alert to potential problems and find solutions with children
- Encourage and guide children to resolve conflicts for themselves
- Be aware of factors such as weather, time of year and time of day

Dealing with unacceptable behaviour

- Model respectful ways of interacting with colleagues, children and families in order to show socially and culturally appropriate ways of getting along with others
- Ensuring children are adequately supervised to intercede if unacceptable behaviour occurs
- Understand that strong feelings are normal. Support children to regulate feelings appropriately, such as "it makes me cross when you snatch my toys" rather than hitting another child when angry
- Teaching children strategies to deal with unacceptable behaviour, such as expressing their disapproval of verbal insults, such as "I don't like it when you call me by that name"

Information sourced from: national Childcare Accreditation Council: Managing bullying in child care
<http://ncac.acecqa.gov.au/family-resources/factsheets/bullying.pdf> (August, 2014)

When dealing with ongoing unacceptable behaviour educators will:

- Discuss the matter in planning with relevant educators
- Map the behaviour to gain clear insights into patterns and behaviour
- Make sure Management and all involved educators are aware
- Discuss the matter with parents (being mindful of confidentiality and respect)
- Set objectives/ strategies in conjunction with parents
- Seek guidance from professionals and/ or other appropriate resources or agencies
- Keep the Centre Manager and Executive Director informed.
- Executive Director to inform Committee of Management if required

Expectations of parents, relievers, students and volunteers:

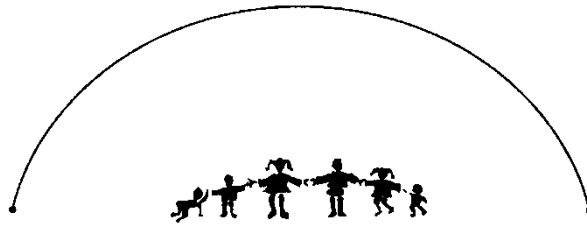
- Model appropriate behaviour
- Respond to difficult situations calmly and rationally
- Seek guidance from educators
- Be aware and follow the guidelines set out in this Policy and Procedure

National Regulations: Regulations 155, 168

Date: ____October 2014_____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ____October 2017_____



East Melbourne Child Care Co-operative.

Inclusive Environment for Children Policy and Procedure

Rationale:

EMCC believes creating an inclusive environment where children, families and educators feel they belong, irrespective of their culture, values, abilities, beliefs, background or gender. We also respect, recognise and incorporate the diversity of cultures, languages, values, beliefs, interests and strengths of everyone within our environment

EMCC also strives to show sensitivity to families, educators, children and community members from Aboriginal and Torres Strait Islander backgrounds, so that they have a strong sense of belonging within the Centre and pride in their culture. We respect, value and embrace their involvement within our Centre

Purpose:

EMCC is committed to providing an environment where children are respected as individuals, acknowledging and supporting their independence and enabling them to become successful learners and confident and creative individuals, regardless of their culture, values, abilities, beliefs, background or gender.

Procedures:

Diversity and Inclusion

EMCCs' responsibility:

- To encourage, respect and understand the different backgrounds of children and families and to remain sensitive at all times to differences in child-rearing practices which will influence the individual child's interactions and adjustments to life outside the family
- Collate the different backgrounds of families at the Centre and incorporate them into the educational program
- To support children to recognise and appreciate the diversity of cultures within the Centre and wider community by having access to information and experiences about these ethnicities. Areas of focus for experiences can include:
 1. Cultural diversity
 2. Language and bilingualism, including non-verbal and written language, sign language
 3. Family lifestyles
 4. Festivities and celebrations
- Identify different resources and materials to support, guide and strengthen the provision of equitable and inclusive experiences at the Centre
- Encourage educators to share their culture with the children
- To provide experiences that develop an awareness of Aboriginal and Torres Strait Islander heritage
- Provide information to families in languages other than English, where necessary and possible
- Actively promote the use of non-racist and/or cultural-stereotypical resources
- Enlist active support and participation of other organisations involved with linguistic and cultural issues, for example Multicultural Resource Centre
- Promote and encourage the child's first language at the Centre
- Encourage families to participate in areas of language development and cultural awareness at the Centre
- To encourage all persons to communicate respectfully with each other
- To ensure equality and a sense of belonging amongst all persons at the Centre
- To recognise values and differences of all persons
- In some cases, the number of additional needs children will be limited to not more than one (1) additional needs child per room, in order to ensure that a high quality of care can be provided to all children.

Gender Equity

Programs will be developed by educators to ensure for positive experiences for all children, where they are not based on sexual stereotypes. The promotion of equality of both men and women in traditional and non-traditional roles will take place. EMCC will also encourage the employment of both male and female educators to ensure that they perform a variety of tasks not related to gender

EMCCs' responsibility:

- Encourage all children to express their emotions and display affection
- By providing opportunities for all children to participate in all areas and/or experiences of the educational program
- Provide educational programs that value the sex of both girls and boys equally
- Provide resources and materials (for example songs, books, posters, tapes, puzzles) that portray women, men, girls and boys in diverse roles
- Through resources and informing families, children should feel comfortable to explore their own interests whether it is for a boy to play in the home corner and a girl to play with cars
- Ensure that activities and experiences are not divided on a gender bases
- Avoid language, clichés and behaviour, which promotes traditional stereotypes

Additional Needs Children

EMCC believes that all children have the right to develop to their full potential, irrespective of their different abilities; therefore we welcome children with additional needs at the Centre

Parents/guardians responsible for:

- Informing the Centre on their child's enrolment form that they have additional needs (please refer to Enrolment Policy and Procedure)
- Providing accurate and up-to-date information on their child's additional needs
- Work together with the Centre Manager and educators to ensure their child is developing to their full potential
- Ensuring that the EMCC has access to other services working with the child to ensure the best outcomes for the child.

EMCCs' responsibility:

- Wherever responsible, educators to seek additional support and resources from appropriate resources workers, for example Noah's Ark
- Wherever possible, seek funding, for example ISS (Inclusive Support Subsidy) in order to enhance and support the learning opportunities available to children with additional needs
- Ensure the environment and experiences provided are modified in accordance to the child's abilities
- Ensure resources and materials at the Centre, show adults and children with different abilities
- Ensure educators are supported to attend training to support children with additional needs
- To support children to have a positive attitude towards people with additional needs.
- The educational program will promote integration and acceptance for people with additional needs
- The educational program will reflect the needs and interests of each individual child at the Centre (for more information please refer to the Educational Program Policy and Procedure)

Legislative Acts:

Age Discrimination Act 2004

Disability Discrimination Act 1992

Human Rights and Equal Opportunity Commission Act 1986

Privacy Act 1988

Racial Discrimination Act 1975

Sex Discrimination Act 1984

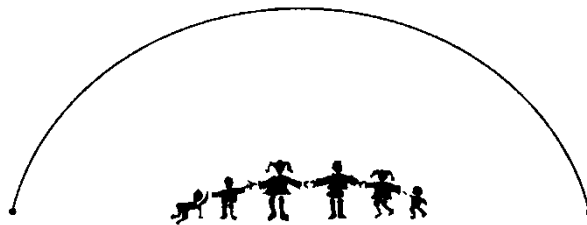
Information sourced from: National Childcare Accreditation Council Inc.: Diversity and Equity Policy
<http://ncac.acecqa.gov.au/educator-resources/> (September 2012)

National Regulations: Regulations 155, 168

Date: ____ October 2014 _____

Signed: _____ R.V. _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Orientation Policy and Procedure

Purpose:

EMCC is committed to providing a safe, secure and caring environment that is supportive, stimulating and enriching for all children and families. We are committed to children and families having a positive orientation process, where we can support children and families to feel they belong and to build warm, strong, enduring, respectful and reciprocal relationships with the educators

We acknowledge and respect that settling into a new environment can be hard for both the child and the family. We value all information that is given to us to support the child and family into the new environment. Through experience we have devised ways of settling children into the environment so that they feel safe, secure, comfortable and most of all happy.

Procedures:

Once a family has accepted a position at the Centre, orientation is set up

- We require a minimum of four visits before a child can start at the Centre. This is to ensure that the child, families and educators are happy that the child is settled into their new environment.
 - The new family is introduced to the educators within their child's Room and the educators in the Centre.
 - A series of short visits are set up with the educators in the Room. This is a time where information sharing happens, routines are discussed and information about the Educational Program and the Rooms are discussed. We do endeavour to ensure that the child experiences different times of the day when orientating, such as morning or afternoon tea, lunch, and sleep or rest time:
 1. First visit is generally 30 minutes – 1 hour, where the family stays with the child in the Room
 2. Second visit, extends a little longer and an attempt to leave the child for the first time for 15-20 minutes
 3. Third visit extends again in time. Again another attempt at leaving the child longer, 30 - 60 minutes
 4. Fourth visit extends again, about 2-3 hours. Again another attempt at leaving the child longer, 1-2 hours
- Please be aware, that the family cannot leave the Centre whilst the child is in the process of orientation**
- Orientation is tailored to meet the individual needs of the children and the family.

Once the child has started

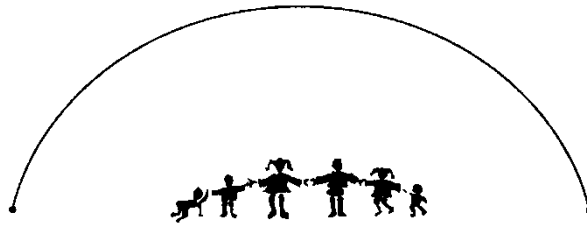
- When a child is left for the first time, it is suggested that for the first few days they are shorter to allow the child to get use to the Centre slowly. Long days are too much on a child at first
- Families are encouraged to call throughout the day to see how their child is going.
- Provide the family with an Orientation Process Evaluation form.

National Regulations: Regulation 168

Date: _____ October 2014 _____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Transition from Room to Room Policy and Procedure

Rationale:

EMCC believes in building strong, warm, enduring, respectful and reciprocal relationships with the children and their families, as this is fundamental to the learning and development of children. EMCC also believes in the critical role of the family in the life of the child and the importance of the collaboration and effective partnerships between families and educators.

Purpose:

EMCC is committed to providing children, families and educators a positive experience in transitioning from room to room within the Centre and between the Centres

Procedures:

- Educators will consult with families when considering transitioning children from one room to another.
- Where possible children will move in small groups of at least two.
- A familiar educator will accompany children transitioning. If needed educators will swap with each other so ratios are adhered to.
- Educators need to have thorough communication before during and after transition with each other to ensure children have a positive transition
- All written documentation on the children needs to be up to date and passed on before transition begins.
- Educators from the current Room will need to write a transition summary at the completion of transition, this will also be made available to families.
- Families are more than welcome to participate in the transition process.

The end of year transition:

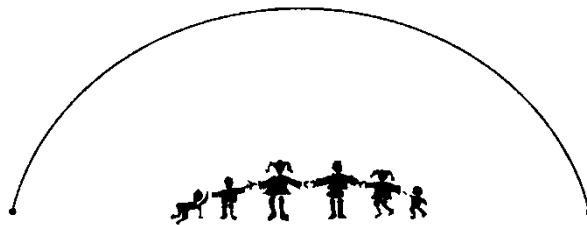
- The above procedure will be followed, at the Centre Manager's discretion.
- At the October staff meeting educators will discuss the style of transitioning the large group they are going to take in the coming months.
- It will be communicated to families including opportunities for feedback.
- At the December staff meeting educators will reflect on the process

National Regulations: Regulations 73, 75-76, 123, 155-157, 168, 357, 360

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Collaborative Partnerships with Families and Community Policy and Procedure

Rationale:

Families' active involvement and confidence in a care and education program is essential to its success. EMCC believes in the critical role of the family in the life of the child and the importance of the collaboration and effective partnerships between families and educators. Therefore, the EMCC is geared to meet the needs of children and their families

All Centre users are advised to read and abide by EMCC Policies and Procedures and the Parent Handbook, which gives clear guidelines to the expectations and operations of the EMCC.

Purpose:

Active participation by parents is essential to the successful operation of EMCC. Such participation ensures that EMCC services best meet the needs of parents and the local community.

Parents can best contribute to the EMCC by:

- Joining the Committee of Management or one of its regular or *ad hoc* sub-committees (see Section 3(c) for details of sub-committees).
- Providing assistance in their area of specialist expertise for example, accounting, fund raising, building maintenance, or secretarial.
- Participating, either regularly or occasionally, in day-to-day childcare activities.
- Helping supervise children during excursions.
- Mending books, toys and furniture, tidying up storerooms, gardening etc.
- Participating in working bees

Procedures:

- Providing a flexible programme in order to accommodate parent's reasonable requirements for care.
- Creating a warm, happy and inviting atmosphere for parents and children. Parents are encouraged to stay for as long and as often as they like, providing they do not disrupt other children's routines or EMCC programmed activities.
- Encouraging prospective parents to inspect EMCC's facilities and discuss any issues with educators prior to joining.
- Encouraging parent's involvement in all aspects of the management and daily life of the EMCC including, informing them of their rights and responsibilities as Centre users.
- Encouraging and promoting the exchange of information between educators and parents
- Providing opportunities for parents to socialise together, thus linking them into a broader network of social contacts and support.
- Providing a focus for information and co-ordination of family needs and services within the local community.
- Encouraging parents to attend the AGM and to join the Committee of Management or a Sub Committee.

Working Bees/Voluntary Contribution:

- Active participation of parents at the Centre is required as a way of maintaining lower costs and to provide opportunities to get to know other families and establish social networks.
- Families are required to contribute five hours per year (pro rata for families who commence throughout the year).

Contributions can be made in various ways, such as:

- a) attending working bees

- b) working with children in the Rooms
 - c) providing assistance with outings
 - d) maintenance of buildings, equipment or the garden
 - e) active membership of one of the various subcommittees; or
 - f) by completing a job requested by the Centre Manager
- We recognise that some families are unable to make a contribution of time. A Maintenance Levy Fee of \$50 will be charged to your account at the start of the year and a refund will be issued at the end of the year if you contribute.

Fundraising/Social Activities

Activities organised by the Social and Fundraising sub-committee rely on all parents support for success, and we encourage active participation by parents in the activities. Funds raised by these activities are used for the replacement of toys, equipment and other items for the benefit of the children.

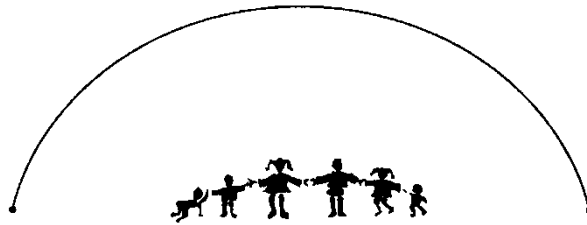
National Law: Sections 172, 175

National Regulations: Regulations 73, 75–76, 80, 86, 99, 102, 111, 157, 168, 171, 173

Date: ____ October 2014 _____

Signed: ____ R.V _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Supporting Family Literacy Policy and Procedure

Purpose:

EMCC supports families with low literacy communication and non-English speaking families

Procedures:

Low literacy

- On enrolment, families are asked if they need help with completing any of the forms
- If the family indicates that they would have difficulty in completing any of the forms and that they have no other family/support network that could help them, then the Centre Manager will assist the family in filling out the forms
- If the family has no family/support network to help them with ongoing notices, newsletter, accounts, or information a mentor will be allocated to the family to assist them with knowing all relevant information at the Centre
- Interpreting service can be accessed if needed

Non-English speaking families

- On enrolment, we would determine as to whether a family needs additional support with information given to them in English
- If the family has difficulty understanding the information that is given to them the Centre Manager will use one of the interpreter network resource people or the telephone interpreter service or a bilingual worker at the multicultural resource centre to find out if they have a family member or other support network who could assist us to explain the information the family needs to know and help them complete the forms
- If there is no family member or other support network the Centre will organise one of the interpreter network resource people or the telephone interpreter service or a bilingual worker at the multicultural resource centre to help them to complete the forms and gather the information that they require
- The Centre will organise a mentor to assist the family with Centre information that they require
- The Centre where possible will organise any brochures that are handed out to be in the family's home language

Victorian Interpreting and Translating Service (VITS)

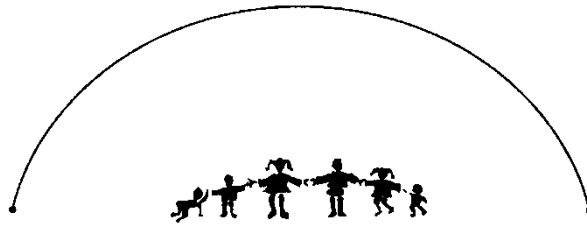
- If a family requires an interpreter or educators are having difficulty communicating with the family, phone 9280 1941 (Portal User name: 40000 Portal Password: 3002 <http://client.vits.com.au>) for support
- More information can be found at www.vits.com.au

National Regulation: Regulation 160

Date: ____ October 2014 ____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Dealing with Complaints Policy and Procedure

Purpose:

From time to time unforeseen issues may arise and we believe the best way to deal with them is when the issue first arises. We encourage you to approach us at any time to discuss any concern you may have about our Centre, our educators and our general operations. We welcome your feedback as the ongoing high standards of our Centres depend on reflection which is best achieved through information gathered from families.

We encourage you to make an appointment with any of our educators and Management to discuss your concerns and we will endeavour to resolve any issue you may have. Educators have an obligation to deal with issues in a positive, constructive and professional manner. You should also deal with any concerns in a positive and constructive manner when speaking with educators.

Procedures:

- Approach the Centre educators:
Talk to the relevant room educators or the Centre Manager about your child or any concerns you have about your child's care. Work together to come up with a viable solution, there may need to be a follow up meeting to ensure a satisfactory outcome has been achieved.
- Approach the Executive Director of the EMCC:
If there is no satisfactory outcome in the above instance please approach the Executive Director either in person or in writing emccmanager@emcc.org.au Reflection on why a satisfactory outcome was not achieved at the Centre will take place and a new solution will be implemented.

EMCC Executive Director
Rebecca Vouch
03 94194301
emccmanager@emcc.org.au
- Approach the Committee of Management:
If the above two methods have not met your satisfaction you may write to the Committee of Management or attend a meeting. The Executive Director will table your letter in correspondence on the Agenda of the next monthly meeting and a written response will be issued to you.
- Contact the Department directly:
You can make a complaint directly to the Department regarding the operation of a children's service at any time. In this situation, a children's services adviser from your local regional office will assess how serious the complaint is and then take further action. A children's services adviser will always investigate any complaints that allege a child's health, safety or wellbeing has been compromised or there has been a contravention of the *Children's Services Act 2010* or the *Children's Services Regulations 2012*. Among other things, the children's services adviser may telephone the proprietor, inspect the service, question educators, take written statements, conduct formal interviews, or seize evidence when investigating complaints.

Department of Early Childhood Services details
Western Metropolitan Region
Early Childhood Services
Postal Address: P O Box 2141, Footscray 3011
Location: Level 9/1 McNabb Street, Footscray 3011
Phone: (03) 8397 0246
Email: wmr.qar@edumail.vic.gov.au

- Contact the Licensed Children's Services helpline on 1300 307 415

Things to consider before you make a complaint

Before you approach the educators or Management you should:

- Be clear about the topic or issue you want to discuss
- Focus on the things that are genuinely affecting your child
- Always remain calm and remember you may not have all the facts relating to the circumstances of the topic or issue you wish to discuss
- Think about what would be an acceptable outcome for you and your child
- Be informed; check the Act and Regulations and the Centre's Policies and Procedures, where relevant.

What happens when you make a formal complaint?

- Writing down your complaint is a useful way to put all of your information together and clarify your concerns. It also means you'll have a clear record of the complaint.
- All notifications to the Department are treated confidentially. Your identity cannot be disclosed unless you give written consent or a court grants leave for this to occur.
- If you provide your name and contact details when you make a complaint, the Department will provide you with details of the outcome of their investigation.

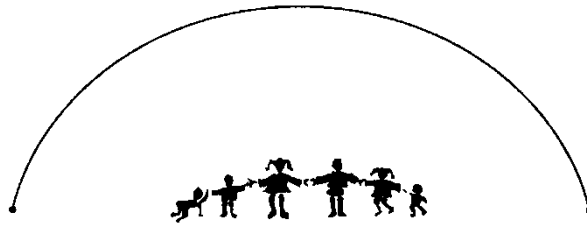
Information sourced from: Department of Education and Early Childhood Development www.education.vic.gov.au
(August, 2012)

National Regulations: Regulations 168

Date: ____ October 2014_____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ____ October 2017_____



East Melbourne Child Care Co-operative.

Waiting List and Filling Childcare Vacancies Policy and Procedure

Purpose:

EMCC runs a centralised waiting list for families who wish to become clients of the Service. EMCC wants to ensure the waiting list is fair and equitable for all applicants.

There is an agreement in place with ORICA for priority of access for up to seven EFTS across the two EMCC Centres. Five of these are in the under 3 year age groups.

Procedure:

When going on the waiting list:

- Anyone who wants care at EMCC must go on the waiting list, this includes current families and staff of EMCC
- Waitlist can be found on our website www.emcc.org.au
- Applicants must be expecting a child to go on waiting list
- No applicant can be on the waiting list longer than nine months before the date of birth of the child wanting care
- If unforeseen circumstances occur, the application becomes void and a new application must be submitted with the next pregnancy.

EMCC has the following priority of access for childcare

- Priority Access Criteria from Department of Education, Employment and Workplace Relations

The following guidelines regarding enrolment and priority of access are in accordance with Commonwealth guidelines and our agreement with our work related sponsor.

Priority shall be accorded as follows

1. A child at risk of serious abuse or neglect
2. The siblings of children already enrolled; a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the *'A new Tax System (Family Assistance) Act 1999*
3. Work related sponsor(s)
4. Any other child

Before offering childcare vacancies

- When making offers a list is printed from the data base the following way. When printing off the lists, ensure you include all families who have paid and not paid and the list is printed in date on list order.
 - List One: Orica (priority one)
 - List two: Babies Room (usual age range 0 – 18 months)
 - List three: Toddler Room (usual age range 18 – 33 months)
 - List four: Kinder Room (usual age range 32 – 60 months)
- Number each family on each list starting at 1 on each list. A photocopy is to be taken of the list; therefore each Centre has an exact copy for the offers they are making.
- Centre managers are to discuss the vacancy/vacancies that are being filled, and an order is to be discussed of who is going to ring which clients. For example Powlett reserve to ring evens Yarra Park to ring odds.
- A discussion must happen before starting between the Centre Managers to identify existing families (siblings) and the offer of positions to them.
- A called chart is to be completed, and faxed down to the other Centre each day, so that each centre manager is clear of what's happening across the Service.

- When making offers, a family identifies a preference to the other Centre, the Centre Manager is to call and advise that Centre, so that an offer to them can be made, assuming that they are higher on the list than where that Centre is calling from.
- When a waiting list family identify they no longer require care, make a note of it on the call chart. Do not remove until discussion with the other Centre Manager, as they may have had conversations with them that you are not aware of. Families are to be deleted by one person, after these discussions at the end of the offering period.

Offering childcare vacancies

- When calling identify the Service (EMCC) and then the Centre you are from (Yarra Park or Powlett Reserve) if calling from Yarra Park add in the address (Berry St East Melbourne) as some families in the past have confused us with Yarra Burg in Richmond.
- Make the offer, and agree to do a show through time. This is to be quick, within 2 days, to not string the offer time out. Chart this on the offers list.
- If when you call you get voice mail or an answering machine, leave a message, who you are, where you are from, and that you are calling in regards to care. DO NOT leave an offer of days on the voice mail. Give the person a defined time to call back by. Usually by mid-day the following day, or you will assume they do not require care. Note this on your called sheet. If this is an ORICA family, make a follow up call the next day.
- By not offering specific days, you are able to make calls to others if you have multiple vacancies. Never make more calls than positions you can offer in one call session, as you may find yourself in a position where all the people you have called want a position.
- Once a family has visited the Centre and accepted a place, give them an enrolment package, and advise them of the fees and deposits they are required to make. Give them a date that these are to be paid, within the week, as a commitment to this position. An agreed start date is to be set, and the client is to be advised that they will be required to pay fees from that date.
- Organise orientation as per our orientation process.
- Advise families that we REQUIRE them (where this is appropriate. Some families will not be eligible for CCB or CCR) to obtain a CRN, and that this needs to be done and given to us ASAP, (within the month)
- Ensure that enrolment forms are returned, and fully completed.

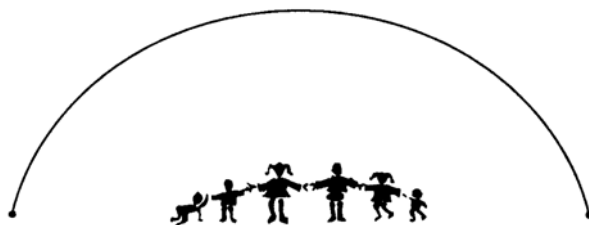
National Law: Section 175

National Regulations: Regulations 102, 160-162, 168

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Enrolment Policy and Procedure

Rationale:

EMCC will provide equal access to families living in the community, based on the Priority Access criteria set out in this Policy and Procedure. The EMCC will also ensure that the needs of each child are met by obtaining all required information regarding the child.

Purpose:

The policy will outline:

- Work-related sponsors
- Priority Access Criteria from Department of Education, Employment and Workplace Relations
- Procedures for placement on waitlist for current and new children
- Permanent, Part time care and Kindergarten sessions
- Procedures required once a child has been offered a place at the Centre
- Procedures and requirements for renewal of care for current children at the end of each year

Procedures:

Work-related sponsors

Up to seven places across the two Centres are prioritised for work-related sponsorship under an agreement with Orica

Priority Access Criteria from Department of Education, Employment and Workplace Relations

- The following guidelines regarding enrolment and priority of access are in accordance with Commonwealth guidelines and our agreement with our work related sponsor.
 - i. It is a condition of approval and continued approval for Child Care Benefit (CCB) purposes that Services must comply with Family Assistance Law.
- The priority of Access Guidelines **MUST** be used by approved services to allocate available child care places where there is more families requiring care than places available.
- The following guidelines regarding enrolment and priority of access are in accordance with Commonwealth guidelines, and our agreement with our work related sponsor.
 - ii. Priority of access
Priority shall be accorded as follows
 1. A child at risk of serious abuse or neglect
 2. The siblings of children already enrolled; a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the *'A new Tax System (Family Assistance) Act 1999*
 3. Work related sponsor(s)
 4. Any other child

Procedures for placement on waitlist for current and new children

- Children who are currently at the Centre and require a change of days or additional days go on an internal waitlist. When a space becomes available the Centre Manager will inform the family
- Siblings of children at the Centre will need to go onto the EMCC website, www.emcc.org.au and fill in the waitlist form

- New children will need to go to the EMCC website and fill in the waitlist form. The EMCC levies a non-refundable \$10 administration fee on all parents wishing to join the waiting list. The fee is payable when the applicant completes and returns the specified application form

Permanent, Part time care and Kindergarten sessions

We provide Full time, Part time, Occasional care (when available) and Kindergarten sessions at the Centre. **Half days are available for four year olds only.**

Sessions are defined as follows

Full Day	7.30am – 6.00pm
Morning	7.30am – 12.45pm
Afternoon	12.45pm – 6.00pm

Minimum Attendance

1. EMCC requires children to attend a minimum of two days per week. One day a week attendance is at the discretion of the Centre Manager

Occasional care

1. Occasional care may be booked in advance.
2. Occasional care will only be available at the discretion of the Centre Manager and if it can be provided within educator guidelines and consistent with Centre Management requirements.
3. Families cannot swap days, for example, if the child normally attends Monday and Tuesday, and they are away on the Monday and take occasional care on Wednesday, the family will be charged for the three days that week.

Babies under nine months

1. The number enrolled in the nursery at any one time will be at the discretion of the Centre Manager of the centre.

Age limit

1. The centre will only take children from sixteen weeks old.

Procedures required once a child has been offered a place at the Centre

An Enrolment/Information Pack will be posted or given to the family and the family will be required to have all information completed and brought back before the child starts in the Centre. The child will also be required to orientate into their new environment before they start (please read the Orientation Policy and Procedure)

Four weeks' notice is required by the family for any changes to the booking (increasing or decreasing of days) or cancelling of care requirements. The notice must be given to the Centre Manager in writing, email is acceptable and during business operating hours

The enrolment form must contain the following information. The enrolment form must be completed before the child starts at the Centre.

- Full name, date of birth and address of the child
- Name, address and contact details for:
 - Each known parent
 - Any emergency contact
 - Any authorised nominee
 - Any person who is authorised to consent to medical treatment or administration of medication
 - Any person who is authorised to give permission to an educator to remove the child from the Centre
- Details of any court orders, parenting orders or parenting plans
- Gender of the child
- Language used in the child's home
- Cultural background of the child and parents
- Any special considerations for the child, such as cultural, religious or dietary requirements or additional needs
- Authorisations for:
 - The Approved Provider, Nominated Supervisor or an educator to seek medical treatment for the child and/or ambulance transportation

- The Centre to take the child on regular outings
- Name, address and telephone number of the child's registered medical practitioner or medical service
- Family and child's Customer Reference Number (CRN) from Family Assistance
- Details of any specific healthcare needs of the child, including any medical condition, allergies or a diagnosis that the child is at risk of anaphylaxis
- Any medical management plan, anaphylaxis management plan or risk assessment plan for the child
- Any dietary requirements of the child
- Immunisation status of the child
- If the Approved Provider or educator has sighted a health record for that child, a notation of the fact

Procedures and requirements for renewal of care for current children at the end of each year

- Approximately during August/September of every year, Care Requirement forms will be emailed and placed in each child's pocket. The form will ask for the care requirements for the child for the following year
- Enrolments for care for each year are taken on a 'first in first served' basis for any changes for existing families. We will endeavour to cater for any new requests for additional days; however this may not be possible if demand is too great. There will be priority given to funded four year old children, in relation to days to ensure they are receiving their minimum of 15 hours per week at the Centre.
- Care requirements will be confirmed for the following year through written confirmation by Centre Manager. If families require change of days, increase or decrease days, then four weeks' notice is required during our business operating hours. Therefore, if notice is given on the last day of care for the year, the four weeks' notice starts when the Centre reopens in January.
- Families of school leavers will be billed up until Christmas closure, unless four weeks' notice is given. School leavers requiring care in January, will only be offered if space is available.
- **Enrolment forms are updated regularly. It is the responsibility of families to inform the centre of any changes to their enrolment form.**

Second-year Funded Kindergarten

If a family chooses to enrol their child for a second year of funded kindergarten, they are required to notify the Centre by the end of Term 2 to ensure all necessary documentation can take place.

Movement of children between Centres

Families may wish to move between Centres when their child is attending a third year in the Kindergarten Program. This change will occur at the beginning of the year if there is availability at the other Centre. Any movement between Centres throughout the year will be at the discretion of the Centre Manager.

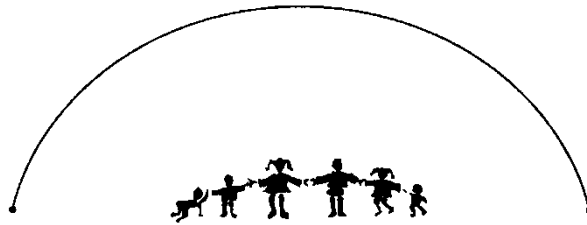
National Law: Section 175

National Regulations: Regulations 102, 160-162, 168

Date: ____ October 2014 _____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Fees Policy and Procedure

Purpose:

Fees are set by the Committee of Management and are subject to change, depending upon budget requirements. A weekly fee is calculated, according to the service provided and any rebate provided by Child Care Management Services. Each family is individually responsible for applying for childcare benefit or a customer reference number (CRN) with the Family Assistance Office (FAO). Families must advise the Centre of the CRN within a month of starting at the Centre

Procedure:

- The weekly fee is payable at all times, including during absences taken by the family due to illness, public or other holidays, or for any other reason, unless arrangements are made in advance and approved by the Centre Manager. Families may be able to access Special Childcare Benefit in hardship situations
- When families request occasional care, this is charged the day the child attends the Centre.
- Families cannot swap days, for example, if the child normally attends Monday and Tuesday, and they are away on the Monday and take occasional care on Wednesday, the family will be charged for the three days that week.
- All occasional care for children not enrolled at the Centre must be prepaid before the commencement of care. If the care is not prepaid, the occasional care booking will not be accepted.
- Fees can be paid by EFTPOS, or preferably direct debit into the EMCC's account. Cash payments must be paid to the Centre Manager or Executive Director. A receipt will be given to all families who make cash payments
- The following arrangements regarding payments of fees will be strictly enforced:
 1. **Bond:** All new enrolments must pay a bond of two weeks fee in advance as well as a deposit, to secure their spot within EMCC. The deposit is determined by the Committee of Management and is subject to change. The bond should be paid within one week of accepting a position at EMCC otherwise the offer of a position is terminated
 2. **Payment of Fees:** Families must ensure that their fees are kept two weeks in advance at all times. Families may, of course, still wish to pay fees weekly or monthly as convenient, however it is necessary that payments are two weeks in advance
 3. **Overdue Fees:** If fees are one week overdue, the Centre Manager will send statement with an **"Immediate Payment Please"** note attached. If fees are not paid before two weeks has elapsed, a second statement with a note requesting prompt payment will be sent. If no payment is made after three weeks has elapsed, the matter will be referred to the Committee of Management with no further delay. EMCC reserves the right to re-fill the position, if the fees are not kept up to date and take appropriate action aimed at recouping any outstanding fees
 4. **Debt Recovery:** Should the services of a debt recovery agency be used to recoup outstanding fees, the cost of this will be borne by the family

Child Care Benefit:

Child Care Benefit (CCB) is a payment to assist with the cost of child care for families who use CCB approved and/or registered care. EMCC is a CCB approved child care. You can get CCB if you meet all of the following conditions:

- You have a child in your care
- Your child attends CCB approved or registered care and you are liable to pay the child care fees
- Your child meets the immunisation requirements (or has an exemption)
- You or your partner meet the residency requirements (or have an exemption)

Child Care Rebate:

Child Care Rebate (CCR) is an additional payment to help working families with the out-of-pocket expenses for CCB approved child care. You may also get the CCR if you meet all of the following conditions:

- You are eligible for CCB (entitled at a rate of zero or more)
- You and your partner meet the CCR work, training, study test

Kindergarten Fee Subsidy:

- The Department of Education and Early Childhood Development provides the Kindergarten fee subsidy (KFS) to enable eligible children to attend a funded kindergarten program in the year before starting school free of charge or at minimal cost.

Special Care Benefit:

Special Fee Relief is a Commonwealth Government allocation to assist families who are experiencing particular hardship. Certain constraints apply in respect of the payment. The process is as follows:

- Application for Special Fee Relief must be made in writing to the Centre Manager
- Each family will be eligible for Special Fee Relief for a period of up to 13 weeks per year (if further Special Fee Relief is required, an application by letter needs to be forwarded to the FAO).

Late pick up of Children:

Children must be collected by 6.00pm. In the event of a late pick up, the following protocol shall apply:

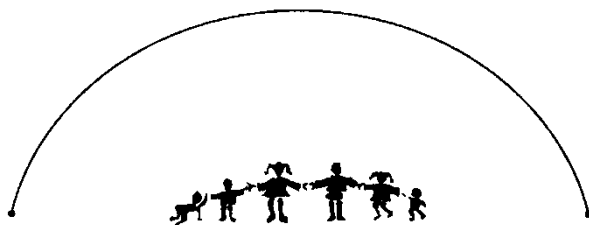
- Parents shall sign a Late Pick Up Book, noting their time of arrival at the Centre
- A fee of \$50.00 for every 15 minutes (or part thereof) will be levied after 6.00pm
- Wherever possible, families should ring to inform educators if they have been detained. However the late pick up fee will still apply in order to cover educator costs
- The late fee will be billed on the next statement
- Requests to waive the late pick up fee must be made in writing to the Committee of Management, within one week

National Regulations: Regulation 168

Date: ____ October 2014 _____

Signed: _____ R.V. _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____



East Melbourne Child Care Co-operative.

Confidentiality and Storage of Records Policy and Procedure

Rationale:

Accurate record keeping and storage ensures the safety of children, families and educators and provides us with a level of transparency and accountability.

Purpose:

To ensure confidentiality records must be kept in a safe and secure place. Records are kept for the period of time specified in the National Regulations (see table below).

Procedures:

Educators must not communicate (directly or indirectly) information that is kept in a record required by the National Regulations other than to the following people:

- Within the EMCC between educators for the education and care of the child.
- To medical personnel who require the information for medical treatment of the child.
- To the parent of the child that the record relates to (this does not relate to educators).
- The Regulatory Authority or an authorised officer.
- To support agency's (only with written permission)

All Records (operation of the service, staff records and child records) must be stored at each Centre for 12 months. After 12 months records can be taken to our storage unit in Abbotsford to be archived. These records will be readily accessible to an authorised officer on request.

Records and documents required to be kept at the service (National Regulations 183)			
Type of record	Responsibility	Timeframe	Reference
Evidence of current public liability insurance Note: Does not apply if the insurance is provided by a State or territory government	Approved Provider	Available for inspection at service premises	Regulations 29, 30, 180
Quality Improvement Plan	Approved Provider	Current plan is to be kept	Regulations 31, 55
Child assessments	Approved Provider	Until the end of 3 years after the child's last attendance	Regulations 74, 183
Incident, injury, trauma and illness record	Approved Provider	Until the child is 25 years old	Regulations 87, 183
Medication record	Approved Provider	Until the end of 3 years after the child's last attendance	Regulations 92, 183

Child attendance	Approved Provider	Until the end of 3 years after the record was made	Regulations 158-159, 183
Child enrolment	Approved Provider	Until the end of 3 years after the child's last attendance	Regulations 160, 183
Death of a child while being educated and cared for by the service	Approved Provider	Until the end of 7 years after the death	Regulations 12, 183
Record of services compliance history	Approved Provider	Until the end of 3 years after the Approved Provider operated at the service	Regulation 167
Record of responsible person in day-to-day charge including Certified Supervisors placed in day-to-day charge	Approved Provider	Until the end of 3 years after the staff works for the service	Section 162 Regulations 150, 177
Staff record	Approved Provider	Until the end of 3 years after the staff member works for the service	Regulation 145
Record of access to early childhood teachers	Approved Provider	Until the end of 3 years after the staff member works for the service	Regulation 152
Record of educators working directly with children	Approved Provider	Until the end of 3 years after the staff member works for the service	Regulation 151
Record of volunteers and students	Approved Provider	Until the end of 3 years after the volunteer or student attended the service	Regulation 149

Information sourced from: National Quality Framework Resource Kit, Education and Care Services National Regulations, 2011 pg. 190-193 (August, 2012)

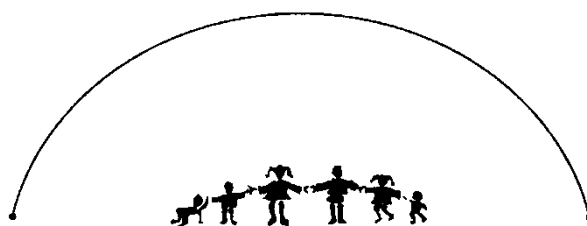
National Law: Section 175

National Regulations: Regulations 177-184

Date: ____ October 2014 ____

Signed: ____ R.V ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Code of Conduct Policy and Procedure

Rationale:

EMCC supports educators in demonstrating the highest standard of professionalism in their work with children, families, colleagues and the wider community. Educator's practices, attitude and behaviour must reflect the values of the EMCC, the early childhood sector, current children and families and our community. We share the responsibility of ensuring the code of conduct is at the core of our daily work.

EMCC code of conduct complements the Early Childhood Australia's Code of Ethics and these documents should be read and used in conjunction with each other.

Scope:

Permanent (part time and full time), temporary, casual, students and relief educators

Procedure:

- We will abide and be familiar with relevant legislation in particular The National Law and the National Regulations 2011.
- We will abide by the Early Childhood Code of Ethics using them as a guide to reflect on professional behaviour.
- We must understand and implement the Centre Mission Statement and Philosophy, Policies and Procedures and practices and take an active interest in their development and review.
- We will always represent EMCC in a positive manner.
- We will only speak or act on behalf of the EMCC when authorised to do so by the Executive Director or the Committee of Management.
- We will maintain confidentiality and only share information or issues with appropriate people within the EMCC unless instructed by Law.
- We will respect the right to privacy, refraining from disclosure of confidential information of children, families, colleagues or the EMCC.
- We will not participate in activities that are a violation of Law and Regulations.
- We will not consume alcohol and or illegal drugs while working or prior to working with children.
- We will not smoke on EMCC premises.
- We will present ourselves in a professional manner and wear clothing and footwear that is appropriate to work with children. Educators wearing revealing clothing or clothing that goes against our SunSmart Policy and Procedure, Occupational Health and Safety Policy and Procedure or any other Policy and Procedure will be asked to change immediately.
- We will base our work and documentation on current Early Childhood knowledge and frameworks as well as an understanding of individual children and families.
- We will recognise, respect and celebrate the unique qualities, abilities and potential of every child.
- We will support each child's right by providing and modelling an environment that is inclusive of all children with or without a disability that respects culture, language, ethnicity, gender and family environment.
- We will strive to build individual relationships with the children we care for, adapting our teaching styles and the environment if required to meet the full potential of each child.
- We will strive to develop relationships of trust and respect with families and work in partnership.
- We will encourage and provide opportunity for families to participate in all aspects of planning and decision making affecting children.
- We will respect the cultural heritage and child-rearing approaches of families and take this into account when working with children and assessing child development.
- We will welcome families and encourage participation and involvement in the educational program and Centre
- We will provide opportunities for families to build support networks through opportunities to interact with educators, other families and professional community resources.
- We will actively promote safe and healthy working conditions.
- We will establish relationships with colleagues based on, harmony, trust, respect, equitability, non-discriminatory behaviour, co-operation, consideration and confidentiality at all times.
- We will deal with conflicts with colleagues in a positive, efficient and professional manner.

- We will encourage and support one another to become more skilled and knowledgeable, recognising and celebrating each other's accomplishments.
- We will make every effort to use constructive methods to manage differences of opinion in the spirit of collegiality.
- We recognise the importance of professional development and will share our knowledge with colleagues and families.
- We will resolve any conflicts in accordance with the Policies and Procedures of EMCC and maintain a professional respectful attitude at all times.
- We will treat any visitor to the Centre with respect and courtesy at all times.
- We will deal with all complaints in a professional and positive manner striving to provide a mutually beneficial result.
- We promote community participation at EMCC, therefore educators are expected to attend staff meetings and strongly encouraged to attend scheduled out of hour's events.
- We will respect and promote Australian history incorporating Aboriginal and Torres Strait Islander culture into the educational program.
- We will provide the families and children with the highest quality care and education we can.

Information sourced from:

Education and Care Services National Regulations 2011

National Quality Framework Resource Kit

Early Childhood Australia Code of Ethics

National Association for the Education of Young Children

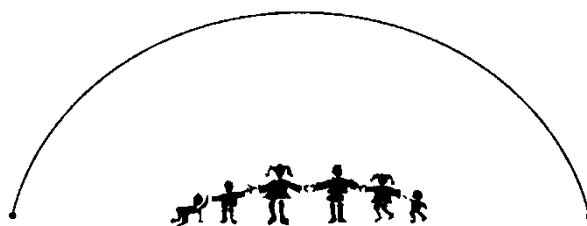
EMCC educators and families

National Regulations: Regulations 168

Date: _____ October 2014 _____

Signed: _____ R.V. _____ (Executive Director)

Date to be reviewed on: _____ October 2017 _____



East Melbourne Child Care Co-operative.

Telephone, Internet and Email Policy and Procedure

Purpose:

EMCC has ready access to an operating telephone or other similar means of communication to communicate immediately with emergency services, or parents of children attending the Centre or to receive calls.

EMCC ensures the proper use of the Internet and to ensure what is deemed acceptable and unacceptable use of its computer systems while accessing the Internet and using email at the Centre

Procedures:

Telephone

A telephone might be a landline, or mobile phone that is charged, able to receive and make calls and turned on. Similar means of communication could be a satellite telephone or a two-way radio

- Telephones are located where educators can easily access them without leaving the children unsupervised
- When educators are all outside, a telephone is to be taken outside
- Emergency phone number is displayed on the back of each phone
- When children and educators leave the Centre for an excursion, a telephone needs to be taken with them and the contact number written on the whiteboard of that Room (refer to the Excursion Policy and Procedure)

Internet

- Use of the Internet is primarily for business purposes with limited personal use. Business use includes sites which offer information and/or assistance in relation to the duties of employees.
- Executable programs (software in a form that can be run in the computer generally using .EXE and .COM file extensions) are NOT to be downloaded, run or executed from the Internet without permission from EMCC Management.
- Downloading of non-business material such as MP3 audio and MPG video files is not permitted.
- Use of Internet radio is not permitted.
- Material displayed or accessed during Internet sessions must be suitable for display in a public place.
- The internet must not be used to access or download offensive content. Offensive content includes, but is not limited to, sexual comments or images, racial slurs, gender specific comments or any comments that would offend someone on the basis of his/her age, gender, sexual orientation, religious or political beliefs, national origin or disability.

Email

Email is a business communication tool and users are obliged to use this tool in a responsible, effective and lawful manner. Although by its nature email seems to be less formal than other written communication, the same laws apply. It is important that users are aware of the legal risks of email:

- If you send emails with any libellous, defamatory, offensive, racist or obscene remarks, you and EMCC can be held liable.
- If you unlawfully forward confidential information, you and EMCC can be held liable.
- If you unlawfully forward or copy messages without permission, you and EMCC can be held liable for copyright infringement.
- If you knowingly send an attachment that contains a virus, you and EMCC may be held liable.

By following the guidelines in this Policy and Procedure, the email user can minimise the legal risks involved in the use of email. If any user disregards the rules set out in this Policy and Procedure, the user will be fully liable and the EMCC will disassociate itself from the user as far as legally possible.

Legal Requirements

The internet and email must not be used to access, download or transmit any illegal, unauthorised or material otherwise contravening laws of the State of Victoria or the Commonwealth of Australia or to perform, undertake or engage in any activity that contravenes such laws.

The following rules are required by law and are to be strictly adhered to. It is prohibited to:

- Send or forward emails containing libellous, defamatory, offensive, racist or obscene remarks. If you receive an email of this nature, you must promptly notify EMCC Management.
- Send unsolicited email messages i.e. junk mail.
- Forge or attempt to forge email messages.
- Disguise or attempt to disguise your identity when sending email messages.
- Send email messages using another person's email account without permission from that person.

Best Practices

EMCC considers email as an important means of communication and recognises the importance of proper email content and speedy replies in conveying a professional image and delivering good customer service. Users should take the same care in drafting an email as they would for any other communication.

EMCC considers personal contact (by phone or in person) to be the preferred form of communication. Wherever possible, personal contact should not be substituted with email messages. When using email, EMCC wishes users to adhere to the following guidelines:

Writing Emails:

- Write well-structured emails and use short, descriptive subject headings.
- EMCC's email style is informal. This means that sentences can be short and to the point.
- You can start your email with 'Hi' or 'Dear' and the name of the person. Messages can be ended with 'Best Regards'. The use of Internet abbreviations and characters such as smileys however, is not encouraged.
- Signatures must include your name, job title and contact details.
- Users must spell check all emails prior to transmission.
- When sending emails to multiple recipients (e.g. newsletters) use the Blind Carbon Copy (BCC) function to all addressees to protect the confidentiality of the recipients.
- Do not send unnecessary attachments. Compress large attachments before sending them, change to PDF file.
- Do not write emails in capitals/ upper case as this can be interpreted as offensive within email etiquette.
- If you forward emails, state clearly what action you expect the recipient to take.
- Do not send messages containing rude or defamatory language or pictures. Use only language which would be acceptable for general distribution.
- Only mark emails as important if they really are important.
- Room educators must always 'cc' the Centre Manager or Executive Director when sending emails and also 'cc' the response

Replying to emails:

- Emails should be answered within at least 8 working hours, but users must endeavour to answer priority emails within 4 hours.
- Priority emails are emails from existing parents, nominated carers, Government departments and funding bodies, support agencies, networks and business partners.

Maintenance:

- Delete any email messages that you do not need to have a copy of

Personal Use:

With the increasing use of Internet banking and electronic bills payment, EMCC recognises that educators may on occasions want to use the EMCC systems for personal tasks. Limited personal use of the EMCC email and Internet facilities must be in accordance with this policy. Educators can use the staff room computer for personal use. The laptops and iPad's are not to be use for personal use, for example, social media, bank institutions, personal purchases, downloading any information for personal use.

Limited Personal Use is acceptable by following these guidelines:

- The personal use must be reasonable and not excessive, must not interfere with work activities and effect our download limit
- The personal use must occur during break periods only.
- Personal use must comply with other requirements contained in this Policy and Procedure.
- Sending chain letters, junk mail, jokes and executable is prohibited.

Confidential Information:

Never send any confidential information via email. If you are in doubt as to whether to send certain information via email, check this with the EMCC management first.

Social Networking sites:

Educators are required to ensure that they abide by the Confidentiality of Records Storage Policy and Procedure and Code of Conduct Policy and Procedure at all times whilst accessing social networking sites. No mention of EMCC in any way on these sites will be tolerated. **No social media to be access on iPad's or laptops.**

IPad and laptop history

IPad and laptop history can only be cleared by Centre Managers or IT support person. If this is cleared by educators or other staff, disciplinary action will be followed.

iTunes voucher

Each room will have access to an iTunes voucher. Excessive and inappropriate use of voucher will result in disciplinary action.

YouTube

Excessive and unnecessary use of YouTube will not be tolerated and will result in disciplinary action.

Password

All passwords must be made known to EMCC Management. The use of passwords to gain access to the computer system or to secure specific files does not provide users with an expectation of privacy in the respective system or document.

Encryption

Users may not encrypt any emails without obtaining written permission from EMCC Management. If approved, the encryption key(s) must be made known to EMCC Management.

Email Retention

There is no automatic deletion of old emails. Users should routinely remove unwanted emails from Sent Items, Inbox and Deleted items.

Systems Monitoring and Disciplinary Action

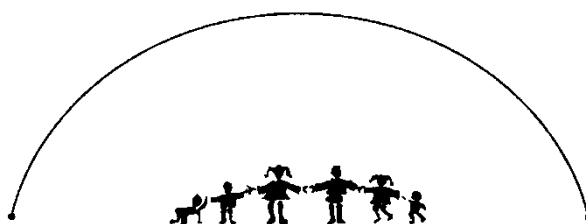
All EMCC educators expressly waive any right of privacy in anything they access, create, store, send or receive on the EMCC's computer system. EMCC can, but is not obliged to, monitor internet and email activity and computer systems without prior notification. If there is evidence that educators are not adhering to the guidelines set out in this policy, EMCC reserves the right to take disciplinary action, including termination and/or legal action.

National Regulations: Regulation 98

Date: ____ October 2014 ____

Signed: ____ R.V. ____ (Executive Director)

Date to be reviewed on: ____ October 2017 ____



East Melbourne Child Care Co-operative.

Employee Enrolment Policy and Procedure

Rationale:

EMCC will provide discounted childcare fees to support staff with the cost of childcare as set out in this Policy and Procedure. EMCC will also ensure that the needs of each child are met by obtaining all required information regarding the child.

Purpose:

The Policy and Procedure will outline the percentage of discounted fee and any stipulations related to the discounted rate. It will also outline any other stipulations required for staff children to attend EMCC.

Procedures:

1. The discounted percentage is capped at 25% off the daily rate before any rebates are applied, no further discounts will be applied
2. Each employee can only claim the discount on one child (first child) per family.
3. There is a maximum of three days childcare that the discount can be applied to. Anything after that will incur normal daily rate
4. The discount rate does not apply when an employee is on unpaid leave
5. All claiming employees must pay by direct debit and have CCR paid directly to EMCC
6. All fees must be kept up to date
7. Children must be on the waiting list before enrolment
8. Children must attend the opposite Centre to their parents place of work
9. Once the child receiving the discount is enrolled in School the discount no longer applies, for example if they have occasional care no discount will be applied.

Effective 1st July 2015.

Any second children attending after this date will no longer receive childcare at a reduced rate.

Date: ____ July 2015 _____

Signed: _____ R.V _____ (Executive Director)

Date to be reviewed on: ____ October 2017 _____

