

Woden Valley Child Care Association Incorporated

---

## Abandoned / uncollected children Procedure

**Date Reviewed:**

September 14, 2021

**Regulation:**

99, 158-159, 168(2)(f)

**Standards:**

2.3.1, 2.3.2

---

### Aim

To ensure the commitment to the strategies of delivery and collection of children is clear and shared by all, by:

- Recognizing that children are both vulnerable and capable.
- Respecting the primary role of families; their values and expectations will be considered but the care and protection of children is paramount.

### Late collection

It is the responsibility of parents/guardians to collect their child/children from the service prior to the centre's closure (6PM). Children are required to have left the service by the stated closing time.

If children have not left the service by closing time a late collection fee will be applied. The late fee is \$10 per child per minute. Parents/guardians or carers will be invoiced for the late fee. Please note that the service is only licensed until the stated closing time, and staff are only employed until this time, and have commitments of their own. Parents who are habitually late will be advised in writing that any further infringement of this rule may mean cancellation of the enrolment.

In case of an emergency situation (accident, traffic, weather or other unforeseen circumstances) the service encourages parent/ guardians to contact WVCLC as soon as possible and advise us of the estimate arrival time or another authorised person who will be collecting the child/ren. The late collection fee will still apply.

### Uncollected child

In the event a child/ren is left in an educator's care beyond the operational hours the Service and the parent/guardian fails to arrive or notify within 5 minutes from closure, the educators will follow the procedure as outlined below:

**Procedure for uncollected child:**

1. Ensure the child/ren remain in the care of the educator. Two adults will remain on the premises at all times with the child/ren.
-

2. Attempt to contact the parent/guardian (both if listed on the enrolment forms)
3. Attempt to contact all people nominated as emergency contacts:
  - If successful, ask the authorized emergency contact person to collect the child immediately
  - If successful, but the authorized emergency contact person refuses or is unable to collect the child, continue the following steps
  - Attempt to contact the parent/guardian again; if there is no response, contact the Centre Director if the child is not collected within 15min of a closure

The Centre Director will:

1. Arrive at the Centre or instruct responsible person of the further steps
  - If the Director cannot be contacted, at 6.30PM responsible person is to proceed with step no.2
2. Call the Police to collect the child/ren
3. Notify the Child Protection Services
4. Complete and submit an incident report via portal

**Abandoned child**

In the event a child/ren is left at the Service without current enrolments it will be considered as abandoned child. The responsible person at that time will follow the procedure as outlined below:

**Procedure for abandoned child:**

1. Ensure the child/ren remain in the care of the educator.
2. Attempt to contact the parent/guardian (if known, e.g. sibling or previously enrolled in the Service)

If unable or no response the Centre Director will:

3. Call the Police to collect the child/ren
  4. Notify Child Protection Services
  5. Complete and submit an incident report via portal
-

## Administration of first aid policy

Date Reviewed:	Regulation:	Standards:
September 11, 2023	85-90, 92-94, 101, 102C, 136, 137, 161, 162, 168-172, 176, 183	2

---

### Aim

WVELC is committed to providing an environment that promotes children's health, safety, and wellbeing, which includes ensuring the implementation of clear policies and procedures for the administration of first aid.

The aim of this policy is to provide an overview on steps taken to provide adequate medical care to child/ren in the event of an injury or illness.

### Background

All decision-making is carried out in accordance with the principles of our service's administration of first aid policy; those include:

- The health, safety and wellbeing of children is a paramount consideration for our service. Therefore, we will take every reasonable precaution to protect the children from harm and ensure that we are well equipped to administer first aid in the event of injury or illness.
  - We ensure that educators and staff can undertake their roles effectively. In relation to the administration of first aid, they will receive regular training to ensure their qualifications are approved and up to date, as well as access to suitably equipped first aid kits.
  - We ensure that there is always at least one staff member with current first aid qualifications in attendance so that education and care is provided to children.
  - Clear roles ensure that management, educators, and staff are aware of their responsibilities in relation to the administration of first aid, notifications, and reporting.
  - We create opportunities for children to learn and develop. This includes incorporating health and safety into the educational program.
-

## Policy

Policy item	Meaning / detail explanation	Source / Reference
Current qualifications	<p>Each educator at the service holds an approved qualification that was attained or the training was undertaken within the previous three years:</p> <ul style="list-style-type: none"> <li>a. Approved first aid qualifications (except for a qualification that relates to emergency life support and cardio-pulmonary resuscitation which must be completed within the previous year)</li> <li>b. Approved anaphylaxis management training</li> <li>c. Approved emergency asthma management training</li> </ul>	National Regulations (Regulation 136)
First Aid	First Aid is immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.	
First Aid response	<p>When a child in care is seriously injured or becomes ill, the educators will:</p> <ol style="list-style-type: none"> <li>1. Attend to the child immediately.</li> <li>2. Give appropriate first aid treatment which may include medical assistance.</li> <li>3. Call an ambulance, if required, and stay with the child until the ambulance arrives; and</li> <li>4. Contact the primary parent/guardian or nominated contact (on the enrolment form), by telephone or the most direct method of contact, to notify that an ambulance has been called for their child.</li> </ol>	
Health Information and record keeping	<p>Health information about each child must be kept in their enrolment record. This includes:</p> <ul style="list-style-type: none"> <li>• the contact details of their registered medical practitioner</li> <li>• their Medicare number (if available)</li> <li>• their specific healthcare needs and allergies (including anaphylaxis)</li> <li>• any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed</li> <li>• any dietary restrictions</li> <li>• their immunisation status</li> <li>• whether a child health record has been sighted.</li> </ul> <p>The Woden Valley Early Learning Centre (WVELC) will maintain a list of emergency services, and a list of a child/ren's current emergency contact numbers. These will be kept in an accessible position at all times.</p>	National Regulations (Regulation 162)

<p>Serious incident</p>	<p>For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident:</p> <ul style="list-style-type: none"> <li>a. the death of a child – <ul style="list-style-type: none"> <li>ii. while that child is being educated and cared for by an education and care service; or</li> <li>iii. following an incident occurring while that child was being educated and cared for by an education and care service.</li> </ul> </li> <li>b. any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service – <ul style="list-style-type: none"> <li>i. which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or</li> <li>ii. for which the child attended, or ought reasonably to have attended, a hospital; Example: A broken limb.</li> </ul> </li> <li>c. any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure, or anaphylaxis reaction.</li> <li>d. any emergency for which emergency services attended.</li> <li>e. any circumstance where a child being educated and cared for by an education and care service – <ul style="list-style-type: none"> <li>i. appears to be missing or cannot be accounted for; or</li> <li>ii. appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or</li> <li>iii. is mistakenly locked in or locked out of the education and care service premises or any part of the premises.</li> </ul> </li> </ul>	<p>National Regulations (Regulation 12)</p>
<p>Suitably equipped first aid kit</p>	<ol style="list-style-type: none"> <li>1. First aid kits will be accessible to educators, regular visitors, students, parents/guardians, and volunteers, but inaccessible to children.</li> <li>2. Regular visitors, staff members, students, parents/guardians, and volunteers will be informed of the location of first aid kits on their first day.</li> <li>3. WVELC will possess portable first aid kits for excursions and emergency evacuations.</li> <li>4. Contents of first aid kits are to be replaced if used and kept within date.</li> </ol>	<p>Guide to the NQF (Operational Requirements – Quality Area 2)</p>

	<p>5. Personal Protective Equipment [PPE] aids (for example gloves and masks) are to be kept with first aid kits or nearby.</p> <p>6. If sharps (such as needles) are used by a child/ren in care, the educators will dispose of these in an approved sharps dispenser; and</p> <p>7. First aid kits will be regularly checked by an outsourced company and/or appointed First Aid Officer.</p>	
--	---	--

### Related documents

Incident, injury, trauma and illness policy and procedures - April 2021

Control of infectious diseases policy - April 2021

Excursions and Incursions

Management of ongoing condition policy - April 2021

Policy created on:

September 11, 2023

Written by:

Paulina Jagus

Review date:

September 11, 2024

---

## Administration of first aid procedure

Date Reviewed:	Regulation:	Standards:
September 11, 2023	85-90, 92-94, 101, 102C, 136, 137, 161, 162, 168-172, 176, 183	2

### Aim

Under the Education and Care Services National Regulations, an approved provider must ensure policies and procedures are in place in relation to the administration of first aid.

### Roles and responsibilities

Roles	Responsibilities
Nominated Supervisors / Responsible person in charge	<ul style="list-style-type: none"> <li>• implement the administration of first aid policy and procedures</li> <li>• ensure at least one educator or staff member holds current approved first aid qualifications and is in attendance at all times that children are being educated and cared for by the service, including on excursions and during periods of transportation</li> <li>• ensure an appropriate number of first aid kits are kept, having regard to the number of children at the service, and they are suitably equipped, easily recognisable and readily accessible to adults having regard to the design of the service premises</li> <li>• ensure an appropriate number of suitably equipped first aid kits are taken on excursions</li> <li>• monitor and maintain stock in first aid kits</li> <li>• support educators and staff to maintain their current first aid qualifications</li> </ul>
First Aid Officer	<ul style="list-style-type: none"> <li>• implement the administration of first aid policy and procedures</li> <li>• ensure an appropriate number of first aid kits are kept, having regard to the number of children at the service, and they are suitably equipped, easily recognisable and readily accessible to adults having regard to the design of the service premises</li> <li>• ensure an appropriate number of suitably equipped first aid kits are taken on excursions</li> <li>• monitor and maintain stock in first aid kits</li> <li>• support educators and staff during incidents, injuries or trauma occurring</li> <li>• support educators during serious incidents occurrences</li> </ul>
Educators	<ul style="list-style-type: none"> <li>• implement the administration of first aid policy and procedures</li> <li>• maintain current approved first aid qualifications</li> <li>• seek further medical attention if required after first aid has been administered</li> <li>• record information as soon as possible, and within 24 hours after the incident, injury, trauma, or illness, on the "Incident, Injury,</li> </ul>

	<p>Trauma Record" or "Illness Record" (including any first aid administered), and ensure families are appropriately notified</p> <ul style="list-style-type: none"> <li>• ensure an appropriate number of suitably equipped first aid kits are taken on excursions</li> <li>• monitor and maintain stock in first aid kits</li> <li>• be aware of children attending the service with allergies and their attendance days and apply this knowledge when providing first aid</li> <li>• while attending to a child requiring first aid, ensure other children are adequately supervised.</li> </ul>
Families	<ul style="list-style-type: none"> <li>• provide authorisation in their child's enrolment form for the approved provider, nominated supervisor or an educator to seek medical treatment for their child from a registered medical practitioner, hospital, or ambulance service and, if required, for transportation by an ambulance service</li> <li>• be aware that medication may be administered to their child in the case of an anaphylaxis or asthma emergency without their authorisation</li> <li>• notify the service upon enrolment of any specific health care needs of their child, including any medical conditions and allergies and any medical management plans that need to be followed</li> <li>• ensure any medical management plans at the service are kept up to date</li> <li>• if needed, collect their child as soon as possible when notified of an incident, injury, trauma or illness that requires first aid</li> <li>• be contactable, either directly or through emergency contacts listed on the enrolment form, in the event of an incident requiring the administration of first aid and/or medical attention</li> <li>• notify educators or staff if there has been a change in the condition of the child's health, or of recent accidents or incidents that may impact the child's care and require the administration of first aid.</li> </ul>

## Procedures

Areas to address	Strategies for monitoring and implementing procedures	Reference
First Aid Qualifications	<ul style="list-style-type: none"> <li>• Regularly review educator and staff rosters to ensure first aid qualification requirements are being met.</li> <li>• Implement systems to identify when qualifications need to be updated or renewed.</li> <li>• All educators and staff to undertake first aid qualifications</li> <li>• When rostering, ensure educators and staff with first aid qualifications are in attendance at both the premises and on excursions and transportation.</li> <li>• Policy and procedures are available for all to access</li> </ul>	<p>Regs: 136, 170, 171  QA2: 2.1.2, 2.2.2  QA4: 4.1.1  QA7: 7.1.2, 7.1.3, 7.2.3</p>
First Aid Kits	<ul style="list-style-type: none"> <li>• Clearly defined roles and responsibility statements</li> <li>• The Incident, injury, trauma and illness records will be gathered for data collection</li> </ul>	<p>Regs: 89, 93, 94  QA2: 2.1.2, 2.2.2  QA4: 4.1.1  QA7: 7.1.2, 7.1.3</p>



	<ul style="list-style-type: none"> <li>• An equipment list for the kits is created</li> <li>• Checklists in the excursion backpacks are included</li> <li>• First Aid kits are part of the emergency evacuation bags</li> <li>• Centre uses external company – Sanokil to monitor and maintain first aid kits</li> </ul>	
Documenting and reporting	<ul style="list-style-type: none"> <li>• Reporting templates are available and stored online on One Drive</li> <li>• Requirements for all incidents requiring first aid are clearly communicated with all staff</li> </ul>	Regs: 86, 87, 174, 176 QA2: 2.1.2, 2.2.2 QA6: 6.1 QA7: 7.1.2, 7.1.3

Procedure created on:  
September 11, 2023

Written by:  
Paulina Jagus

Review date:  
September 11, 2024

---

## Administration of medication policy

Date Reviewed:

April 3, 2021

Regulation:

87,93,94

Standards:

2

---

### Aim

To maintain a high standard of care in relation to the storage, administration and recording of children's medications.

### Policy

The Woden Valley Early Learning Centre (WVELC) will:

- Ensure parents/guardians are aware that only **doctor prescribed medications with pharmacy dosage label** are to be administered by diploma qualified educators after an **administration of medication form has been completed**.
  - Educators cannot administer medication where a medication form has not been completed, has been incorrectly completed or medication is labeled incorrectly.
- Ensure parents/guardians know that WVELC does not store Panadol, Nurofen or Bonjela and if their child is ill they will be called to collect their child as soon as possible.
- Store medications either in the fridge/kitchen, or in a child-safe first aid box.
- Ensure all medications are in their original packaging, have the **child/ren's full name**, the **doctor's prescribed dosage and expiry date** written on the label.
- Ensure that parents complete an *administration of medication form* including their contact number for the day and last dosage.
- Ensure educators adhere to hygiene requirements before handling medications.
- Medication will be administered by a senior staff member (Diploma, ECT qualified, team leader or a leader). A second staff member will witness the administration of medication, confirming the identification of the child/ren, medication, dosage and time.
- If a staff member is unable to give a child/ren medication during requested time, due to unforeseen circumstance e.g. child/ren is asleep, the educator in charge must inform the primary parent/guardian over the phone and ask for alternative time of administration.
- At collection, confirm the medication was administered at the correct time, sign medication form, and return any unused medication to the parent/guardian.

**At no time will WVELC administer the first dose of a new medication.**

Parents/guardians will:

- Ensure educators are aware of the reason for medication and supply necessary medications to an educator.
-

- Complete an **administration of medication form** – all details are required, including the full name of the medication being administered.
- Ensure that medication is not left in child's bag.
- Sign confirmation at the end of day and collect remaining medication.

### **Exception to authorisation requirement—anaphylaxis or asthma emergency**

Despite regulation 93, medication may be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency.

If medication is administered under this regulation, WVELC or a nominated supervisor of the WVELC must ensure that the following are notified as soon as practicable

- A parent/guardian of the child/ren; and
- Emergency services.

### **Administration of analgesic (e.g. Panadol, Nurofen or Bonjela)**

WVELC does not store any analgesic medications on the premises.

If the family wishes to use the analgesic medication to ease child's pain (e.g. due to teething), they must complete an **ongoing administration of medication form** or **administration of medication form**.

Educators will only apply the medication if it is

- Supplied by a parent/guardian;
- Correctly labelled; and
- An **administration of medication form** has been completed

If a child/ren is still demonstrating extreme discomfort and is unable to participate in daily program, WVELC have the right to ask the parent/guardian to collect the child from care.

---

Woden Valley Child Care Centre Association Incorporated

---

## Bottle safety and preparation procedure

Date Reviewed:

April 3, 2021

Regulation:

77-78, 168

Standards:

2.1.3, 2.1.4, 2.2.1

---

### Aim

Children are highly susceptible to food borne illnesses. This policy outlines Woden Valley Early Learning Centre's (WVELC) safe practices for handling, storing, preparing and heating breastmilk or formula to minimise risks to children under care.

### Introduction

1. Food safety standards for food preparation and storage are followed at all times;
2. Any specific cultural, religious or health requirements are respected and supported; and
3. Educators will regularly consult with parents/guardians about their child/ren's needs and at all times ensure safe practices are implemented.

WVELC will provide full cream and skim milk, soy, rice or lactose free milk. **WVELC has a strict no nut policy – almond milk is not allowed on premises.** Current dietary advice recommends that children under two years of age should not be provided with skim milk.

### Preparation procedure

#### Educators will

- Thoroughly wash hands and wear gloves when preparing bottles;
- Prepare formula as per the instructions on the formula container and use the provided scoop for measurement:
  - Once formula is made it must be used or kept in the refrigerator. Left over formula will be discarded after 24 hours.
- Be aware that breastmilk can be stored frozen at WVELC for up to two weeks, but must be used within 24 hours if stored in the refrigerator;
- Not shake thawed breastmilk, but gently roll to mix separated contents;
- Ensure that two educators check the label before a bottle is given to a child;
- Gently heat bottles by placing them in a container of warm water. They cannot remain in the warm water for longer than 15 minutes. Alternatively, heat the bottle in specially designed bottle warmer;
  - Bottles will not be heated in a microwave.
- Test the temperature of bottle contents by placing a few drops on the inside of the wrist before feeding the child;
- Supervise children with bottles at all times. Children will not be placed on beds or in cots for feeding as this can be a choking hazard;
- Discard any leftover milk, formula or breastmilk at the completion of the feeding.

**Leftover milk will not be reheated;**

---

- Rinse all children's bottles thoroughly after use and sanitise them in the bottle sanitiser. Bottles will be air dried and returned to the bottle preparation area for collection by parents/guardians;
- Communicate regularly with parents/guardians about children's bottle and feeding requirements; and
- Communicate with parent/guardians about the amount of milk taken by a child and any changes in feeding patterns or routines at the education and care service.

#### Parents/guardians will be

- Informed during orientation that children's bottles must be clearly labelled with the child's name;
  - If bottles contain breast milk or formula the bottles also need to be labelled with the date of preparation or expression.
- Encouraged to supply breast milk in well- labelled, multiple small quantities to prevent wastage;
- Encouraged to keep formula powder at WVELC so that the formula can be prepared as required. Tins of formula must be clearly labelled with the child's name;
- Asked to provide a labelled bottle(s) for use at the education and service for children having regular cow's milk in their bottles; and
- Encouraged to communicate regularly with educators about children's bottle and feeding requirements.

#### **References**

- Education and Care Services National Regulations
  - Australia New Zealand Food Standards Code [www.foodstandards.gov.au](http://www.foodstandards.gov.au)
  - Guide to the National Quality Standard (3) ACECQA (2011)
  - Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care - 4th Edition (2005)
  - NSW Food Authority -[www.foodauthority.nsw.gov.au](http://www.foodauthority.nsw.gov.au)
  - NSW Department of Health [www.health.nsw.gov.au](http://www.health.nsw.gov.au)
  - Australian Breastfeeding Association - [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)
-

Woden Valley Child Care Centre Association Incorporated

---

## Child protection policy

**Date Reviewed:**

April 3, 2021

**Regulation:**

The Children and Young  
People Act 2008  
R162

**Standards:**

2.2.3

---

### Rational

Keeping children safe in Woden Valley Early Learning Centre (WVELC) and the wider community is of paramount importance. All children have the right to physical and psychological safety at all times. This includes:

- Ensuring that all children are protected, and that abuse and neglect of children is prevented, including through providing support and assistance to parents/guardians, families and the wider community; and
- Ensuring childcare professionals (who have a mandated responsibility) report any suspected abuse or neglect of children.

Child abuse is a serious offence and can include non-accidental physical injury, neglect, emotional abuse, psychological harm or sexual exploitation of children. WVELC is committed to the safety, wellbeing and support of all children and young people. Management, staff and volunteers will treat all children with the utmost respect and understanding.

WVELC believes that

- Children are capable of the same range of emotions as adults;
  - A reaction given to a child from an adult in a child's early stages of emotional development can be positive or detrimental depending on the adult's behaviour;
  - Children's emotions are real and need to be accepted by adults; and
  - Children who preserve, enhance and better understand their body's responses to an emotion are more able to predict the outcome from a situation and evade them or ask for help.
-

## Purpose

To identify potential risks of harm to children and young people at WVELC and implement strategies to prevent and minimise risks. In order to ensure children's safety, WVELC will perform proficiently and act in the best interest of a child/ren.

We aim to ensure that all educators at WVELC are aware of the current child protection laws in the Australian Capital Territory and understand their obligations under that law. We believe it is our responsibility as educators to ensure the safety welfare and wellbeing of all children.

We aim to provide the children at WVELC with the opportunity to develop to their full potential free from harm and abuse.

## What is abuse?

According to the Children and Young Persons (Care and Protection) Act 1998 mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they suspect on reasonable grounds a child is at risk of significant harm because

- A child's basic physical or psychological needs are not being met or are at risk of not being met;
- The parents/guardians have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care;
- The parents/guardians or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education;
- A child has been, or is at risk of being physically or sexually abused or ill-treated;
- A child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm;
- The parent/guardian's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm.

## Indicators of abuse

There are common physical and behavioural signs that may indicate abuse or neglect.

The presence of one of these signs does not necessarily mean abuse or neglect.

Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be deliberated in the perspective of other indicators and

---

the child's circumstances. A child's behaviour is likely to be affected if they are under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress.

Abuse and neglect can be single incidents or ongoing, and may be intentional or unintentional. General indicators of abuse and neglect may include (but are not limited to)

- Marked delay between injury and seeking medical assistance;
- History of injury;
- A child gives some indication that the injury did not occur as stated;
- A child tells you someone has hurt them;
- A child tells you about someone they know who has been hurt;
- Someone (relative, friend, acquaintance, and sibling) tells you that the child may have been abused.

### **Neglect**

Child neglect is the continuous failure by a parent or caregiver to provide a child with the basic things needed for their growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision. Some examples are

- Inability to respond emotionally to a child;
- Child abandonment;
- Depriving or withholding physical contact;
- Failure to provide psychological nurturing;
- Treating one child differently to others;
- Poor standard of hygiene leading to social isolation;
- Scavenging or stealing food;
- Extreme longing for adult affection;
- Lacking a sense of genuine interaction with others;
- Acute separation anxiety;
- Self-comforting behaviours, e.g. rocking, sucking;
- Delay in development milestones;
- Untreated physical problems.

### **Physical abuse**

Physical abuse is when a child has suffered, or is at risk of suffering, non-accidental trauma or injury, caused by a parent/guardian, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers

- Make direct admissions from parents about fear of hurting their children;
-



- Have a family history of violence;
- Have a history of their own maltreatment as a child;
- Make repeated visits for medical assistance;
- Facial, head and neck bruising;
- Lacerations and welts;
- Explanations are not consistent with injury;
- Bruising or marks that may show the shape of an object;
- Bite marks or scratches;
- Multiple injuries or bruises;
- Ingestion of poisonous substances, including alcohol or drugs;
- Sprains, twists, dislocations;
- Bone fractures;
- Burns and scalds.

### **Emotional abuse**

Emotional abuse occurs when a parent/guardian, caregiver or other persons harms a child's development by repetitively treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. This may include

- Constant criticism, condescending, teasing of a child or ignoring or withholding admiration and affection;
- Excessive or unreasonable demands;
- Persistent hostility, severe verbal abuse, and rejection;
- Belief that a specific child is bad or "evil";
- Using inappropriate physical or social isolation as punishment;
- Exposure to domestic violence;
- Feeling of worthlessness about them;
- Inability to value others;
- Lack of trust in people and expectations;
- Extreme attention seeking behaviours;
- Other behavioural disorders (disruptiveness, aggressiveness, bullying).

### **Sexual abuse**

Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or taking advantage of their trust. Children are often bribed or threatened physically and psychologically to make them partake in the activity. Educators will be predominantly conscious of looking for potential sexual abuse if parents/guardians or

---

caregivers are suspected of or charged with child sexual abuse or display inappropriate jealousy regarding age appropriate development of independence from the family. Sexual abuse may include

- Exposing the child to sexual behaviours of others;
- Coercing the child to engage in sexual behaviour with other children;
- Verbal threats of sexual abuse;
- Exposing the child to pornography;
- They describe sexual acts;
- Direct or indirect disclosures;
- Age inappropriate behaviour and/or persistent sexual behaviour;
- Self-destructive behaviour;
- Regression in development achievements;
- Child being in contact with a suspected or know perpetrator of sexual assault;
- Bleeding from the vagina or anus;
- Injuries such as tears to the genitalia.

### **Psychological abuse**

Psychological harm occurs where the behaviour of the parent/guardian, caregiver or other person damages the confidence and self-esteem of the child, resulting in serious emotional deficiency or trauma. In general it is the frequency and duration of this behaviour that causes harm. Some examples are

- Excessive criticism;
  - Withholding affection;
  - Exposure to domestic violence;
  - Intimidation or threatening behaviour;
  - Constant feelings of worthlessness;
  - Unable to value others;
  - Lack of trust in people;
  - Lack of people skills necessary for daily functioning;
  - Extreme attention seeking behaviour;
  - Extremely eager to please or obey adults;
  - Takes extreme risks, is markedly disruptive, bullying or aggressive;
  - Suicide threats;
  - Running away from home.
-

## Domestic violence

Domestic violence, or intimate partner violence, is a violation of human rights. It involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.

Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour. Living with domestic violence has a profound effect upon children and young people and may constitute a form of child abuse. (The NSW Domestic and Family Violence Action Plan, June 2010). Indicators of Domestic Violence:

- Show aggressive behaviour;
- Develop phobias & insomnia;
- Experience anxiety;
- Show symptoms of depression;
- Have diminished self-esteem;
- Demonstrate poor academic performance and problem solving skills;
- Have reduced social competence skills including low levels of empathy;
- Show emotional distress;
- Have physical complaints.

## Significant risk of harm

Significant risk of harm is where the circumstances that are causing concern are present to a significant state and warrant a response by a statutory authority, such as the ACT Police Force or Community Services, regardless of a family's consent.

According to Keep them Safe, Significant is not minor or trivial and may reasonably be expected to produce substantial and adverse impacts on the child's safety, welfare or wellbeing. The significance can be a result of a single act or omission or an accumulation of acts and omissions.

## Reasonable grounds

Reasonable grounds refers to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on

- First hand observation of the child or family.
  - What the child, parent or other person has disclosed.
  - What can reasonably be inferred based on observation, professional training and/ or experience.
-

## Implementation

WVELC strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. To ensure best practice, all educators will renew Child Protection training every 24 months to ensure they are kept updated and informed of their current responsibilities as Mandatory Reporters.

**NOTE: The reporter is not required to prove that abuse has occurred.**

### **Management/Nominated supervisor will ensure**

- A nominated supervisor of WVELC and any certified supervisor in day-to-day charge of WVELC has successfully completed a course in child protection.
- All employees and volunteers
  - Are clear about their roles and responsibilities regarding child protection.
  - Are aware of their requirements to immediately report cases where they believe a child is at risk of significant harm to the Child Protection Helpline.
  - Are aware of the indicators showing a child may be at risk of harm or significant risk of harm.
  - Will undertake training and development in child protection.
  - Will have a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.
  - Will ensure they retain a Working with Children Check.
  - Will ensure they adhere to relevant acts, regulations, standards and other resources and meet their obligations.
  - Will record abuse or suspected abuse, kept in line with ***WVELC confidentiality policy***.
  - Will notify the ACT Ombudsman – Reportable Conduct Scheme of details of employees against whom relevant disciplinary proceedings have been completed or people whose employment has been rejected because of a risk identified in employment screening processes.

### **Accusations against educators**

In cases of accusations of abuse or suspected abuse against educators, staff members, and volunteers, nominated supervisor or the WVELC, will be treated in the same way as allegations against other people. Reports will be made to the Child Protection Helpline, as well as ACT Ombudsman – Reportable Conduct Scheme. If a supervisor is involved in the abuse then WVELC or the most senior educator will assist in notifying the Child Protection Helpline. If a nominated supervisor or the WVELC Director is involved a staff member will notify the Management Committee President, who will then make a report.

---

## Documenting a suspicion of harm

If educators have concerns about the safety of a child they will

- Record their concerns in a non-judgmental and accurate manner as soon as possible.
- Record their own observations as well as precise details of any discussion with a parent/guardian (who may for example explain a noticeable mark on a child).
- Not endeavour to conduct their own investigation.
- Document as soon as possible so the details are accurately apprehended, including
  - Time, date and place of the suspicion.
  - Full details of the suspected abuse.
  - Date of report and signature.

## Documenting a disclosure

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that they have been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

When receiving a disclosure of harm WVELC will

- Remain calm and find a private place to talk.
  - Not promise to keep a secret.
  - Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe.
  - Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries.
  - Not attempt to conduct their own investigation or mediate an outcome between the parties involved.
  - Document as soon as possible so the details are accurately captured including
    - Time, date and place of the disclosure.
    - 'Word for word' what happened and what was said, including anything they said and any actions that have been taken.
    - Date of report and signature.
-

### **Notifications of abuse**

The person making a notification of abuse or suspected abuse will make a record of the answers to the following

- Give the child or young person your full attention.
- Maintain a calm appearance.
- Don't be afraid of saying the "wrong" thing.
- Reassure the child or young person it is right to tell.
- Accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult.
- Let the child or young person take his or her time.
- Let the child or young person use his or her own words.
- Don't make promises you can't keep.
- Tell the child or young person what you plan to do next.
- Do not confront the perpetrator.

### **Confidentiality**

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated.

The individual who makes the complaint should not inform the person they have made the complaint about. This ensures the matter can be investigated without prior knowledge and contamination of evidence.

### **Protection for reporters**

Reports made are kept confidential. However, a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child. Under the Children and Young Persons (Care and Protection) Act 1998 if the report is made in good faith

- The report will not breach standards of professional conduct.
  - The report can't lead to defamation proceedings.
  - The report is not admissible in any proceedings as evidence against the person who made the report.
  - A person cannot be compelled by a court to provide the report or disclose its contents.
  - The identity of the person making the report is protected.
-

## Educating children about protective behaviour

Our program will educate children

- About acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age appropriate level and understanding
- About their right to feel safe at all times.
- To say 'no' to anything that makes them feel unsafe or uncomfortable.
- About how to use their own knowledge and understanding to feel safe.
- To identify signs that they do not feel safe and need to be attentive and think clearly.
- That there is no secret or story that is too horrific, that they can't share with someone they trust.
- That educators are available for them if they have any concerns.
- To tell educators of any suspicious activities or people.
- To recognise and express their feelings verbally and non-verbally.
- That they can choose to change the way they are feeling.

## Making a report

- Contact Care and Protection Services if you are concerned about a child's situation.
- Document the discussion with Care and Protection Services and place on your file in WVELC.
- Prior to talking to Care and Protective Services, have on hand the following, which you may need to provide
  - Name and date of birth of the child.
  - Home address of the child.
  - Name of parents/career and contact details.
  - Name of siblings if known.
  - Nature of suspected abuse.
  - When the abuse occurred, if known.
  - Details of any disclosure made to you by the person.
  - Description of the injuries seen.
  - Description of the child's behaviour.
  - Any known supports to the child and family including extended family.
  - Details about when and how you became aware of the information.

**Child and Youth Protection Services**

**Phone: 1300 556 729**

**One Link**

**Phone: 1800 176 468**

**Email: [childprotection@act.gov.au](mailto:childprotection@act.gov.au)**

---



---

## Child safe environment policy

**Date Reviewed:**

July 23, 2024

**Regulation:**

168 (2)(h)

**Standards:**

2.3, 3.1 & 7.1

---

### **Aim**

To provide an overview of steps taken by the Woden Valley Early Learning Centre (WVELC) to ensure safe environments for children to play, explore, and investigate their world, thereby fostering their overall well-being and development.

### **Policy**

#### **Fencing**

- WVELC will ensure fences are in good order and that gates and doors are locked and in good working order.
- Regular inspections of all fences and gates will be conducted to ensure they are secure and free from damage.
- Any necessary repairs will be carried out promptly to maintain the integrity of the security barriers.
- Staff will be trained to check locks and doors regularly to ensure they are functioning correctly.

#### **Furniture**

- WVELC supplies child-sized furniture in all rooms and adult-sized furniture in the staffroom. There is also a large lounge in the baby room for breastfeeding mothers.
- Child-sized furniture helps to ensure the safety and comfort of children, promoting independence and reducing the risk of accidents.
- The adult-sized furniture in the staffroom provides a comfortable and ergonomic environment for staff, supporting their well-being.
- The breastfeeding lounge in the baby room offers a private and comfortable space for mothers, promoting a supportive environment for breastfeeding.
- WVELC will keep all furniture in clean and working order.
- Regular cleaning schedules will be followed to maintain hygiene standards.
- Any broken or worn-out furniture will be repaired or replaced promptly to ensure safety and functionality.

#### **Hygiene**

- WVELC promotes good hygiene through the explicit teaching of the importance of hand washing before eating, after toileting, or blowing your nose.
-

- Children will be taught proper handwashing techniques through demonstrations and regular reminders.
- Visual aids and posters will be used to reinforce the importance of hygiene practices.
- WVELC has procedures in place for training educators in hygiene, the cleaning of unhygienic areas, and blood or faecal matter.
- Staff will receive regular training on hygiene protocols, including the correct use of cleaning products and procedures for handling bodily fluids.
- Detailed guidelines will be provided for the cleaning and sanitization of all areas, ensuring a consistently high standard of cleanliness.
- Continued education in these areas is ongoing.
- WVELC will provide ongoing professional development opportunities for staff to stay updated on best practices in hygiene and sanitation.
- Regular audits will be conducted to ensure compliance with hygiene standards.
- For more information, please see the WVELC infectious disease policy.
- The infectious disease policy outlines specific measures to prevent and manage the spread of infectious diseases within the centre.

### **Kitchen**

- The kitchen is locked from the inside and all knives are kept in a locked drawer.
- Access to the kitchen will be restricted to authorized personnel only to prevent accidents.
- Knives and other sharp objects will be securely stored to prevent access by children.
- Educators and kitchen staff are aware of the need for safety when children are in or around kitchens.
- Staff will receive training on kitchen safety protocols, including supervision and risk management strategies.
- Clear guidelines will be in place to ensure that children are never left unsupervised in kitchen areas.

### **Repairs**

- All repair work carried out in WVELC is done by certified professionals who meet WVELC's child security requirements.
- Only qualified and vetted professionals will be contracted to carry out repair and maintenance work.
- Repairs will be scheduled during times when children are not present to minimize disruption and ensure safety.

### **Resources/Toys**

- All resources and toys are to be kept in safe working order. Any chipped or broken toys are to be removed from the room and the Director notified.
  - Regular inspections of toys and resources will be conducted to identify any damage.
  - Immediate action will be taken to remove and replace damaged items to prevent accidents.
  - Outdoor toys need to be in good working order and set up in a safe way (e.g., mats placed under elevated toys).
  - Outdoor play equipment will be checked regularly to ensure it is safe for use.
-

- Safety mats and other protective measures will be used to minimize the risk of injury from falls.

### **Nappies/Toilets**

- Bathrooms are to be kept clean and as dry as possible.
- Staff will follow a regular cleaning schedule to maintain bathroom hygiene and prevent the buildup of moisture.
- Toilets need to be checked after each child has toileted and cleaned if necessary.
- Staff will monitor bathroom use and ensure that toilets are clean and sanitary after each use.
- For more information, please see the WVELC nappy changing policy.
- The nappy changing policy provides detailed guidelines on safe and hygienic nappy changing practices.

### **Shade**

- Shade will be provided in accordance with SunSafe requirements.
- Outdoor play areas will be equipped with adequate shade structures to protect children from excessive sun exposure.
- Staff will ensure that children use shaded areas during outdoor activities, especially during peak UV times.
- Sails and shade structures will be maintained and in working order.
- Regular inspections and maintenance of shade structures will be carried out to ensure their effectiveness and safety.

### **Sleeping/Bedding**

- All beds are to be checked daily for tears, breakages, or soiling. If damage is present, the bed is either removed or its use stopped and the Director is notified.
- Daily inspections of beds will be conducted to ensure they are safe and clean for use.
- Any damaged or soiled bedding will be promptly addressed to maintain hygiene and comfort.
- Bedding is checked for rips, thinning, or soiling at each wash and removed if needed.
- Bedding will be inspected during each wash cycle to ensure it meets cleanliness and safety standards.
- Worn or damaged bedding will be replaced to ensure a safe sleeping environment.

### **Online Safety and Educational Content**

- WVELC will ensure that any online content accessed by children is educational, age-appropriate, and safe.
  - Educators will curate and supervise the selection of online content to ensure it aligns with educational goals and is suitable for young children.
  - Internet safety measures, such as filtering software and secure networks, will be in place to protect children from inappropriate content.
-

Woden Valley Child Care Centre Association Incorporated

---

## Children's health and safety policy

**Date Reviewed:**

April 3, 2021

**Regulation:**

168 (2)(a)

**Standards:**

2

---

### Aim

To provide an overview of Woden Valley Early Learning Centre (WVELC) policies and procedures that protect and maintain children's health and safety while at WVELC.

### Policy

WVELC has clear policies and procedures in relation to health and safety including, but not limited to, matters relating to

- Nutrition, food and beverages, and dietary requirements;
- Sun protection;
- Water safety, including safety during any water-based activities;
- Sleep and rest;
- Tobacco, alcohol and illicit drugs
- Child protection
- Child safe environment; and
- Administration of first aid.

WVELC will take reasonable steps to ensure the policies and procedures are followed and made available for inspection or at request.

WVELC will ensure parents/guardians of enrolled children are notified fourteen (14) days prior to making any change to these policies and procedures.

Educators will use best endeavors to ensure the health and safety of children is protected, through the implementation of recognised Australian health and safety guidelines and standards.

### Related documents / references

- Education and Care Services National Regulations
  - National Quality Standards for Early Childhood Education and Care and School Age Care, 2010
-

## Cleaning and maintenance schedule

Date Reviewed:

July 23, 2024

Regulation:

168 (2)(h)

Standards:

2.1.3, 7.1.2

### Overview

Woden Valley Early Learning Centre (WVELC) will employ professional cleaners, who will perform daily cleaning of WVELC. Windows, fans, vents, and carpets will be professionally cleaned twice per year, during long public holiday breaks and shutdown periods.

### Daily and weekly cleaning schedule

	Clean daily	Clean weekly
<b>Bathrooms</b> <ul style="list-style-type: none"> <li>Wash tap handles, doorknobs and toilets.</li> <li>Mop floor.</li> <li>Check the bathroom throughout the day and clean if soiled.</li> </ul>	✓	
<b>Toys</b> <ul style="list-style-type: none"> <li>Wipe, wash or Scrub toys and mouthed objects as directed in the Toy Cleaning Procedure.</li> </ul>	✓	
<b>Surfaces</b> <ul style="list-style-type: none"> <li>Wipe, wash or clean high traffic areas such as door handles, tables, walls, mirrors, rails.</li> </ul>	✓	
<b>Floors</b> <ul style="list-style-type: none"> <li>Sweep, wipe or mop floors after meals or art activities.</li> <li>Ensure floors are safe.</li> </ul>	✓	
<b>Kitchen and sink areas</b> <ul style="list-style-type: none"> <li>Wipe benches, sink, splash back and taps.</li> </ul>	✓	
<b>Fridge and microwave</b> <ul style="list-style-type: none"> <li>Clean inside of fridge.</li> </ul>	✓	

<ul style="list-style-type: none"> <li>• Check for bottles or food to be disposed.</li> <li>• Clean Microwave inside and out.</li> </ul>		
<b>Linens</b> <ul style="list-style-type: none"> <li>• Wash linen when rostered; keep in mind children who attend part-time.</li> </ul>		✓
<b>Glass</b> <ul style="list-style-type: none"> <li>• Wipe glass doors and windows weekly or when soiled.</li> </ul>		✓
<b>Chairs</b> <ul style="list-style-type: none"> <li>• Wash/Scrub chairs ensuring food is not trapped in corners.</li> </ul>		✓
<b>Walls</b> – scrubbing and mark removal	2 times per year Painting every 12-18 months	

### Building maintenance

<b>Electrical Tagging</b>	1 per year
<b>Fire Equipment testing</b>	1 per year
<b>Microwave testing</b>	1 per year
<b>Fire Equipment testing</b>	1 per year
<b>Fire safety measures inspection</b>	1 per year
<b>Thermostatic mixing value</b>	1 per year
<b>Air Conditioning</b>	1 per year – January
<b>Pest control</b>	2 times per year
<b>First aid kits check</b>	Quarterly

### Nappy changing/cleaning

Please follow the **nappy changing procedures** for cleaning change mats and nappy changing areas.

---

## Control of infectious diseases policy

**Date Reviewed:**

April 3, 2021

**Regulation:**

84 & 168 (2)(h)

**Standards:**

2.1

---

**Aim**

To provide an overview of key responsibilities to ensure Woden Valley Early Learning Centre (WVELC) is healthy environment for children, families, educators and visitors, which prevents disease and effectively manages infection.

**WVELC will**

- Provide a list of infectious diseases which require exclusion from the WVELC, including reference to the time a child/ren will need to be excluded.
- Ensure children and educators who are unwell do not enter WVELC.
- Request parents/guardians provide updated records of their child/ren's immunisation records.
- Make parents/guardians aware that their child/ren may be excluded from WVELC due to an outbreak of an infectious disease if they are not immunised.
- Encourage educators to keep their immunisation up-to-date and on record.
- Notify the ACT Department of Health where a notifiable disease has been identified in the centre. ACT Health will then direct WVELC on the best way of dealing with the outbreak. This may include longer exclusion periods.

**Educators will**

- Take responsibility for their own health and safety while employed with WVELC, including immunisations, taking time off when ill and adhering to WVELC's policies for infectious diseases, exclusions of sick children and staff, hygiene and infection control.
- Pregnant staff members may need to obtain medical clearance in case of infectious disease outbreak, be moved into different room or encouraged to take leave.

**Parents/guardians will**

- Provide updated immunisation records to WVELC.
  - Notify WVELC immediately where they suspect their child is infectious.
  - Not bring sick children into the centre.
  - Seek medical advice to confirm infection and notify WVELC of the confirmed illness.
  - Maintain open, honest communication with WVELC.
-

- Respect the health of children and educators at WVELC and not bring in sick children.

**Please speak to the WVELC Director for updated information and up-to-date WVELC practices and policies on evolving national health pandemics such as the Coronavirus (COVID-19) pandemic**





Woden Valley Child Care Centre Association Incorporated

---

## Coronavirus (COVID-19) Management Policy

**Date Reviewed:**

May 7, 2024

**Regulation:**

77, 85 – 88, 90, 93, 162

**Standards:**

2.1.1, 2.1.2, 2.2

---

COVID-19 is the disease caused by a new coronavirus called SARS-CoV-2. The World Health Organisation (WHO) first learned of this new virus in December 2019.

COVID-19 is transmitted from someone who is infected with the virus to others in close contact through contaminated droplets spread by coughing or sneezing or by contact with contaminated hands or surfaces.

Symptoms can range from a mild illness, similar to a cold or flu, to pneumonia. People with COVID-19 may experience (not limited to):

- fever
- flu-like symptoms such as coughing, sore throat and fatigue
- shortness of breath

Other symptoms that are less common and may affect some people with COVID-19

- loss of taste or smell
- nasal congestion
- headache
- nausea/vomiting
- diarrhea
- chills/dizziness

The Australian Government is constantly updating the status of COVID-19 including health recommendations, travel restrictions, and have a vast collection of resources and information to help people make informed decisions.

---

<b>National Coronavirus Health Information Line</b>
1800 020 080
Translating and interpreting services 131 450
Health Direct 1800 022 222

Our Service has a range of comprehensive policies in place to guide best practice in relation to health and safety, dealing with infectious diseases and maintaining a child safe environment. Our duty of care and responsibilities to children, parents, families and all staff to provide a safe environment is of utmost importance.

<b>National Quality Standards;</b>	
<b>Q.A. 2: Children's Health and Safety</b>	
2.1.1	Wellbeing and comfort
2.1.2	Health practices and procedures
2.2	Safety

<b>Education and Care Services National Regulations</b>	77, 85 – 88, 90, 93, 162
---	--------------------------

<b>Service Policies and Procedures</b>
Handwashing Guidelines Policy Children's Health and Safety Policy Infection control during the COVID-19 pandemic

## SCOPE

This policy applies to children, families, staff, management, and visitors of the Service.

**The Approved Provider, Nominated Supervisor, educators, staff, families and visitors will comply with the following:**

## ILLNESS and EXCLUSION:

- a person who has a confirmed case (including children) of COVID-19 must be isolated from the childcare Service for 3 days and until asymptomatic

- any person (employee, enrolled child, parent, caregiver, visitor or contractor) who is displaying symptoms of COVID-19 must be tested for COVID-19

As per our *Illness and Exclusion Policy* we reserve the right to refuse a child into care if we/they:

- have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)
- are unwell and unable to participate in normal activities or require additional attention of a family member
- have had a temperature/fever, or vomiting in the last 24 hours
- have had diarrhoea in the last 24 hours
- have been given medication for a temperature prior to arriving at the Service
- have started a course of new anti-biotics in less than 24 hours

If your child becomes ill whilst at the Service, educators/staff will respond to their individual symptoms of illness and provide comfort and care.

Educators will take your child's temperature. If the temperature is above 38°C you will be contacted immediately and required to collect your child within 1 hour. If you are unable to collect your child or we are unable to contact you, an emergency contact person will be contacted, and they must collect your child within 1 hour.

Educators will attempt to lower your child's temperature by:

- removing excessive clothing (shoes, socks, jumpers)
- encourage your child to take small sips of water
- move your child to a quiet area where they can rest whilst being supervised use a cool face towel to cool the child

Educators will keep accurate records of the child's temperature, time taken, time parent/s were contacted, staff member's name and time of collection. All information will be recorded in our Illness Record. Parents will be required to sign this record upon collection of their child.

## **IMPLEMENT EFFECTIVE HYGIENE MEASURES**

Handwashing with soap and water for at least 20 seconds whenever you cough, sneeze, blow your nose, prepare food, eat, touch your face or use the toilet is recommended.

Our Service will adhere to National Regulation requirements, and Government guidelines to ensure all educators, children, families and visitors to the Service implement best practice.

---

Our Service will encourage:

- all employees, parents, children and visitors wash their hands with soap and water or use the alcohol-based hand sanitiser provided upon arrival to the Service
- disposable tissues are used to wipe noses, eyes or mouths and disposed of in the bin provided immediately after use
- cough and sneeze etiquette is adhered to
- educators and staff adhere to our *Cleaning and Maintenance Policy* for cleaning and disinfecting surfaces and equipment (such as toys, puzzles, outdoor toys, bedding, playdough etc) as per *Staying healthy: Preventing infectious diseases in early childhood education and care services recommendations*
- cleaning contractors hygienically clean the Service to ensure risk of contamination

### **SOCIAL DISTANCING IN CHILD CARE**

Social distancing is important because COVID-19 is most likely spread from person-to-person through close contact with a person while they are infectious, close contact with a person with a confirmed infection who coughs or sneezes or from touching objects or surfaces (such as door handles or tables) contaminated from a cough or sneeze from a person with a confirmed infection and then touching your nose or mouth. (source: Australian Government Department of Health. Coronavirus disease)

To reduce the spread of germs:

- if your child is unwell, do not send them to care until asymptomatic
  - sanitise your hands at regular intervals throughout the day
  - avoid physical contact with other people who may be sick-such as older people and people with existing health conditions
  - clean and disinfect high touch surfaces regularly (door handles, car seats, mobile phone, toys, dummies)
  - outdoor play will be promoted within our Service to provide children with additional personal space
  - ventilation within the Service will be increased
-

### Drop off & collection procedure:

To minimize the exposure to the infectious disease, families are required to drop off / collect their child from the foyer. This can be simply done by calling the service upon arrival and meeting the team member at the front. The drop off/pick up should occur in a fast no touch manner.

The parent must sanitize their hand prior accessing the Centre, avoid touching multiple areas shared with general public and wear face mask.

1.5m distance is advised when speaking with the staff member or other families.

If you wish to speak with the team about your child's routine or how their day was, you can do it via Story Park or phone at any time. We discourage lengthy face to face conversations.

### **NOTIFICATION**

As per advice from the Department of Education, the COVID-19 will now be treated as an infectious disease. Service no longer has to report the positive cases nor issue letters to families.

Service will inform families of an infectious disease occurrence via Story Park, foyer poster and HubWorks.

### **TALKING TO CHILDREN ABOUT COVID-19**

Our Service is committed to maintaining positive interactions and relationships with children and their families. Information provided to children about COVID-19 will be age appropriate and sensitive to their emotional wellbeing. Educators will both acknowledge children's concerns and be open to discussions about COVID-19.

Educators will inform children about the virus and emphasize preventative measures and Education such as handwashing, use of tissues, cough and sneeze techniques and limiting touching other children's faces.

Posters to demonstrate correct handwashing methods will be referred to and educators will model techniques.

Children's questions will be respected and supported.

---

## **PAYMENT OF FEES**

Fees are payable to the Service for all enrolled children including sick days and family holidays. Child Care Subsidy can only be paid where services are open and providing care.

If a child does not attend the Service as a precautionary measure, payment of fees is still required.

Fees will be waived if the Centre is unable to operate and will close for the day.

## **ABSENCES FROM CHILDCARE-CHILD CARE SUBSIDY**

Whether a child is ill or not and does not attend care as part of the family's own precautionary measure against potential contact with COVID-19, Child Care Subsidy (CCS) can be paid for up to 52 absence days per child, per financial year without the need for families to provide documentation.

Once a child's 52 initial absences have been used, CCS can be paid for additional absences for a reason including illness (see: Child Care Package Handbook). Evidence is required for additional absences claim e.g.: doctor's certificate.

Fees will still be payable if the child does not attend the Service.

## **STAFF ENTITLEMENTS IF SICK**

Under workplace health and safety laws, our Service must ensure the health and safety of all employees.

### **Confirmed COVID-19**

If full and part-time employees or staff member is confirmed to have COVID-19 and they are unable to attend the work due to illness, they can take paid sick leave.

Staff member is excluded from work for 3 days and until asymptomatic, and able to return to everyday duties.

### **Self-isolation due to travel**

Australia no longer required pre-entry tests, nor quarantines for fully vaccinated adults.

---

If an employee cannot return to Australia due to the COVID-19 virus, they must contact the Director immediately. Management will negotiate payment considering accrued sick leave, annual leave or unpaid leave.

### **CARING FOR OUR COMMUNITY**

Our Service is committed to continue to provide quality education and care to all children and support families responsibly during this unprecedented challenge with the COVID-19 outbreak. Knowing how to look after yourself, and others is very important during any crisis.

**\* Disclaimer:** WVELC will closely monitor and follow directions or recommendations from ACT Health, what may result in overnight change to this policy. Any changes will be communicated to families via Story Park, email or phone, depending on its severity.



Woden Valley Child Care Centre Association Incorporated

---

## **Dangerous item removal procedure**

**Date Reviewed:**

April 10, 2021

**Regulation:**

168 (2)(h)

**Standards:**

2.3 & 7.1

---

### **Dangerous item removal procedure**

A yard check is to be performed at the Woden Valley Early Learning Centre (WVELC) each morning before the children enter the yard. It is to determine if the yard is safe for children. Items which may present a danger include; broken glass, mushrooms, syringes, snakes, dead animals or unidentified packages (e.g. backpack). Yard check safety sheet to be signed after conducting check.

When performing a yard check, if you find a dangerous item

1. Go back inside. If children are outside take them inside to safety.
2. Close doors (latch screen doors) and advise the room leader and other educators that you have found "something" in the yard and they are not to go out.
3. Collect equipment for cleaning up item and a camera.
4. Take a photo of the item.
5. Clean up item with care.
  - Gloves, paper towels and double bags for faecal matter or vomit, wash with disinfectant.
  - Gloves, paper and double bags for dead animals, wash with disinfectant.
  - Gloves and sharps box with tongs for syringes.
  - Dustpan brush and a paper lined bag or box for glass (straight to hopper) vacuum the area, if possible, to ensure no fragments remain.
6. Inform the WVELC Director about the find and provide photo evidence.

If an unidentified, or suspicious, package/object (e.g. backpack) is found, an educator must NOT touch the package/object. The educator should inform the nominated supervisor or

---



certificated supervisor on the premises. WVELC may call emergency services for support and prepare for emergency evacuation or lockdown.

### **Safe retrieval and disposal of needles and syringes procedure**

If you find a discarded needle and syringe in the playground:

1. Ensure everyone's safety **(do not send children outside)**;
2. Collect sharps container and tongs from the staff room;
3. Put on latex gloves;
4. Using the tongs place the syringe / needle in the sharps container (pick up the needle and syringe by the barrel (plastic end). Do not pick it by needle end. Make sure the needle is pointing away from you. The containers should be on a stable surface and not held by hand);
5. Secure the lid on the container;
6. Remove the gloves and put them in the plastic bag before disposing of them into a bin;
7. Wash your hands with warm soapy water; and
8. Contact OH&S officer.

**Do not dispose of needles and syringes in rubbish bins, toilets or drains.**

---

---

## Dealing with infectious disease procedure

**Date Reviewed:**

May 14, 2024

**Regulation:**

172,174,85-88,103,168-173,175

**Standards:**

2.1.2, 2.2.2, 3.1.2, 6.1

---

### Background

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to dealing with infectious diseases. Infectious diseases can spread rapidly in education and care services. As noted in the National Health and Medical Research Council's Staying healthy: Preventing infectious diseases in early childhood education and care services, when children – especially younger children – are in close contact with others, they often put objects in their mouths, and they may not always cover their coughs or sneezes. As some bacteria and viruses can survive on surfaces, children may touch a contaminated surface, then put their hands in their mouth and become infected. Additionally, if a child has an ill family member at home, they could be incubating the illness, and risk bringing germs from home into the service. It is for this reason that it is especially important for our service to have effective policies and procedures in place that can promote awareness of infectious diseases and safe hygiene practices, that help to prevent any infectious disease from occurring, and outline the processes to manage any outbreak.

### Aim

By implementing and adhering to below comprehensive measures, WVELC can effectively prevent, manage, and respond to infectious diseases while promoting the health and safety of children, staff, and the broader community.

### Strategies and practices

1. Prevention and Awareness:

- WVELC will conduct regular training sessions to educate staff about infectious diseases, including their symptoms, transmission routes, and prevention strategies; resources such as posters and handouts will also be available.
  - WVELC will enforce strict hygiene practices, including regular handwashing with soap and water, and provide alcohol-based hand sanitizers throughout the centre.
-

Educators will educate children on proper respiratory etiquette, such as covering mouth and nose when coughing or sneezing.

- WVELC will maintain proper ventilation in indoor areas to reduce the concentration of airborne pathogens.
- The educators will establish a routine cleaning schedule to disinfect frequently touched surfaces, toys, and equipment using appropriate disinfectants (please refer to *Cleaning and Maintenance Schedule*).

## 2. Dealing with an Infectious Occurrence:

- Staff is trained to recognize common symptoms of infectious diseases, such as fever, rash, diarrhea, vomiting, and respiratory symptoms. Educators conduct general health checks upon arrival to detect any signs of illness, including temperature checks if feasible.
- Any child displaying symptoms of an infectious disease will be immediately isolated from others to prevent further spread. Staff will notify parents or emergency contacts promptly to arrange for the child's pickup and advise them to seek medical attention (Please refer to *Illness and Exclusion Policy*).
- WVELC will adhere to strict infection control protocols, including wearing appropriate personal protective equipment (PPE) when caring for sick children and practicing proper hand hygiene before and after contact with them. Ensure that isolation areas are properly cleaned and disinfected after use.

## 3. Post-Incident Measures:

- Centre management will keep parents informed about any incidents involving infectious diseases within the centre, including actions taken and any changes in procedures; maintain open communication with staff to address concerns and provide support; collaborate with local health authorities to ensure compliance with regulations and guidelines.
- WVELC management or leadership team will communicate clear guidelines to parents regarding when it is safe for their child to return to the centre after an illness, taking into account exclusion periods and any additional requirements specified by health authorities (Please note that we follow guidelines included in *Staying Healthy in Child Care 5<sup>th</sup> Edition*; *ACT Health recommendations* and *our exclusion policy*).
- WVELC team will review and evaluate the effectiveness of infection control measures and response procedures through regular reflections and reviews; identify areas for improvement and implement necessary changes to enhance the centre's preparedness for future incidents.

## 4. Exclusion Periods:

- WVELC will inform parents about the centre's exclusion policies for infectious diseases, including the specific symptoms or conditions that require their child to stay home. Provide clear guidance on when it is safe for their child to return to care (*Please note*
-

*that we follow guidelines included in Staying Healthy in Child Care 5<sup>th</sup> Edition; ACT Health recommendations and our exclusion policy).*

- WVELC will stay updated on the latest exclusion guidelines issued by local health authorities and ensure compliance with recommended exclusion periods for common infectious diseases.
- WVELC team will enforce exclusion policies consistently to prevent the spread of infectious diseases within the centre.
- Any changes to exclusion requirements will promptly be communicated to parents and staff.

#### 5. Understanding Infectious Diseases:

- WVELC will educate staff about the signs and symptoms of common infectious diseases prevalent among children, such as influenza, gastroenteritis, and hand-foot-and-mouth disease (and more).
- WVELC will encourage parents to ensure their children are up-to-date on vaccinations according to the national immunization schedule; as well as request regular updates and copy of the immunization record.
- Staff is also encouraged to receive regular vaccination where necessary. WVELC provides staff with free on premises influenza vaccination.

#### 6. Communication:

- WVELC will establish clear channels of communication with parents, staff, and relevant stakeholders to facilitate timely and accurate information sharing regarding infectious diseases and related matters. The infectious disease notice will be sent out via Story Park, HubWorks and visible on the front entry door.
- WVELC management will ensure that information communicated to parents and staff regarding infectious diseases is clear, accurate, and consistent.

#### 7. Documentation and Reporting:

- WVELC will maintain thorough documentation of any incidents involving infectious diseases, including observations, actions taken, communications with parents and health authorities, and outcomes. Those records will be written on a Illness Form and filed appropriately.
  - WVELC will promptly report any outbreaks or clusters of infectious diseases to the appropriate health authorities in accordance with regulatory requirements.
-

### **Step by Step Procedure:**

#### 1. Report and Isolate:

- a) Upon noticing symptoms of illness in a child, immediately separate them from others and notify parents for pick-up.
- b) In case of uncertainty communicate with Senior Staff or First Aid Officer on premises
- c) Provide care in a designated area away from healthy children.

#### 2. Communicate:

- a) Inform parents about the child's symptoms and request they pick up their child promptly.
- b) Keep parents & community updated on any illness cases in the Centre setting.
- c) Issue Infectious Disease Notification via Story Park, HubWorks and paper copy to be displayed on the door.
- d) Inform the cleaner, cook and other relevant contractors in case they are required to update their processes.
- e) Inform relevant regulatory authorities.

#### 3. Review and Adjust:

- a) Assess the effectiveness of infection control measures.
- b) Update protocols as needed to prevent further spread of illness.
- c) Maintain records of illnesses, actions taken, and communications.

### **Reliable sources of information regarding infectious diseases**

<https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

<https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/infectious-diseases-unit>

<https://www.act.gov.au/directorates-and-agencies/act-health/our-business-areas/population-health/disease-surveillance-unit>

<https://www.healthdirect.gov.au/infectious-diseases>

### **References**

- Staying Healthy in Child Care –5th Edition (2013)
  - WVELC Cleaning maintenance and schedule
  - WVELC Illness and exclusion policy
-

Woden Valley Child Care Centre Association Incorporated

---

## Delivery and collection of children

Date Reviewed:

April 10, 2021

Regulation:

99 & 168 (2)(f)

Standards:

2.3.2

---

### Aim

To ensure that children and educators arrive and depart from Woden Valley Early Learning Centre (WVELC) safely and that responsibility for the safe transition is shared between WVELC, educators and parents/guardians.

### Family Responsibility

- On arrival, use the sign-in device provided to sign your child into WVELC and make contact with an educator to ensure they're aware your child/ren is in WVELC.
    - **Please note, this is a compulsory requirement for care.**
  - Children not signed in will be presumed absent and the absence will count towards your 42 absent days per year.
    - **Please notify WVELC if your child will be arriving after 10am or they will be marked absent for the day.**
  - Parents/guardians must not sign their child/ren out on arrival but at the time of leaving the premises; this practice could be dangerous in emergency situations.
  - At the end of the day, time and sign your child/ren out of the WVELC. Make contact with an educator and inform them you are taking your child/ren home.
  - Parents/guardians must keep the WVELC Director informed of all current work and home telephone numbers of both parents as well as all emergency contact people.
  - In the event of changes to collection;
    - Parents/guardians must inform WVELC in writing of persons who are authorised to collect their child,
    - Parents/guardians have the responsibility to inform the educators of changes to collection arrangements
    - Parents/guardians must notify the educators if a person other than an authorised person will be collecting their child. This person **must** produce photo identification before the child will be released into their care.
  - In cases of separated parents/guardians;
    - The WVELC Director **must** be advised of any current access or custodial arrangements and copies of these should be on the child/ren's file.
    - Neither parent/guardian has the legal authority to prevent or decline another parent/guardian from accessing, collecting or delivering the child/ren without the correct legal documentation. When court orders are in place they must
-

include the child/ren's name and explicit instructions for the legal care of the child/ren.

- All **authorisation to collect forms** must be signed by both parents/guardians before the date of collection by a third party. This includes emergency contacts.
- In the event that both parties do not sign the **authorisation to collect forms** before the collection date, WVELC is unable to release the child/ren into the custody of the third party. This includes emergency contacts.

### Educator Responsibility

- Sign in at start of shift and sign out at end of shift.
- Ensure that only an authorised person collects a child from WVELC.
- Where alternate arrangements have been made - ask the collecting person/authorised person (if not parent/guardian of the child) for their photo identification before releasing the child into their carer.
- Where there are current court orders for a child/ren, educators must adhere strictly to the instructions for the collection of the child/ren.
- Review the sign in and out system daily.
  - Where family or authorized persons have not signed in, a staff member will note that the child/ren is in attendance and sign the child/ren into care on behalf of the family.
- At the end of the day, ensure that two staff members verify all children have been signed out of WVELC. If a child/ren is not signed out educators will check all areas of WVELC to ensure no child remains. This will be confirmed via the sign in/out system.

### Procedure for collecting children without prior notification

- Ask the collecting person for photo identification.
- Explain to the collecting person the procedure.
- Ask the collecting person to stay in WVELC until a parent/guardian provides verbal authorisation for collection, if no written permission was given prior to collection.
- If parents/guardians cannot be contacted, emergency contacts will be consulted to verify or deny collection.
- **Please note: Child/ren will not be released until appropriate verification is given.**
- Where verbal authorisation is granted the collecting person will sign the child/ren out.
- Where verbal authorisation is denied the person will politely be asked to leave WVELC.
  - An educator will escort the person from WVELC.
- Where the person refuses to leave an educator will call the police for further assistance.
- An educator must stay with the person at all times until they leave WVELC.

### Centre Responsibility

- WVELC will maintain safe access, including; fences, security door and pathways.
  - The WVELC Director will ask for parents/guardians to update their contact details at the beginning of each year and remind them throughout the year.
  - The WVELC Director will ask parents to update their emergency contact's details and authorised collection details.
-

- WVELC will ensure all educators are trained in the safe delivery and collection of children policy.
  - WVELC will ensure a copy of this policy is available at all times.
-



## Dressed for play policy

**Date Reviewed:**

April 10, 2021

**Regulation:**

**Standards:**

2, 5

---

### Aim

Woden Valley Early Learning Centre (WVELC) wish to ensure that children are comfortably and appropriately dressed throughout the day, especially in respect to weather conditions, play activities and safe sleeping guidelines. Noting this, WVELC also encourages parents/guardians to clearly label all belongings.

The WVELC **SunSmart Policy** should be read in conjunction with this policy.

### Procedures

#### Dressing for weather conditions

Parents/guardians are asked to provide a warm jacket and hat/beanie for child/ren to wear outside in colder weather, and summer hats - which are wide brimmed, or legionnaire style - in the warmer weather. During Spring/Autumn parents/guardians are to provide an appropriate range of clothing for their child/ren, as weather changes throughout the day may mean that educators have to remove or add a layer of clothing.

#### Dressing for play

Clothes and shoes that allow children to feel comfortable and which are suitable for "messy and active" play are encouraged. Children should wear shoes which enclose their feet and allow a firm grip when climbing. Thongs, clogs and moccasins are not appropriate footwear. WVELC encourages children to play freely and to get involved in messy experiences such as arts and craft, water play, sand play and digging in mud patches.

Children's clothing should allow for freedom of movement enabling children to play safely. Clothes that fit properly, without being too loose or tight, allow children to move freely and comfortably and participate freely in experiences. Parents/guardians are asked not to dress children in clothing, such as long skirts, which may catch on climbing equipment. Children that wish to wear a dress must wear underwear or shorts, even if the child is wearing a nappy.

---

Parents/guardians must provide at least one - two changes of clothes (three changes of clothes are required for the children who are toilet training). WVELC reserves the right to send children home or ask for spare clothes to be supplied if spare clothing was not provided or if they were all used.

WVELC will provide protective smocks and aprons for the children to wear. If children are not comfortable wearing WVELC's protective clothing, they are encouraged to provide their own.

Please note: When weather permits, children are allowed to engage in barefoot play. WVELC recognises the benefits to child's development by being barefoot.

### **Dressing for safe sleeping**

During rest/sleep time restrictive clothing and footwear will be removed. Educators will ensure that

- The room temperature is satisfactory for a comfortable rest;
- Children do not rest near heaters; and
- Children are dressed appropriately for rest/sleep time and checked regularly to see that they are covered.

### **Dressing for independence**

Educators encourage children to dress and undress independently. Parents/guardians are asked to dress their child in clothes that will allow them to practice and develop their self-help skills, for example

- Elasticised waist pants or skirts;
- Velcro strap shoes;
- No overalls, zips or belts.

For children who are not yet toilet trained, disposable or cloth nappies need to be provided when attending WVELC.

### **Respect for children and parents/guardians/families**

Educators will convey respect for children and an appreciation of their individuality by building in opportunities for them to make choices in relation to getting dressed, and the clothing they wear. However, issues relating to health, safety and the child's play and learning are the most important.

Educators will be aware of individual children's and parents/guardians/families' attitudes towards privacy and modesty when children are having their clothes changed or are dressing themselves. Older children will have access to safe comfortable and private spaces

---

for dressing and changing. Educators will work with children and parents/guardians to ensure that individual needs and preferences are understood and catered for.

Respect is important in addressing issues about clothing with parents/guardians/families. Educators will work with parents/guardians to have a better understanding of their particular cultural traditions regarding clothing and understand that there may be a range of cultural and religious issues related to dress. Educators will be respectful and understanding of parents/guardians/families' choices.

### **Jewellery and head pieces**

WVELC takes no responsibility for lost earrings, bracelets, hair clips or other decorative belongings. We discourage parents/guardians from bringing such pieces, to avoid possible health risks such as tearing a child's ear or/and presenting a choking hazard when dislodged.

---

Woden Valley Child Care Centre Association Incorporated

---

## Drug, alcohol and tobacco policy

**Date Reviewed:**

April 10, 2021

**Regulation:**

168 (2)(h)

**Standards:**

4, 6, 7

---

### Commitment

Woden Valley Early Learning Centre (WVELC) will provide an environment that is free from the use of tobacco, illegal and illicit drugs and alcohol.

### Policy

The use of, or being intentionally under the influence of, alcohol or recreational drugs/other mind-altering substances at WVELC whilst children are in care is not tolerated. Noting this:

1. No alcohol is permitted on WVELC premises.
2. As WVELC is situated on hospital grounds, educators, parents/guardians are not permitted to smoke on those grounds, in presence of children or near WVELC.
3. The WVELC management team will inform all families and visitors that WVELC is a tobacco, drug and alcohol-free environment.
4. Educators will not be under the influence of alcohol or drugs, including prescription drugs, as this will impair their capability to provide care and education to children.
5. Educators will use their best endeavours to ensure children in care are not exposed at any time to tobacco smoke, alcohol or illicit drugs, including on excursions.
6. If a parent/guardian is suspected to be under influence of alcohol or drugs during pick up time, WVELC will encourage that individual to arrange for an alternative authorised person to collect the child/ren. WVELC has a right and obligation to seek assistance from emergency services to maintain duty of care.

Please note: Educators found to be in breach of this policy shall cease work immediately. Any breach of this policy will result in termination of the educator's employment and grievance procedures set out in service policy manual will not apply.

### RELATED DOCUMENTS / REFERENCES:

- Education and Care Services National Regulations, 2012
-

Woden Valley Child Care Centre Association Incorporated

---

## Excursions and Incursions Policy

**Date Reviewed:**

October 19, 2021

**Regulation:**

100-102 & 168 (2)(g)

**Standards:**

2.3.1 & 2.3.2

---

### **DEFINITIONS:**

**Excursion** means an outing organized by the Service, if –

- the child or children leave the education and care service premises in the company of an educator;

**Regular outing**, in relation to an education and care service, means a walk, drive or trip to and from a destination –

- that the service visits regularly as part of its educational program; and
- where the circumstances relevant to the risk assessment are the same on each outing.

**Incursion** is a planned learning experience which is conducted within the Centre, and may involve members of the community attending the Centre to educate, perform or participate in learning experiences.

### **Policy:**

#### **Incursion:**

- Director will ensure that the company/artist have appropriate WWVPs.
- Director will brief educators and families (via notices on the front door and room notice boards) as to when and where the event will happen.
- Alternate arrangements will be made for children not authorized to attend the incursion.
- Outdoor incursions will require sun-safe practices.
- Incursions involving animals require educators to be aware of the safety risk to children. Children will need to wash their hands after handling animals.
- Director or appropriate personnel will welcome the visitors and check their WWVP details on the day.
- Visitors/artists will not be left unaccompanied with children.
- Service may seek for permissions prior to the incursion, depending on the nature of the presentation.

#### **Excursion:**

(a) The Excursion Coordinator will:

- Present a written Excursion Proposal to the Director for approval, including all details of the excursion, a permission note and any Risk Assessment information from the destination.
  - Once approved, the coordinator will send out permission notes in appropriate time. No child can leave the Centre without a signed permission note.
-

- Ensure educator ratios meet legal requirements with alterations made for higher risk activities or children who require extra assistance.
- Prepare a copy of the excursion proposal and documents for the Centre's insurance company prior to the excursion.
- Brief all accompanying educators about the details; nominate a first aid officer who carries a first aid kit and all medications.
- Make preparations for transporting food, drinks, sun-cream, hats, tissues and spare clothing.
- Carry a mobile phone and contact details of all children and adults attending the excursion.

(b) Excursion Risk Assessment:

- Family permission for those attending the excursion and alternative arrangements for children not participating in the excursion or incursion
- Time of departure and return to the Centre
- Proposed destination
- Planned activity while at the destination
- Method of transport to the destination
- Route of transport to the destination (especially if walking)
- Procedure plan for transport breakdown or accident
- Number of educators and adults to accompany children
- Alternative plans for inclement weather.

(c) Departing:

- Take a first aid kit suitable for the excursion
- A list of all children and adults participating in the excursion, a copy is to be left in the Centre.
- Emergency information for each child, including information regarding children's allergies and medical conditions and contact numbers for family members and emergency services
- All medication required for each child, including Asthma and Epi-pens
- A fully charged mobile phone for contacting the Centre and Emergency Services
- Enough food and water for each child and adult

(d) Educator requirements:

- A Group Leader qualified educator must accompany the children on all excursions. All Group Leaders hold current first aid certificates.
- Children to be marked off the role at every transition, e.g. on the bus, off the bus, at morning tea, lunch, entering a building, exiting a building.

(e) Returning:

- Check off all children, educators and adults.
  - Children are encouraged to wash their on their return to the Centre.
  - Educators will evaluate the excursion
-

Woden Valley Child Care Centre Association Incorporated

---

## Fire learning opportunity procedure

**Date Reviewed:**

April 10, 2021

**Regulation:**

168 (2)

**Standards:**

2.3.2

---

### Aim

This document outlines key considerations and procedures when introducing fire, or fire pits, to children. Woden Valley Early Learning Centre (WVELC) pedagogy believes exposing children to safe and controlled experiences, like fire-based learning, builds independence and is a critical step in teaching children proper uses of fire and the benefits it can bring. Additionally, this is an important step in learning about our First People's customs and traditions.

**Please note:** Prior to having a fire in the designated fire pit area it is expected that staff will have engaged in meaningful dialogue with the children about fire and fire safety and documented this in the program.

**Please also note:** Risk assessments will be conducted prior to any fire-based learning activity and ACT fire safety rules will be upheld – noting the fire danger season generally runs from November to April, although these dates may change due to seasonal conditions.

### Procedure

- Children will be adequately supervised at all times when in or around the fire pit area.
  - The fire is to be tended at all times by a designated staff member who is responsible for tending the fire and giving permission for children to enter the safety circle.
    - This designated staff member is to be in attendance of the fire at all times, with fire gloves and shovel in use when needed.
  - Sitting benches are used to indicate the safety circle (approximately 1m from the fire bowl) and children are instructed to stay in their seats unless given permission to enter the safety circle by the fire tender.
  - A container of water and/or a garden hose will be on standby and will be set up prior to starting a fire.
-

## Roles and Responsibilities

Educators are responsible for managing fire pit hazards by:

- Ensuring hot coals have been adequately cooled and covered with wet dirt, and that the lid is placed over the fire pit, prior to leaving the safety circle.
- In the event of a burn occurring the designated staff member will stay with the fire and alert other staff (including requesting a dedicated first aid officer) to assist with applying cool running water to the burn for 30 minutes.
  - First aid will be provided immediately and parents/guardians will be contacted.

## Candles

When candles are used, educators will ensure children's safety comes first. Candles will be either placed in an area within arm's reach of the educator, in a candle holder or lantern and will not be left unattended.

Although precautions will be made to prevent accidents, minor burns from wax or candle flame may happen. WVELC staff are first aid trained and will immediately attend to any potential incidents.

---



Woden Valley Child Care Centre Association Incorporated

---

## Food and nutrition policy

Date Reviewed:

April 10, 2021

Regulation:

78, 79, 80

Standards:

2.2

---

### Woden Valley Early Learning Centre (WVELC) is a nut-free centre

#### Aim

WVELC aims to provide safe, appetising and nutritious food and drink and to ensure that at least 50 per cent of a child's daily dietary requirements are offered.

**Please note:** Storage, preparation and cooking of food is in line with the current food safety program and one educator will hold a Food Safety Supervisors Certificate.

#### The environment

WVELC will provide the following meals for children

- breakfast (prior to 7.15am);
- morning tea;
- lunch; and
- afternoon tea.

Mealtimes will be relaxed, and educators will sit with children to encourage good food habits. Good eating habits that are formed during early years can lead to healthier adults.

Educators will provide opportunities for children to be involved in food preparation and will engage children in discussions on foods being served.

#### Menu

Menus will be displayed in the foyer. Menus will be planned with careful consideration to the Australian Dietary Standards and be validated by a qualified nutritionist. WVELC aims to accommodate dietary requirements (e.g. medical, cultural, lifestyle choices) in our menu choices.

If WVELC is unable to cater for particular needs, families may need to provide child/ren's food. Parents/guardians are responsible for ensuring that their child/ren's educators are kept

---

up to date with their child/ren's current dietary requirements. Each child's photograph and their special dietary requirements will be placed in the kitchen and the child's room.

Mothers who are breastfeeding their babies are encouraged to continue this practice. Mothers may supply expressed milk for their babies, or attend WVELC for feeding. Solids will only be introduced when parents/guardians advise educators.

### **Centre provided food**

All food provided by WVELC is required to meet the requirements set out in the Food Safety Program. Educators will ensure all food served at WVELC is purchased, stored and prepared in a hygienic and safe manner in accordance with relevant legislation and the Food Safety Program. Fresh fruit and vegetables, meat, pantry items, milk and other food items will be provided and purchased from a reputable supplier.

Children will have access to drinking water throughout the day.

### **Mealtimes**

Educators will role model healthy eating practices, by sitting with children during mealtimes.

Children are to sit at the table or on the picnic mat for all meals. To avoid choking, children are to be seated for all meals.

Children's self-help skills are to be encouraged through the appropriate opportunities to serve and feed themselves.

Children are encouraged to drink water at the completion of each meal to assist clearing their mouth of excess food.

Information on the quantity of food children have consumed during the day will be communicated to families at the end of the day.

### **Food Preparation and Cleaning**

All meals will be prepared following the Food Safety Program guidelines. Meals will be prepared as close to serving time as possible. Foods cooked in advance will be kept hot until served or immediately refrigerated.

Educators will follow best practice hygiene standards, as kitchen and personal cleanliness is of utmost importance for the prevention of food contamination.

### **Celebrations and Events**

Children are encouraged to celebrate important dates and events in their lives (e.g. birthdays). Families are welcome to bring birthday cakes and cupcakes. **Any food brought into WVELC must be nut-free.**

Items brought to the Centre must be discussed with the team leaders, pedagogical leaders or the WVELC director. On the day, the family is to inform the team member if the food item brought and its storage. Home baked products or store-bought goods must be clearly labeled with the child's name and detailed list of ingredients in English.

---

---

## Food Safety Program

**Date Reviewed:**

July 22, 2024

**Regulation:**

78, 79, 80

**Standards:**

2.2

---

### AIM

The Centre aims to accept store, prepare and serve food in the Centre with the utmost of care to prevent contamination. Contamination of food is a real danger to all people.

### BUSINESS DETAILS

<b>Type of business and intended customers</b>	Early Learning Centre Customers - children
<b>Description of food served</b>	Hot lunch Breakfast Morning tea and afternoon tea
<b>Scope of the food safety program</b>	The food safety program covers food prepared and served by the centre to the children and staff of the centre. It does not cover fundraising events or special events where food is supplied by parents or others.

<b>Trading name of licensed food business</b>	Woden Valley Child Care Association Inc.
<b>Company name of licensed food business</b>	Woden Valley Early Learning Centre
<b>Address of food business</b>	1 Dann Close, Garran ACT 2605
<b>Postal address</b>	PO BOX 1300, Woden ACT 2606
<b>Telephone</b>	02 6282 6648
<b>Email</b>	WVELC@inet.net.au
<b>Name of the local</b>	ACT Health Department

<b>government for the area the food business is located</b>	
<b>Name of food safety supervisor</b>	Paulina Jagus (Director) Amanda Shannon (Cook)
<b>Food safety supervisors contact phone number</b>	Paulina – 0414 076 644 Amanda – 0403 485 978
<b>Number of children cared for</b>	Licensed for 98 children per day
<b>Hours of operation</b>	6.30 AM – 6 PM Monday to Friday
<b>Meals provided</b>	Breakfast, Morning Tea, Lunch, Afternoon Tea
I, Paulina Jagus, (the applicant or licensee) declare that the above premises will adhere to this food safety program and all its components.	
Signed: <i>Paulina Jagus</i> Date: 22/07/2024	

<b>Position</b>	<b>Responsibilities (relative to food safety)</b>
<b>Director</b>	Manages the centre's food operations and food safety program. Develop and maintain employees' food safety skills and knowledge.
<b>Cook</b>	Responsible for: purchasing, preparation and cooking of all meals for children and staff, cleaning and sanitizing food areas, as well as applying the operational elements of the food safety program.
<b>Food handler(s) / Educators</b>	Serve food and assist children with food, following good food handling practices and centre policies.

## INTRODUCTION

Mandatory food safety programs are required for child care centres (centres) that provide meals that contain potentially hazardous food (defined in section 4). The requirement for mandatory food safety programs was gazetted as part of the national Food Safety Standards in October 2006.

Centres that provide potentially hazardous food are high food safety risk because children aged under five years are generally more susceptible to infection than the average healthy adult, and the symptoms and consequences of food-borne illness can be more severe for young children.

### Food legislation requires

The new food safety standard, Standard 3.3.1 is now included in the Food Standards Code. The new standard identifies food businesses that are required to implement food safety programs. The requirements of a food safety program are detailed in Food Safety Standard 3.2.1

Food Safety Standard 3.2.1 requires businesses to:

- identify potential food safety hazards;
- identify where in the food handling operation the hazards can be controlled and the means of control;
- provide for monitoring of controls and corrective action if a hazard is found not to be under control;
- provide for regular review of the program to ensure its adequacy; and
- provide for record keeping that demonstrates action taken or compliance with the program.

## HAZARDS

### Microbiological hazards

Consumption of food poisoning microbes (bacteria, viruses and parasites), also known as pathogens, can result in food-borne illness.

Microbiological hazards are the **most significant** food safety hazards because microbes:

- are not easily detected;
- are widely present on, and transfer easily between, humans, animals, pests and raw produce;
  - may be able to grow rapidly at ambient temperatures;
  - can in some cases survive or regenerate following control steps such as cooking; and
  - can result in illness even in small numbers.

#### Pathogenic bacteria

Campylobacter

Salmonella

Listeria

E coli

Staphylococcus aureus

Bacillus cereus

Clostridium perfringens

#### Food borne viruses

Hepatitis A

Rota viruses

## **Children under five are vulnerable**

Particular care is required when preparing food for children under five because they are considered more susceptible to microbiological infection than the average healthy adult and the symptoms and consequences of food-borne illness can be more severe for young children. Their susceptibility is a consequence of their immature immune systems and the production of less stomach acid which makes it easier for harmful germs to get through their digestive system and invade their bodies.

**Some foods are not considered suitable** for children under five because of their inherent microbiological risk. They are:

- Raw or undercooked meat (particularly minced meat), poultry, fish and shellfish. Food poisoning bacteria are commonly found on raw chicken; particular care is required when handling and preparing raw chicken to avoid cross contamination and thorough cooking is essential;
  - Uncooked fermented meats, such as salami. Check the label: 'cooked' products are safe. Do not feed young children 'heat treated' or 'not heat treated' products;
  - Unpasteurised milk and products made from unpasteurised milk, such as raw milk, cheese and other dairy foods made from unpasteurised milk; and
  - Raw sprouts, such as alfalfa, clover and radish.

## **Potentially hazardous foods**

**Particular care should be taken with 'potentially hazardous foods' because:**

- they may contain food poisoning microbes that can cause food-borne illness if allowed to multiply to large numbers; and
- they provide a suitable environment (i.e. moist but not acidic, salty or high in sugar) to support the growth of food poisoning bacteria.

**Potentially hazardous foods include:**

- raw and cooked meats/poultry and products containing raw and cooked meats/poultry;
- smallgoods;
- dairy products such as custard and cheese cake;
- seafood and products containing seafood and fish stock;
- some pre-prepared processed fresh fruits and salads such as pre-prepared salad and pre-cut fruit salad;
- cooked rice and pasta;
- cooked foods containing protein-rich products such as eggs, beans and nuts; and
- foods that contain the above foods, such as pizza and sandwiches.
- Non-potentially hazardous foods include:

- any fully processed foods such as canned and bottled products, dried fruit, salted and fermented dried meats; acidic foods such as yoghurt and orange juice; shelf-stable sauces such as tomato sauce, uncooked rice, bread, dried pasta and other dried products;
- butter, margarine and similar oil based spreads;
- hard cheeses and yoghurt;
- raw whole fruit and vegetables and freshly cut fruit and vegetables; and
- uncracked eggs in their shell.

### **Physical hazards**

- Physical objects not for consumption but found in food are of concern for two reasons:
- they may introduce microbial hazards; and
- they may result in physical harm to the consumer, for example, choking, laceration, broken teeth.
- Physical hazards may include glass, metal, plastic, dirt, adhesive dressings and rubber bands.

### **Chemical hazards**

Chemical hazards can occur naturally in foods or be introduced through poor practices. They include pesticides, cleaning agents, heavy metals, and toxins.

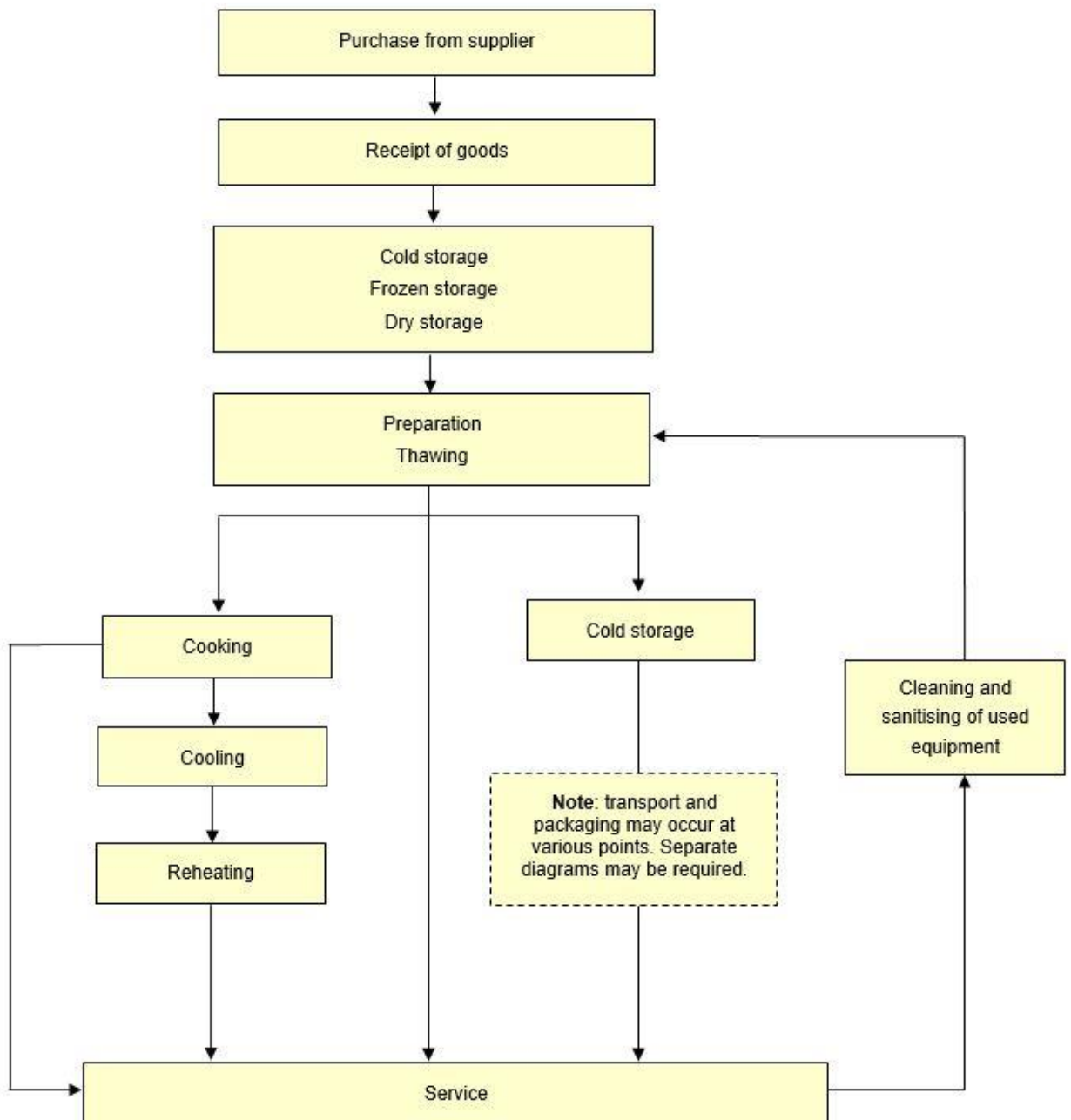
### **Allergens**

Allergens are not considered a food safety hazard and are not managed by this food safety program. Common allergens such as milk, eggs, peanuts, tree nuts, sesame, fish, crustaceans and soy are not inherently unsafe for most people and there are no preventative steps, other than elimination, from an allergic person's diet.

*Please refer to WVELC Managmnet of ongoing medical condition policy*

## PROCESS FLOW DIAGRAM

The process flow diagram identifies key activities in food operation.





## **PURCHASING**

Managing the food that is brought into the food business and ensuring the food that is produced is safe and suitable. Supplies will be ordered from a reputable food suppliers.

List of currently used suppliers:

<b>Business Name</b>	<b>Phone Number</b>	<b>Comments</b>
Bidfood	02 6295 5600	
Coles	Online	
Hawker Village Bakery	02 6278 7166	

## RECEIVING

Food businesses must take all practicable measures to ensure they only receive food that is safe and suitable for human consumption. This means that they must make sure that the food they receive:

1. Is protected from contamination.
  - check that food is covered or packaged when it arrives and that the packaging or covering is not damaged.
  - check the 'best before' or 'use by' date – if the 'use by' date has past the food may have spoilt. Food cannot be used or sold past its 'use by' date.
  - make sure someone is at the place of delivery to inspect the food when it arrives and to place it directly into the freezer, refrigerator or other appropriate storage area.
2. Can be identified while it is on the premises.
  - although most, if not all of the food you buy will be labelled with the name of the product and the name and address of the manufacturer, importer or packager of the food, you may also have unpackaged or unlabelled food on your premises and will need other ways of proving what this food is and where it came from.
  - to do this you may want to use your supplier invoices, or keep some other record of your suppliers and what you buy from them and the food you have on your premises.
3. Is it at the correct temperature when it arrives, if it is potentially hazardous.
  - if it is chilled – at a temperature of 5°C or below;
  - if it is hot – at a temperature of 60°C or above;
  - if it is frozen – frozen hard and not partly thawed;

### Hazards

- potentially hazardous foods delivered, purchased or transported at temperatures between 5°C and 60°C can allow the growth of pathogenic (disease causing) bacteria or the formation of toxins;
- damaged packaging can allow pests and other contaminants into food;
- bacteria can multiply in old stock and products that have past their 'best before' and 'use by date';
- pests can carry disease and insects can eat or lay their eggs in food;
- foods that are stored near chemicals during transport can become contaminated and affect the safety of the food.

### Controls and monitoring

Only purchase goods from approved suppliers.

An employee of the business needs to be present when the goods are delivered to carry out the following checks:

- check that the temperature of potentially hazardous foods received from all suppliers is 5°C or below for cold food and 60°C or above for hot food;
- check that frozen food is received frozen hard (not partially thawed);
- check that packaging isn't damaged and that food has no immediate signs of contamination;
- check that all products are within their 'best before' or 'use by' date;
- check that all products are properly labelled with the name and address of the manufacturer and a batch code or a date code. A label will help you identify the food in case it is recalled;
- ensure all deliveries are placed into designated storage areas immediately;
- ensure that when purchasing and transporting food directly (from a supplier to your business) that all the above checks are conducted and that you have referred to Activity 13
  - Transporting Food.
- all potentially hazardous foods including feeding bottles, accompanying children to the facility are to be labelled with the child's name and time of receipt, are to be placed immediately into the designated refrigerator.
- inform parents about safe food preparation and transporting practices (eg. supply brochures). Request parents to supply food in ready-to-serve containers.
- check products to see if they contain ingredients that may produce allergic reactions in children. Refer to enrolment records to determine allergy status of children and have the status of highly allergic children known by (and readily accessible to) kitchen staff.

### **Corrective actions**

- reject potentially hazardous foods which are delivered having internal temperatures between 5°C and 60°C (unless the supplier can demonstrate that the time period at which the food has been between 5°C and 60°C will not compromise the safety of the food). Refer to Support Program 4 - Temperature control;
- reject products in damaged packaging;
- reject goods that are incorrectly labelled i.e. no name and address of the supplier, use by/best before date or batch code as a minimum (un-packaged food is exempt);
- reject deliveries if the inside of the delivery vehicle is unclean or is carrying chemicals or other matter that may contaminate food;
- reject suppliers that do not provide food in the agreed manner
- any unnamed or unrefrigerated milk or milk that has been out of the refrigerator for an unknown period of time should be discarded.

## **DRY STORAGE**

Food must be stored in an appropriate environment to protect it from contamination and to maintain the safety and suitability of the food. Contamination can be the result of pests (cockroaches, rats, flies, weevils etc); cleaning chemicals stored above or next to foods; or from excessive humidity.

Food in dry storage areas also needs to be rotated by applying the principle of first in first out. This ensures that you are not left with old supplies of food at the back of shelves or cupboards.

Examples of dry products include cereals, flour, rice and canned products.

### **Hazards**

- insects and animal pests can contaminate food;
- pests breed in unclean and overcrowded storage areas;
- bacteria can multiply in old stock and products that have past their 'best before' and 'use by' date;
- damaged packaging can allow pests and other contaminants into food;
- foods that are stored near chemicals can become contaminated;
- storing food on the floor can make it more difficult to keep clean and contamination may occur;
- uncovered or unprotected food can become contaminated by pests, micro-organisms and other foreign matter such as glass, hair, etc.

### **Controls and monitoring**

- make it difficult for pests to get into storage areas by sealing all holes, cracks and crevices where pests may breed or enter;
- store opened packaged products in clean, sealed food grade containers or adequately reseal the package;
- look for signs of pest infestation where dry products are stored, for example: droppings, eggs, webs, feathers and odours;
- check that your dry storage area is cleaned regularly (for example once a week) and is not overcrowded;
- check that you use the oldest stock first and that it is still within 'best before' or 'use by' dates;
- check that packaging is not damaged;
- check that chemicals such as cleaning products are stored away from food;
- check that all food is stored off the floor;
- store food in accordance with manufacturer's specifications;
- have the premises treated regularly by a licensed Pest control operator.

### **Corrective actions**

- discard food that has signs of pest infestation (for example droppings, eggs, webs or odours);
- discard contaminated food or food that has been identified as unsafe or unsuitable;
- discard food with damaged packaging;
- if there are signs of pest infestation contact your Pest control operator specialist and arrange a treatment;
- thoroughly clean the dry storage area if unclean.

Please refer to:

- *WVELC Cleaning and Maintenance Schedule*
- *Kitchen cleaning checklist*

## **COLD STORAGE**

Potentially hazardous foods are foods that might contain food poisoning bacteria and are capable of making people sick if the foods are not stored at correct temperatures.

The following are examples of potentially hazardous foods:

- raw and cooked meat or foods containing meat, such as casseroles, curries and lasagne;
- dairy products, for example, milk, custard and dairy based desserts;
- seafood (excluding live seafood);
- processed fruits and vegetables, for example, salads;
- cooked rice and pasta;
- foods containing eggs, beans, nuts or other protein rich foods, such as quiche and soy products;
- foods that contain these foods, such as sandwiches and rolls.

Potentially hazardous foods need to be stored below 5°C when in cold storage.

### **Hazard**

- potentially hazardous food must be stored at 5°C or colder to prevent bacteria from multiplying;
- potentially hazardous foods left between 5°C and 60°C allow bacteria to multiply quickly. Other foods become potentially hazardous only after they are cooked, such as rice;
- bacteria in juices from raw food can drip onto ready-to-eat food and contaminate it. This is one example of cross contamination;
- other contaminants can fall into uncovered or unprotected food.

### **Controls and monitoring**

- store all potentially hazardous foods in cold storage areas under Temperature control;
- check and record the temperature of food inside the refrigerator using a thermometer — it should always be 5°C or colder;
- all foods need to be stored in clean and covered food grade containers or wrapped in a protective covering, such as plastic;
- make sure that the cold storage area is not overcrowded with food, as air will not be able to circulate and keep food cold;
- never store food on the floor of a cold room, it can make it difficult to clean and contamination may occur. It is also not conducive to good air flow around goods;
- make sure that raw food is separated from ready-to-eat food;
- check that water and condensation from raw foods will not drip onto ready-to-eat food;

- make sure food does not stay in refrigeration for periods of time that may render the food unsuitable. Identifying and date marking the food will allow you to use the oldest stock first;
- do not use food that is past its 'use by' date and check food that is past its 'best before' date to ensure it is not damaged or deteriorated;
- check that the inside of cold storage equipment is clean and free from mould;
- clean refrigerators and cool rooms in accordance with your cleaning schedule;
- breast milk can be stored in a refrigerator for up to 48 hours.
- When removed from the fridge, milk will be labelled with time when it was out of the fridge

### **Corrective actions**

- if cold storage equipment is operating above 5°C, adjust the Temperature controls and recheck the temperature again within one hour;
- if cold storage equipment is found to be unable to keep food at 5°C or below, have the equipment serviced/repared;
- throw away potentially hazardous food that has been above 5°C for four (4) hours or more;
- throw away ready-to-eat food that has been 'cross contaminated' by raw food;
- throw away food that is past its 'use by' date or food that is damaged, deteriorated or perished;
- throw away contaminated food or food that has been identified as unsafe or unsuitable;
- have a refrigeration mechanic check and service refrigerators and cold rooms in accordance with manufacturer's instructions or when required.

### Please refer to:

- *WVELC Cleaning and Maintenance Schedule*
- *Kitchen cleaning checklist*
- *Fridge and Freezer records*

## **FROZEN STORAGE**

Freezing is an excellent way of keeping potentially hazardous foods for long periods. There is a danger that if frozen food is thawed to above 5°C, and then refrozen, bacteria that have multiplied when the food is thawed can also be frozen. If frozen food begins to thaw, it should be used straight away, and never refrozen.

### **Hazards**

- frozen food that is stored for long periods of time can deteriorate, compromising the suitability of the food;
- if the temperature rises, frozen food may start to thaw and allow bacteria to multiply;
- foreign matter, chemicals or pests can contaminate food if not properly covered or protected;
- storing food on the floor can make it more difficult to keep clean and contamination may occur.

### **Controls and monitoring**

- frozen food needs to be stored frozen hard (not partially thawed), to stop bacteria from multiplying;
- make sure food is stored and covered in clean containers. It should be clearly labelled and dated to allow for stock rotation;
- don't overcrowd frozen storage areas as air will not be able to circulate and keep food cold;
- make sure that packaging isn't damaged;
- never store food on the floor of a freezer room it can make it difficult to clean and contamination may occur. It is also not conducive to good air flow around goods;
- keep freezers clean;
- check the food in your freezer regularly (eg. weekly) to see if food is contaminated, damaged, deteriorated or perished.

### **Corrective actions**

- have the freezer serviced if it can't keep food frozen hard;
- if the freezer stops working and food partly thaws, place the food in the refrigerator until it is completely thawed, then use as a refrigerated food;
- if food is completely thawed, but is colder than 5°C, place food in the refrigerator and use as a refrigerated food, or use straight away;
- if you're not sure how long the freezer hasn't been working properly, or you are unsure about the safety of any food, throw the food away;
- throw away contaminated, damaged, deteriorated or perished food.



## THAWING

Thawing frozen potentially hazardous food may pose a food safety risk if the temperature of the food is between 5°C and 60°C during thawing, allowing food poisoning bacteria to grow. The food safety risk is much higher for frozen ready-to-eat potentially hazardous food being thawed than for frozen raw potentially hazardous foods that will be cooked or otherwise processed to make them safe before eating.

Ready-to-eat frozen potentially hazardous foods should be thawed in a refrigerator operating at 5°C or below, or alternatively in the microwave. If these foods are thawed at room temperature, food poisoning bacteria may grow in the food and as the food will not undergo any further processing (such as cooking) before it is eaten, the bacteria will not be destroyed. It is important that, if the food is thawed at room temperature the time that the food is at temperatures between 5°C and 60°C needs to be noted to ensure that safe time limits are not exceeded.

### Hazards

- thawing potentially hazardous food out of refrigeration can allow bacteria to multiply (i.e. under running water or on the bench at room temperature);
- bacteria in juices from raw or thawing potentially hazardous food can drip onto ready-to-eat food, and contaminate it. This is one example of cross contamination;
- the centre of partially thawed potentially hazardous food may be frozen and may not cook properly, allowing bacteria to survive;
- food may become contaminated during thawing from foreign matter, pests or poor personal hygiene and handling.

### Controls and monitoring

- plan ahead, and allow sufficient time to thaw potentially hazardous food in the refrigerator or cool room. Some food can take as long as one or two days to completely thaw;
- alternatively, thaw potentially hazardous food in the microwave. However, there may be uneven heating of the food using this method;
- remember to thaw raw frozen food on a shelf below ready-to-eat food. This will ensure that cross contamination (the juices from thawing food falling onto ready-to-eat food) does not occur;
- keep all food protected, covered, wrapped or in a food grade container while thawing;
- do not re-freeze thawed food;
- check that ready-to-eat foods are protected from cross contamination by thawing foods;

- small portions of raw frozen meat and fish may be able to be safely cooked without complete thawing, however, large portions of food should be completely thawed before cooking.

### **Corrective actions**

- do not use potentially hazardous food until it is completely thawed;
- throw away thawed potentially hazardous food that has been left to stand at above 5°C for more than four (4) hours;
- throw away food that has been contaminated during thawing;
- throw away any food that has been frozen more than once.

## **PREPARATION**

Even the freshest raw food contains bacteria right from the start, so it's important to follow the steps listed below to help prevent food-borne illness. Preparation means preparing food for cooking, packaging, reheating, serving or sale.

There are three possible ways that food can become unsafe to eat:

1. Biological - in the right conditions, bacteria will multiply;
2. Physical - caused by things that should not be in food, like dirt, hair, glass or stones;
3. Chemical - caused by chemicals, such as cleaning agents, detergents and fly sprays.

By preventing each of these hazards, you can break the food-borne illness chain, prevent food-borne illness and prepare safe food.

### **Hazards**

- people who do not understand safe food preparation practices can accidentally contaminate food;
- bacteria can be transferred to food from unwashed hands and clothing;
- if potentially hazardous food is left too long out of Temperature control, bacteria can multiply and cause a food-borne illness;
- bacteria can be transferred to food from equipment and utensils;
- bacteria on raw potentially hazardous food, including food used for garnishing can contaminate ready-to-eat food;
- foreign objects may fall into uncovered food;
- cleaning chemicals that are not stored or labelled properly may be misused resulting in contamination of food;
- persons who have a food-borne illness or have the symptoms of a food-borne illness or a condition may contaminate food;
- unwashed fruit and vegetables may contain contaminants such as dirt or chemicals;
- unclean wiping cloths can spread bacteria.

### **Controls and monitoring**

- ensure that food handlers have appropriate skills and knowledge for each food preparation task;
- check that food preparation surfaces, equipment and utensils are cleaned and sanitised before you use them;
- always wear or change into clean clothes before preparing food;
- wash your hands properly before touching food, after using the toilet or touching hair or face;

- minimise the time that potentially hazardous food is above 5°C and return food to the refrigerator during any break in preparation;
- make sure that ready-to-eat food is kept apart from raw ingredients during preparation.
- if possible, use separate utensils and cutting boards when preparing raw food and ready-to-eat food (these may be colour coded for easy recognition, but this is not essential). Alternatively, prepare ready-to-eat food and raw food separately, washing, sanitising and thoroughly drying cutting boards and utensils between use;
- wash fruit and vegetables intended for immediate consumption including those where the skin is not intended to be eaten;
- wiping cloths should be replaced frequently (eg. daily) and cleaned, rinsed and dried between uses;
- throw away single use items after one use;
- make sure that cleaning chemicals are stored in a designated area and are kept in properly sealed and labelled containers;
- when preparing formula, follow the manufacturer's instructions carefully.

### **Corrective actions**

- throw away any food contaminated by dirty equipment;
- throw away food where there is any chance that contamination or cross contamination has occurred;
- re-train food handlers that have been found to be mishandling food;
- remind people preparing food of good hygiene practices and retrain where necessary;
- throw away food that has been between 5°C and 60°C for more than four (4) hours.

Please refer to:

- *WVELC Cleaning and Maintenance Schedule*
- *WVELC Food and Nutrition Policy*

## **COOKING**

Where a process step is needed to reduce to safe levels any pathogens that may be present in the food, you must use a process step that is reasonably known to achieve the microbiological safety of the food. The safety of food is usually achieved through cooking and the cooking step must be adequate to achieve this.

### **Hazards**

- potentially hazardous foods, which are not fully cooked, will not be safe to eat, as bacteria will not be killed;
- food may be contaminated after the cooking process, for example: unclean equipment or utensils may add bacteria to the food.

### **Controls and monitoring**

- soups, sauces, gravies and casseroles that use raw ingredients should be brought to a boil, which will prevent bacteria surviving the cooking process;
- use a thermometer to check that potentially hazardous foods like rotating spits, rolled roasts and whole chickens are thoroughly cooked. The internal temperature of these foods must reach at least 74°C;
- always use clean equipment and utensils during cooking;
- using a probe thermometer, record a sample of these internal temperatures on a daily basis;
- check that all staff members know how to use a thermometer and how and where to record temperatures.

### **Corrective actions**

- if the temperature in the centre of the potentially hazardous food does not reach at least 74°C, continue cooking until the internal temperature is achieved;
- check recipes and cooking times if the centre of the potentially hazardous food does not reach the required temperature, adjust as necessary

## COOLING FOOD

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

When cooling cooked potentially hazardous food, cool the food within the following timeframes:

- from 60°C to 21°C within two hours; and
- from 21°C to 5°C within a further four hours.

This means you have a maximum of six hours to cool food from 60°C to 5°C or below.

### Hazards

- potentially hazardous food that is not cooled quickly enough can allow bacteria to multiply and cause a food-borne illness;
- foreign objects may fall into uncovered food;
- unclean food containers used for cooling potentially hazardous food can contaminate the food with food poisoning bacteria.

### Controls and monitoring

- using a probe thermometer, check that the temperature at the centre of potentially hazardous food reduces from 60°C to 21°C within two (2) hours and from 21°C to 5°C within a further four (4) hours;
- check that the potentially hazardous food is being cooled in an appropriate clean, uncontaminated storage container;
- protect storage containers from contamination and label with the type of food and the date before placing into the coolroom, refrigerator or freezer;
- potentially hazardous food can be left at room temperature until it drops to 60°C (this temperature should be checked with your probe thermometer), the food can then be put in the refrigerator to continue cooling;
- do not put hot food straight from the oven or stove into a refrigerator, coolroom or freezer, because it can cause the refrigeration temperature to rise. A guide to when to put cooked food in the refrigerator is to let it stand for 20-30 minutes prior to placing under refrigeration;
- check that the temperature inside the refrigerator does not rise higher than 5°C while cooling food;
- divide potentially hazardous food into smaller batches and use shallow containers (for example less than 10cm deep) to help it cool quicker;
- make sure there is adequate air circulation around containers by not overloading refrigerators, coolrooms or freezers;
- never mix left-overs with a new batch of cooled food;

- separate raw and cooked foods.

### **Corrective actions**

- throw away food if the above cooling times and temperatures have not been reached;
- if refrigerator temperatures rise above 5°C during the cooling of food, review and modify cooling practices to ensure that temperatures remain below 5°C;
- discard any potentially hazardous food that may have been contaminated during cooling

## REHEATING AND HOT HOLDING

Bacteria can grow in food that is reheated too slowly. Holding food at temperatures where bacteria can multiply can also cause a food-borne illness. If you reheat previously cooked and cooled potentially hazardous food, you must reheat it rapidly to 60°C or hotter.

You should aim to reheat food to 60°C within a maximum of two hours to minimise the amount of time that food is at temperatures that favour the growth of bacteria or formation of toxins.

### Hazards

- bacteria that may have survived the cooking process or bacteria that may have been introduced since the cooking process can multiply if potentially hazardous food is reheated too slowly;
- bacteria can multiply in potentially hazardous food that is not reheated or held at 60°C or above;
- bacteria from unclean equipment or utensils may contaminate reheated or hot held food;
- foreign objects can contaminate uncovered or unprotected food;
- cross contamination can occur by adding raw food or new batches of potentially hazardous food to food already in hot holding units.

### Controls and monitoring

- using a thermometer, check that the temperature at the centre of potentially hazardous food being reheated reaches at least 60°C in two hours or less;
- maintain reheated potentially hazardous food at 60°C or above;
- stir or turn potentially hazardous food during reheating or when hot holding so that the heat is evenly dispersed throughout the food;
- always use clean equipment and utensils to handle reheated food;
- always use a clean utensil for taste testing and never reuse;
- hot holding equipment such as a Bain Marie should never be used to reheat food. Food should be heated to above 60°C before being placed in the Bain Marie;
- potentially hazardous food that has been cooked and cooled should only be reheated once;
- ensure the hot holding equipment is clean and pre-heat before use;
- use a temperature setting on hot holding equipment that keeps the food at or above 60°C;
- do not overload hot holding equipment;
- when re-stocking potentially hazardous food in hot holding equipment, never add new batches of food to old batches of food, remove the old batch and replace with new batch;



- hot holding equipment must protect the food from contamination from foreign objects;
- using a clean thermometer, check that the temperature of food being hot held is being maintained at 60°C or above;
- food should not be piled above the level of the trays or be held in plates above the trays;
- ensure hot holding equipment is regularly maintained;
- check that hot holding equipment is kept clean;
- food may be reheated in a microwave, but operators should be aware of the possibility of uneven heating using this technique.

### **Corrective actions**

- discard potentially hazardous food if the temperature at the centre has not reached 60°C in two hours or less;
- use immediately any potentially hazardous food that has been held between 5°C and 60°C for more than 2 hours, but discard food that has been held between 5°C and 60°C for more than four (4) hours;
- discard reheated food if left over;
- if hot holding equipment cannot maintain food temperatures above 60°C, check whether this is because too much food is being held in the unit;
- call service agent if equipment fails to work correctly;
- discard contaminated food;
- discard any breast milk or formula not consumed

## **SERVING, SELF-SERVE AND DISPLAYING FOOD**

Serving food safely relies on food handlers practising good personal hygiene and handling food safely, which includes avoiding cross contamination. In regard to self-service areas, staff will need to monitor the way clients or customers use the self-service equipment to check that food is not being contaminated.

### **Hazards**

- delays in serving food can allow food poisoning bacteria to multiply;
- food poisoning bacteria can multiply if potentially hazardous food is kept between 5°C and 60°C;
- unclean serving utensils and other equipment may contaminate food;
- poor food handling by staff and/or customers may contaminate food;
- food may become contaminated by foreign objects that have fallen into uncovered or unprotected food;
- use of display decorations and garnishes can contaminate food;
- food poisoning bacteria can be transferred from an old batch of food to a new batch if they are mixed together; and
- some people can be severely allergic to certain types of food.

### **Controls and monitoring**

- serve food as quickly as possible after preparation and take into account the requirements of the 4-hour/2-hour guide;
- don't prepare food too far in advance of serving;
- ensure that people who serve food or supervise self-service food displays have appropriate skills and knowledge for the tasks that they do;
- ensure that if staff serving food are using gloves that they understand how to use gloves safely;
- provide separate clean utensils for each food on display, or provide other methods of dispensing food that minimises food becoming contaminated;
- throw away single use items after using them, including straws, paper towels, cups and plates;
- ensure that protective barriers (for example, sneeze-guards) are installed to protect food in display cabinets;
- refresh food displays with completely fresh batches of food. Never mix old food with fresh batches;
- use a clean and sanitised thermometer to check the temperature of potentially hazardous food on display. (You do not need to check the temperature of every dish, just a representative sample);
- hot food should be held at 60°C or above. Make sure that all potentially hazardous foods are thrown out if kept between 5°C and 60°C for four hours or more;

- keep cold food at 5°C or below if holding food cold;
- if you are displaying frozen food, it must be frozen hard (not partially thawed) or as the manufacturer specifies;
- never reuse any self-serve food left over from the previous day on the following day; and
- ensure that menus highlight allergenic ingredients in dishes if not apparent from the name of the dish, and advise staff so they may be able to assist customers with queries;
- make sure children do not share food, plates or utensils. Remind them that sharing during meals can spread germs that might make them or other children sick.
- When removed from the fridge, milk will be labelled with time when it was out of the fridge
- Any food removed from their original packaging will be labelled with expiry date, date when it was open, and ingredients list from original packaging (including allergens list)

### **Corrective actions**

- potentially hazardous food that has been kept between 5°C and 60°C for less than two hours (cumulative time) must be refrigerated or used immediately;
- potentially hazardous food that has been kept between 5°C and 60°C for longer than two hours (cumulative time) but less than four hours must be used immediately;
- potentially hazardous food that has been kept between 5°C and 60°C for longer than four hours (cumulative time) must be thrown out;
- throw away any food you suspect may be contaminated; and
- replace soiled serving utensils with clean ones if there has been any possibility of misuse.

Please refer to:

- *WVELC Food and Nutrition Policy*
- *WVELC Handwashing guidelines*

## **ALLERGENS, FOOD PACKAGING AND LABELLING**

Certain foods can cause some people to have an allergic reaction which can vary in severity from mild upsets to severe anaphylactic reactions. It is important that you are able to identify which of your products contain allergens.

The presence of these foods either on the label (if the food is packaged) or in another way such as on a menu or verbally upon request, especially when celebration items are brought to the Service by families.

Please refer to:

- *WVELC Food and Nutrition Policy*
- *WVELC Enrolment Forms*

### **Hazards**

- foods containing allergens may cause severe reactions in sensitive people;
- common allergens include: gluten (found in wheat, rye, barley and oats and from foods containing these products), crustacea (shellfish) and crustacea products, egg and egg products, fish and fish products, soy beans and soy bean products, peanuts and other nut products, milk and milk products, sesame seeds and sesame seed products and sulphites more than 10mg/kg;
- foods may become contaminated with allergens if processes aren't followed;
- staff who are unaware of a customer's allergies may serve food containing allergens;
- incorrect, contaminated or damaged packaging materials may not offer adequate protection for food;
- packaging material that has come into contact with chemicals may contaminate the safety or suitability of the food being packed. Unclean packaging material may contaminate food;
- some food types can react with or be contaminated by some types of packaging material, for example, some packaging material may not be appropriate for acidic foods;
- an unclean packaging area may contaminate food being packed.

### **Controls and monitoring**

- list any allergens on the label of packaged products;
- identify foods containing allergens on menus;
- prepare special meals separately from normal meals;
- advise staff serving food of special requirements;
- check packaging for damage and use only clean uncontaminated packaging materials;
- store packaging material in a designated area, away from cleaning chemicals, and other matter that might cause contamination;

- check that materials being used for packaging are appropriate to the food being packed, for example: some packaging materials may not be appropriate for acidic foods, refrigeration, freezing or microwaving;
- make sure that the packaging material being used will not contaminate the food being packed, including physical and chemical contamination;
- make sure that the area used for packing is clean and sanitary before starting and during work;
- ensure that food packaging machinery is maintained in satisfactory working condition, including the use of appropriate lubricants and make sure these products do not contaminate food;
- food handlers need to observe high levels of personal hygiene and ensure they do not directly or indirectly contaminate food during packaging;
- unless specifically exempt, packaged food must be labelled in accordance with the Food Standards Australia New Zealand Food Standards Code;
- it is important that labels contain information about the ingredients included in the product you are packing and labelling. Ingredient labelling is particularly important for persons suffering from food allergies. Refer to the Australia New Zealand Food Standards Code and other informative material on food labelling produced by Food Standards Australia New Zealand. Contact details are included in Appendix 1 – List of resources.
- ensure that there are adequate systems/processes to deal with Customer complaints or Food recalls.

### **Corrective actions**

- food that may contain an allergen should not be served to sensitive children. It may still be used in the generic meals;
- update menus to identify foods containing allergens;
- contact supplier or manufacturer of packaging material if packaging material is damaged or contaminated and replace;
- revise Cleaning and sanitising procedures if they are inadequate;
- throw out food that has been contaminated by packaging or during packaging process;
- recall incorrectly labelled products or possibly contaminated products that have been distributed.

## **TRANSPORTING FOOD**

This activity covers transporting food from a supplier to your premises and from your premises to your customers or to other outlets. It is essential that vehicles and equipment used to transport food are designed and constructed to protect the food.

### **Hazards**

- dust, dirt, chemicals, pests or other foreign objects may contaminate unprotected food;
- food poisoning bacteria can multiply if potentially hazardous food is transported between 5°C and 60°C; and
- food poisoning bacteria can be transferred from raw food to ready-to-eat food if transported incorrectly. This is called cross contamination.

### **Controls and monitoring**

- all food for transport must be covered or packed to protect the food from becoming contaminated;
- all ready-to-eat food must be kept separate from raw food;
- ensure that the food transport vehicle can maintain the correct temperatures for the type of food it carries;
- check that cold food is transported at 5°C or colder;
- check that frozen food is transported frozen hard (not partially thawed);
- check that hot food is transported at 60°C or above;
- if food is transported between 5°C and 60°C, use the 4-hour/2-hour guide;
- if the food transport vehicle does not have a heating or cooling system, use insulated boxes to maintain food at safe temperatures;
- make sure that the food is transported away from any chemicals that might contaminate the food; and
- make sure that the delivery vehicle and transport boxes are clean and food is packaged correctly.

### **Corrective actions**

- throw away food that has become contaminated (e.g. foreign objects, chemicals);
- throw away ready-to-eat food that has been contaminated by raw food;
- potentially hazardous food that has been kept between 5°C and 60°C for less than two hours (cumulative time) must be refrigerated or used immediately;
- potentially hazardous food that has been kept between 5°C and 60°C for longer than two hours but less than four hours (cumulative time) must be used immediately;

- potentially hazardous food that has been kept between 5°C and 60°C for longer than four hours (cumulative time) must be thrown out; and
- review the food transport and other relevant activities if potentially hazardous food is being held between 5°C and 60°C for four (4) hours or longer, including any such time prior to and after transport and before using the food

**Additional note – self-transportation**

Service cook and nominated supervisor pick up and deliver the meat from Calwell Quality Meats – 2 times per week.

Meat is delivered within 20minutes from pick up time, double bagged by the butcher and stored in a cooler (isolated) bag.

Food contact surfaces in parts of vehicles used to transport food must be designed and constructed to be effectively cleaned and, if necessary, sanitised. Transport vehicle is free of pets.

## **FOOD PREMISES AND EQUIPMENT**

Facilities are required to ensure that their food premises, fixtures, fittings, equipment and transport vehicles are designed and constructed so as to allow ease of cleaning. Facilities must also ensure that the premises are provided with the necessary services of water, waste disposal, light, ventilation, cleaning and personal hygiene facilities, storage space and access to toilets. The following paragraphs outline the basic requirements for design and fit-out of a food premises.

### **Water supply**

The premises must have an adequate supply of potable water for all activities that require water, unless it can be demonstrated that the use of non-potable water for a specific purpose, for example, firefighting will not affect the safety of the food.

### **Sewage and waste water disposal**

The premises must have a sewage and waste water system that will effectively dispose of all sewage and waste water. This system must be constructed and located so that it will not pollute the water supply or contaminate food.

### **Storage of waste and recyclable matter**

The premises must have capacity to hold all the garbage and recyclable matter on the food premises until collection or removal. The storage must be:

- enclosed or lidded so that pests cannot get access to the garbage or recyclable material; and
- designed and constructed from non-porous materials so that they may be easily and effectively cleaned.

### **Ventilation**

Facilities must have sufficient natural or mechanical ventilation to effectively remove fumes, smoke, steam and vapours.

### **Lighting**

Facilities must have a lighting system that provides sufficient natural or artificial light for the activities on the food premises.



## **Floors, walls and ceilings**

Floors, walls and ceilings of premises must be designed and constructed so they:

- can be easily and effectively cleaned;
- are unable to absorb food particles, grease or water;
- do not allow the ponding of water; and
- are sealed to prevent the entry of dirt, dust and pests.

Note: The requirements relating to floors, walls and ceilings do not apply to dining, drinking and other areas where the public has access.

## **Fixtures, fittings and equipment**

Fixtures, fittings and equipment must be adequate for the production of safe food and fit for their intended use. All fixtures, fittings and equipment must be designed, constructed, located and installed so that they:

- will not contaminate food;
- can be easily and effectively cleaned;
- provide easy access to floors, ceilings, and other surfaces for effective cleaning;
- are unable to provide spaces where pests may breed;
- all food contact surfaces of fixtures, fittings and equipment must be:
  - able to be effectively cleaned and/or sanitised;
  - unable to absorb food particles, grease or water;
  - constructed with material that will not contaminate food.
- all eating and drinking utensils must be:
  - able to be easily and effectively cleaned and sanitised. This includes the appropriate design of equipment used to clean utensils must be designed to ensure that effective cleaning and sanitising can be achieved;
  - must not be chipped, broken or cracked.
- hand washing facilities must be:
  - located in food preparation areas and adjacent to toilets of permanent fixtures;
  - supplied with warm running potable water;
  - of a size that allows easy and effective hand washing;
  - clearly designated for the sole purpose of washing hands, arms and face;
  - supplied with soap or other item that may be used to thoroughly clean hands; and
  - provided with single use towels or other means of effectively drying hands and a container for used towels.

## **Storage facilities**

Facilities must have adequate storage space for the storage of items that are likely to be a source of contamination of food, including chemicals, clothing and personal belongings. Storage facilities must be located where there is no likelihood of stored items contaminating food or food contact surfaces.

## **Toilet facilities**

Adequate toilets must be available for the use of food handlers.

## **Maintenance**

Regular maintenance is essential to ensure the premises, fixtures, fittings and equipment are maintained in a good state of repair and working order, so as not to compromise food safety and suitability.

Food premises, fixtures, fittings and equipment and those parts of vehicles that are used to transport food need to be properly maintained to:

- prevent contamination of food from flaking plaster, paint, timber, broken glass, leaking pipes, etc.;
- enable effective cleaning and, if necessary, sanitising;
- ensure pests do not gain access to the building or vehicle from holes in ceilings, walls, etc.;
- ensure the equipment works as intended; and
- ensure any chipped, broken or cracked eating or drinking utensils are not used.

## **Calibrating thermometers**

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

To ensure your thermometer meets the required accuracy, you will have to calibrate it regularly. It is recommended that this is done around once every six (6) months. This frequency may vary depending on the use of the thermometer.

If you are calibrating your thermometer yourself, it is important to use both the ice point and boiling point methods to ensure the thermometer is accurate in its upper and lower ranges.

### **Ice point calibration**

To calibrate your thermometer using the ice point calibration method, follow these steps:

1. Fill a plastic container with crushed ice;

2. Mix enough chilled water to produce slurry, but not enough to float the ice;
3. Stir the slurry vigorously, insert the probe of the thermometer into the iced slurry;
4. Wait for at least three minutes and then record the reading;
5. To ensure the readings are correct and accurate, take readings at least two minutes apart and the results should be within 1°C of each other. The reading should be 0°C (if the readings do not agree then you should have the thermometer replaced or serviced); and
6. Record your readings.

### **Boiling point calibration**

To calibrate your thermometer using the boiling point calibration method follow these steps:

1. Heat a saucepan of water on the stove;
2. Wait for the water to come to a continuous rolling boil;
3. Insert the probe of the thermometer into the water;
4. Wait for at least three minutes and then record the reading;
5. To ensure the readings are correct and accurate, take readings at least two minutes apart and the results, should be within 1°C of each other. The reading should be 100°C (if the readings do not agree then you should have the thermometer replaced or serviced); and
6. Record your readings.

### **Mechanical calibration**

Some more expensive thermometers come with a mechanical calibration unit. Follow the manufacturer's directions on calibrating your thermometer this way. Alternatively, you may be able to return your thermometer to the manufacturer for calibration.

Please refer to:

- *WVELC Food and Nutrition Policy*
- *WVELC Cleaning and Maintenance Policy*
- *Fridge and Freezer records*
- *Kitchen cleaning checklist*

List of currently contractors:

<b>Business Name</b>	<b>Phone Number</b>	<b>Comments</b>
Handyman	0434 901 089	Lee
Joe's Cleaning	0476 114 333	Joseph Paulic

## CLEANING AND SANITISING

### What is cleaning?

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

### What is sanitising?

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

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

### What needs to be cleaned and sanitised?

Anything that comes into contact with food must be cleaned and sanitised. Items which do not come into contact with food need only be cleaned.

Items to be cleaned and sanitised	Items to be cleaned
Plates and bowls	Floors
Cutlery	Walls
Glasses, cups and mugs	Ceilings
Utensils for preparing and serving food	Rubbish bins
Cutting boards	Windows
Preparation benches	Refrigerators
Storage containers and trays	Cool rooms and freezer rooms
Food display units	Light fittings
Food preparation sinks	Cupboards and shelves
Hand wash basins	Cleaning equipment (mop, buckets etc)

Processing fresh food using dirty equipment will transfer contamination and possibly harmful bacteria. Food utensils and equipment must be cleaned and sanitised before each use and between being used for raw food and ready-to-eat food. Equipment and utensils may also need to be cleaned and sanitised if they have been used for long periods to prepare or process potentially hazardous foods, eg. meat slicers. The surfaces that food may come in contact with must also be cleaned and sanitised.

### **Planning for cleaning**

When planning your cleaning and sanitising program, remember the following points:

- start at the back and work towards the front. Start high and work your way down;
- single-use paper towels are better than cloths. If you use cloths, they must be washed in hot water and allowed to dry after every use;
- use the right size brush or cleaning tool for each task;
- use food-grade detergents and sanitisers, always following the manufacturers instructions;
- clean as you go;
- keep cleaning chemicals away from food storage areas;
- disassemble equipment such as the meat slicer before starting to clean it;
- a dishwasher will sanitise most small equipment, cutlery, plates and glasses, but drip-dry equipment or use clean tea towels where this is not possible;
- educate staff on correct cleaning and sanitising procedures;
- provide regular checks on cleaning carried out and instruct staff where required;
- make sure the containers for garbage and recycled matter are large enough for the amount of waste you produce and are capable of being easily cleaned; and
- ensure that all equipment used for cleaning (eg. mops, buckets, cloths, brooms etc) are also kept clean.

### **Cleaning procedures and records**

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

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

### **Six steps to proper cleaning**

1. Pre-clean: scrape, wipe or sweep away food scraps and rinse with water;

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

## Sanitising

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

To sanitise:

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

	With household bleach (4% chlorine)			With commercial bleach (10% chlorine)		
Minimum water temperature	49°C	38°C	13°C	49°C	38°C	13°C
Concentration required	25 ppm	50 ppm	100 ppm	25 ppm	50 ppm	100 ppm
5 litres	3.12 mL	6.25 mL	12.5 mL	1.25 mL	2.5 mL	5 mL
10 litres	6.25 mL	1.5 mL	25 mL	2.5 mL	5 mL	10 mL
15 litres	31.25 mL	62.5 mL	13.5 mL	12.5 mL	25 mL	50 mL

ppm – parts per million

Please refer to:

- *WVELC Cleaning and Maintenance Policy*
- *Kitchen cleaning checklist*

## **PERSONAL HYGIENE AND HEALTH OF FOOD HANDLERS**

Food handlers' personal hygiene practices and cleanliness must minimise the risk of food contamination.

The most important things food handlers need to know are that they must:

- do whatever is reasonable to prevent their body, anything from their body or anything they are wearing, coming into contact with food or food contact surfaces;
- do whatever is reasonable to stop unnecessary contact with ready-to-eat food;
- wear clean outer clothing, depending on the type of work they do;
- make sure bandages or dressings on any exposed parts of the body are covered with a waterproof covering;
- do not eat over unprotected food or surfaces likely to come in contact with food;
- do not sneeze, blow or cough over unprotected food or surfaces likely to come into contact with food;
- do not spit or smoke where food is handled; and
- do not urinate or defecate except in a toilet.

### **Hand washing**

Food handlers are expected to wash their hands whenever their hands are likely to contaminate food. This includes washing their hands:

- immediately before working with ready-to-eat food or after handling raw food;
- immediately after using the toilet;
- before they start handling food or go back to handling food after other work;
- immediately after smoking, coughing, sneezing, using a handkerchief or disposable tissue, eating, drinking or using tobacco or similar substances; and
- after touching their hair, scalp or a body opening.

Please refer to:

- *WVELC Handwashing guidelines procedure*

The food safety supervisor must also oversee personal hygiene requirements that aim to prevent contamination of the food resulting from the actions of a person handling food. Preventative measures include:

- washing hands;
- wearing clean clothing;
- avoiding contact with food; and
- covering wounds.

## THE HEALTH OF FOOD HANDLERS

It is very important that people who may be suffering from or carrying certain illnesses or suffering from some conditions do not handle food or food contact surfaces. This is particularly important if they are likely to contaminate food while they are working.

If a food handler has...	The food handler will...
One or any of the following symptoms of foodborne disease: <ul style="list-style-type: none"> <li>• diarrhoea</li> <li>• vomiting</li> <li>• sore throat with fever</li> <li>• fever</li> <li>• jaundice</li> </ul>	<ol style="list-style-type: none"> <li>1. Immediately inform the food safety supervisor</li> <li>2. Seek medical attention</li> <li>3. Not return to work until they have been symptom free for 48 hours</li> </ol>
Been diagnosed with any of the following foodborne diseases: <ul style="list-style-type: none"> <li>• Hepatitis A</li> <li>• Norovirus</li> <li>• Typhoid fever</li> <li>• Shigellosis</li> <li>• Staphylococcal or Streptococcal disease</li> </ul>	<ol style="list-style-type: none"> <li>1. Cease all contact with food and food contact surfaces</li> <li>2. Not return to food handling duties until medical clearance is provided</li> </ol>
An exposed wound or cut or infected skin sore	Cover with a bandage and highly visible waterproof colouring
Any discharge from their ears, nose or eyes	Take medication to stop any nasal or other discharge that may contaminate food

The supervisor will not disclose any of the above medical information to anyone with the exception of the proprietor of the business or a food enforcement officer, without the consent of the food handler. The company will not use this information for any purpose other than to protect food from contamination.



## TEMPERATURE CONTROL

Temperature control and monitoring is usually the first thing people think of and do to ensure safe food. The basis of Temperature control is to prevent the multiplication of food poisoning bacteria by either lowering or raising the temperature to a point where the bacteria either die or stop multiplying.

However, bacteria require certain environmental conditions for optimal growth. These are:

- temperature (between 5°C and 60°C – the temperature danger zone);
- time (bacteria double every twenty (20) minutes in optimal conditions);
- pH (around 7 or neutral);
- water; and
- protein (food source).

By controlling, one or more of these elements, you can control bacterial growth. Water and pH are controlled in manufactured products such as tinned, pickled or dried foods. You can easily manage time and temperature of your food.

## PEST CONTROL

A pest is any animal that could contaminate food, either directly or indirectly. It includes, but is not limited to, birds, rodents, insects and arachnids (spiders).

### Preventing pests

Service must prevent pests, to the extent that it is practicable, from entering your premises and eradicate any pests that do enter. Excluding pests reduces the opportunities for contamination of food. Pests transmit spoilage and food poisoning micro-organisms, damage food and food packaging and might contaminate food with their bodies, faeces, urine and hair. In addition to contaminating food, rats and mice might nest in roof spaces and damage cables and pipes by gnawing.

The type of pest-proofing measures required will vary across Queensland. However, there are many well-known measures that will limit access by pests, such as:

- pest-proof doors and entrances into the building with flyscreen doors or self-closing doors;
- install mesh screens at opening windows or other ventilation openings;
- ensure drains, grease traps and ventilation pipes are sealed;
- seal openings where pipes pass through external walls to prevent pests such as rats and mice entering food handling areas; and
- install appropriate flashing to the base of wooden doors if there is a problem with mice gaining access through doorways.

It is not intended that premises be pest-proofed when there is no likelihood of pests gaining access. In some instances the exclusion measures may be more appropriate to the whole complex, as in the case of a shopping mall containing a food hall.

Please refer to:

- *WVELC Cleaning and Maintenance Policy*

List of currently contractor:

Business Name	Phone Number	Comments
AMC	0487 979 117	Michael

Pest control conducted every 3 months. Records held on file in the office.

## WASTE MANAGEMENT

### Storage of garbage and recyclable matter

Storage facilities are intended to include all the areas and equipment used in connection with garbage and recyclable material storage. It includes:

- outside storage areas where bins are stored;
- garbage rooms or refrigerated garbage rooms;
- garbage chutes;
- bins, hoppers and other storage containers whether used outside the buildings or in food handling areas; and
- compactor systems and the rooms in which they are kept.

'Garbage and recyclable matter' includes food waste, paper, cardboard, glass, metal (whether recycled or not) and any other waste material produced by the business that has to be stored before it is removed.

The areas and bins where garbage and recyclable matter is stored must be able to be easily and effectively cleaned. Your food safety program should cover the process of storage and removal of garbage and recyclable matter, along with the process and frequency for cleaning storage area and bins.

A food business must maintain the food premises to a standard of cleanliness where there is no accumulation of garbage, except in garbage containers; recycled matter, except in containers; food waste; dirt; grease; or other visible matter.

Waste food must be separated from other foods so that it cannot be used for human consumption. Waste food can include:

- food which has been left over by a customer;
- food which may have been contaminated and unsafe to consume;
- food that may be contaminated by pests, dirt or dust;
- food that may be contaminated by chemicals;
- food which is past its "use by" date;
- food that has been outside temperature control; and
- recalled food.

## **PRODUCT RECALL SCHEDULE**

Food manufacturers, wholesalers, distributors and importers are required to have a written Food recall plan. While your catering or retail premises may not operate as one of the above business types, they may be part of another business' recall plan and therefore are likely to play an important part in the retrieval of recalled food.

If you are required to remove recalled stock from sale, you must ensure the food is:

- removed from sale immediately;
- clearly identified as recalled food; and
- held and kept separate from all other foods until it is disposed of in accordance with the instructions provided as part of the recall. Instructions will be provided by either the supplier of the food, or directly from the government enforcing the recall process.

Please refer to:

- *WVELC Food recall list*

## CUSTOMER COMPLAINTS

It is important to determine the cause of a customer complaint so that you can prevent the problem from re-occurring.

If a complaint is received, the following actions should be taken:

- record when the complaint was reported, the person who reported the complaint and the product the complaint is related to;
- record details such as pack size, weight and batch number if appropriate or a general description of a menu item, ingredient or dish;
- when these details have been recorded you will need to check the other records, such as food receipt and storage to determine if there were any problems detected; and
- if you find that the complaint may have resulted from lack of knowledge by staff, limited storage space, cross contamination, pests or as a result of products supplied by your supplier, then you will need to record what steps you followed to prevent the problem from re-occurring. This may also include amending your food safety program to prevent recurrence of the problem.

Examples of possible actions to take to prevent complaints from reoccurring are:

- re-training staff in the proper implementation of the food safety program;
- improve or update the maintenance of buildings or equipment; and
- if the supplier provided a poor quality product, you will need to inform the supplier and note the action taken by the supplier to prevent this problem happening again. If you have continuous problems with a supplier you should change to a supplier who can provide you with a constant quality product.

Please refer to:

- *WVELC Grievance Policy*

## **SKILLS AND KNOWLEDGE**

### **Staff responsibilities**

An employee schedule allows you to record relevant information about the duties of employees involved in the handling of food. Assigning duties required by the food safety program to an individual or a position ensures that the duties are completed.

Food handlers in your premises are required to comply with your food safety program. The form may be used as a guide to recording employee's duties.

### **Food handler skills and knowledge**

Food handlers are required to have skills and knowledge in food safety and food hygiene that is appropriate to the activities they perform.

Food handlers are only required to acquire the skills and knowledge they need to perform their activities.

All food handlers and supervisors of food handling operations are required to have an adequate level of skills and knowledge of food safety for the work they do.

### **Strategies to ensure food handlers have the skills and knowledge required**

- staff, supervisors and managers should attend food safety courses conducted by local government or industry bodies;
- in-house training by business employees or the proprietor;
- distribution of relevant documentation to employees;
- having operating procedures in place that clarify the responsibilities of food handlers and supervisors;
- hiring a consultant to present a course to business employees; and
- formal training courses.

### **Staff training**

Developing and maintaining staff training will enable staff to meet the skills and knowledge requirements of the Food Safety Standards and comply with the food safety program. These standards require anyone undertaking or supervising food handling to have skills and knowledge of food safety and food hygiene matters, appropriate to their work activities.

Formal training is not necessarily required by all staff. Training can be defined as anything that increases the skills and knowledge of food handlers. There are many different things you can do and factors you should take into account to ensure that food handlers have the skills and knowledge they need for their work.

Examples:

- 'in house' training by other staff, the owner of the business or using a suitable training kit;
- giving staff food safety and food hygiene information from reliable sources to read

Woden Valley Child Care Centre Association Incorporated

---

## Handwashing guidelines / procedure

**Date Reviewed:**

April 17, 2021

**Regulation:**

168 (2)(e)

**Standards:**

2.3.1 & 2.3.2

---

### Aim

To provide a safe environment at the Woden Valley Early Learning Centre (WVELC) through following appropriate handwashing guidelines.

### Guidelines

#### When should hands be washed?

##### Staff

- Employees to wash hands upon arrival at WVELC.
- Immediately before handling food, preparing bottles, or feeding children.
- After handling food.
- Before handling clean utensils or equipment.
- After using the toilet, assisting a child in using the toilet, or changing nappies.
- After handling of body fluids (e.g., saliva, nasal secretions, vomitus, faeces, urine, blood, secretions from sores).
- After handling soiled items such as garbage, mops, cloths, and clothing.
- Whenever hands are visibly soiled.
- After removing disposable gloves.
- After handling animals or animal cages.
- After gardening or sand play.

##### Children

- Children shall wash hands upon arrival at WVELC.
- After each nappy change or visit to the toilet.
- Immediately before eating meals or snacks.
- Before and after water activity.
- After playing on the playground.
- After handling animals or animal cages.
- Whenever hands are visibly soiled.

### Procedure

1. Always use warm, running water and a mild, preferably liquid soap;
  2. Wet hands and apply a small amount of liquid soap (10 to 20 cent coin size);
  3. Rub hands together vigorously with soap and warm water for 20 seconds;
  4. Be sure to wash all surfaces of the hands, including the backs of hands, palms, wrists, under fingernails, and between fingers;
  5. Rinse hands well for 10 seconds, leaving the water running;
  6. Dry hands with a paper towel;
-



7. Turn off the tap using the paper towel.

Woden Valley Child Care Centre Association Incorporated

---

## Hazardous plants

**Date Reviewed:**

April 17, 2021

**Regulation:**

168 (2)(h)

**Standards:**

2

---

### **Aim**

To provide a safe environment for children to play and learn in, noting there are some potential risks associated with hazardous vegetation, and that many common plants may pose a health risk if consumed, or may cause various types of skin irritation.

### **Policy**

Educators have a duty of care to ensure all areas accessible to children are safe and free from hazards.

- Where possible, any plants that are poisonous or capable of causing allergic reactions (and those with berries or hard seeds) will be identified and made inaccessible to children.
- If plants posing a protentional risk cannot be removed, WVELC will develop a risk management plan in regards to the plants on WVELC premises.

A list of poisonous plants is available from the KidSafe website. Contact the POISONS INFORMATION CENTRE: 13 11 26 to discuss the appropriate first aid if a child should ingest ANY plant or gardening product.

---

Woden Valley Child Care Centre Association Incorporated

---

## Hazardous products and managing spills policy

Date Reviewed:

Regulation:

Standards:

April 17, 2021

168 (2)(h)

2

---

### Policy:

Educators will ensure frequently used products are stored out of reach of children and in appropriately labelled containers.

Hazardous products and medications will be stored in a locked cupboard and out of children's reach. Cleaning agents will be clearly labelled for easy further identification while applying first aid.

The Woden Valley Child Care Centre and grounds will be kept free of rubbish and accumulated hazardous materials and every effort made to maintain a vermin-free environment.

Where it is necessary to remove items contaminated with bodily fluids or secretions these will be handled with extreme caution. All the necessary hygiene practices and personal protection will be applied. Please refer to **managing spills of blood and other body fluids procedure**.

---

Woden Valley Child Care Centre Association Incorporated

---

## Illness and exclusion policy

**Date Reviewed:**

April 17, 2021

**Regulation:**

85, 86, 87, 88, 89

**Standards:**

2.1

---

### Statement

It can be difficult for families to know when their child is sick enough to need to stay home from childcare. Families can experience problems when trying to take time off work or study to care for an ill child at home. Obtaining paid leave from work and facing negative attitudes about leave in the workplace can cause stress for families. They can also experience guilt when taking time off work or study to care for a sick child or when they send a child to care who is not well.

However, it is important that families maintain a focus not only on the wellbeing of their own child but also upon the wellbeing of other children and the childcare professionals at Woden Valley Early Learning Centre (WVELC). Although it can be difficult for working families to care for ill children, in the interest of all children's health, it is important that parents/guardians follow WVELC's policy for the exclusion of ill children.

WVELC has a duty of care to ensure that all children, staff and volunteers are provided with a high level of protection during the hours of WVELC's operation. The purpose of this policy is to guide WVELC to manage illness and prevent the spread of infectious illnesses.

The policy will assist WVELC to:

- Meet children's needs when they are unwell;
  - Develop individual health plans (where required);
  - Identify symptoms of illness;
  - Monitor and document the progress of an illness;
  - Guide staff actions when symptoms change;
  - Notify parents/guardians or emergency contact persons when a symptom of an infectious illness, disease or medical condition has been observed;
  - Notify stakeholders when an infectious illness has been confirmed by a doctor;
  - Assess when an illness is an emergency, e.g. is life threatening;
-

- Assess when an illness requires immediate medical attention, e.g. is potentially serious;
- Assess when an illness requires medical advice, e.g. is potentially infectious;
- Identify exclusion guidelines and timeframes; and
- Identify when an illness is no longer infectious.

#### **Please Note**

*It is understood by staff, children and families that there is a shared responsibility between WVELC and other stakeholders that the Illness Policy and Procedures are accepted as a high priority and are NOT flexible.*

*In meeting WVELC's duty of care, it is a requirement that management and staff implement and endorse WVELC's Illness and Exclusion Policy and Procedures.*

#### **Aim**

Children and staff may become ill during their time at WVELC. This policy and procedures have been developed to ensure that parents, staff and visitors understand what must occur in the event of an illness.

#### **Strategies and practices**

WVELC has adopted the ACT Department of Health's recommendations regarding the exclusion of children from Heritage because of illness. The publication *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care (5th Edition, 2013)*, developed by the National Health Medical Research Council, will be consulted as a means to give up-to-date information to parents and staff regarding specific illnesses and ways to minimise the spread of infection within WVELC. Please note that WVELC exclusion times may override ACT Health Department guidelines and that the Director or next most senior staff member (Level 4) on site has the final say on whether a child is able to stay at WVELC, as well as overriding a doctor's certificate permitting attendance.

#### **Policy**

##### Supporting children's individual health needs

At enrolment and orientation, WVELC will discuss with families their child/ren's general and current health status. This information will be documented on the enrolment form.

WVELC will develop individual health plans - **risk minimisation plans** - for children with allergies or other medical conditions such as anaphylaxis, asthma or diabetes. These plans further assist staff when observing and monitoring children's health needs.

##### Identifying signs and symptoms of illness

**Staff are not health care professionals and are unable to diagnose an illness** – this is primarily the responsibility of medical practitioners. To ensure that symptoms are not infectious and minimise the spread of an infection, medical advice should always be sought. WVELC will ensure that staff are aware of symptoms which may indicate a possible infection or serious medical illness or condition.

Symptoms indicating an illness may include:

- Behaviour that is unusual for the individual child, such as child who is normally active and who suddenly becomes lethargic or drowsy;
- High temperature or fever;
- Loose bowel movement;
- Faeces which is grey, pale or contains blood;
- Vomiting;
- Discharge from the eye or ear;
- Skin that displays rashes, blisters, spots, crusty or weeping sores;
- Loss of appetite;
- Dark urine;
- Headaches;
- Stiff neck or other muscular and joint pain;
- Continuous scratching of scalp or skin;
- Difficulty in swallowing or complaining of a sore throat;
- Persistent, prolonged or severe coughing; or difficulty in breathing.

(Source: Staying Healthy in Child Care, NHMRC, 2013)

#### Assessing an Infectious Illness

Educators will use description provided in Staying Healthy in Child Care- 5<sup>th</sup> Edition, NHMRC, 2013 to identify when symptoms appear to fit a condition with an exclusion period. The educators will consult their discovery/concerns with more experience staff member, first aid officer or/and Director.

#### Assessing when an illness is an emergency

An illness is considered an emergency when the child is exhibiting respiratory or circulatory (shock) failure and/or is unconscious.

1. Staff will commence first aid.
2. An ambulance will be called immediately.
3. Parents/guardians and/or emergency contact persons will be notified.

#### Assessing when an illness requires immediate medical intervention

---

For the purpose of this policy, 'immediate medical attention' is when the symptoms may indicate that the illness is potentially serious, for example, a child complains or displays symptoms of intense pain etc.

1. Staff will commence first aid.
2. Parents/guardians and/or emergency contact persons will be notified and requested to take their child to a hospital or doctor immediately.
3. If parents/guardians and/or emergency contact persons cannot be reached an ambulance will be called.

#### Assessing when an illness requires medical advice

For the purpose of this policy, 'medical advice' is defined as when symptoms may indicate that the illness is potentially infectious, for example, continuous, 'sticky' eye discharge.

1. Staff will provide first aid where necessary.
2. Parents/guardians and/or emergency contact persons will be notified and instructed to collect their child immediately.
3. Depending on the nature of the illness, the child will only be able to return to WVCLC following presentation to the Director of a medical certificate stating that the child is well enough to attend childcare.

#### **Allergic reactions**

In case if the child is displaying anaphylactic reaction symptoms, the staff is to:

1. Provide first aid (including usage of available Junior EpiPen)\*
2. An ambulance will be called immediately.
3. Parents/guardians and/or emergency contact persons will be notified.

\* In the event another's child's EpiPen was used, both children should be taken to the hospital and their parents/guardians informed of the situation immediately.

#### **High temperatures or fevers**

*High temperature or fever is one of the most common reasons why children visit a medical practitioner and is generally considered to be a mechanism that indicates the body is experiencing an infection (Staying Healthy in Child Care, NHMRC, 2013).*

Various recognised authorities define a child's normal temperature within a range of 36.5°C to 37.5°C (measured in the ear), and this depends on the age of the child and the time of day. Any child with a high fever of 39°C and above should not attend WVCLC. They should be examined by a medical practitioner carefully to exclude serious infections.

Young children can often develop a temperature when teething. As mentioned above, the educators are not qualified to determine the reason for high temperature. Standard procedure will apply if child's temperature is raising up.

---

### When a child has a high temperature

1. 1. Parents/guardians will always be alerted when a child registers a temperature of 37.5°C or above. The child does not need to be collected from WVELC at this point.
2. Staff will note any other symptoms that may develop with the high temperature (for example, a rash or vomiting). If this is the case, a parent/guardian or emergency contact person will be asked to collect the child.
3. When a child registers a temperature of 38°C or above as measured in the ear a parent/guardian or emergency contact person will be notified and requested to collect their child as soon as possible (within one hour). **The child will not be permitted to return to WVELC for a further 24 hours, from the time the last dosage of Panadol/Nurofen was administered, or when the fever has stopped.**

*[Scenario: Child was collected from care at 10am on Monday. Child continued to have a high temperature overnight. Parent/guardian administered last dosage of Panadol on Tuesday at 2pm. The fever then stopped and did not return. Child will be excluded from care until Wednesday 2pm.]*

4. Staff will attempt to reduce a child's fever by undertaking the following:
  - Encouraging the child to drink plenty of water, unless there are reasons why the child is only allowed limited fluids;
  - Removing excessive clothing;
  - Sponging lukewarm water on the child's forehead, back of neck and exposed areas of skin, such arms or legs.

### When a fever requires immediate medical attention (39.5°C and above)

There are several indicators or factors that define when a fever requires immediate medical attention. These include where the child:

- Registers a temperature of 39.5°C or above (when measured in the ear);
  - Is less than 6 months old (39°C);
  - Has an earache;
  - Has difficulty swallowing;
  - Is breathing rapidly;
  - Has a rash;
  - Is vomiting;
  - Has a stiff neck;
  - Has bulging of the fontanelle (the soft spot on the head in babies); or
-



- Is very sleepy or drowsy.
1. Staff will commence first aid.
  2. Parents/guardians and/or emergency contact persons will be notified and requested to take their child to a hospital or doctor immediately.
  3. If parents/guardians and/or emergency contact persons cannot be reached, an ambulance will be called.

**WVELC does not keep any analgesic medications (Panadol or Nurofen) on the premises.**

### **Common colds - Caring for a child who is unwell**

Viral upper respiratory tract infections – the common cold - are very common in children occurring 6-8 times a year on average. Children may show symptoms including coughing, runny nose and a slight temperature however do not display symptoms of an infectious illness that requires exclusion.

In cases like these an assessment needs to be made by the Room Leader (Level 4) in conjunction with the Director to determine if the child is well enough to continue at WVELC or if the child requires parental care.

**WVELC reserves its right to refuse care to a child who seems to unwell and is unable to participate in all aspects of the program (including outdoor play).**

### **Diarrhea and/or vomiting**

Parents/guardians should keep child out of childcare or/and will be notified to collect their child from the centre if the child has any of the following signs:

- Throws up (vomits) more than once;
- Has two or more loose, watery, unformed stools (diarrhea) in short period of time or while in care, not caused by a change in diet or medicine; especially if it runs out of the nappies or underwear.

### Monitoring and documenting symptoms of an illness

Documenting symptoms is crucial to the success of monitoring an illness, especially when the conditions change and the child becomes increasingly unwell. Daily records are an important way of communicating to a parent/guardian how their child's illness has developed or been managed by educator.

Paramedics, medical practitioners and hospitals also may use the information collected from educators to diagnose an illness. For example, documenting a child's temperature every 15

---

minutes assists WVELC to determine how quickly the temperature is rising and the possible severity of the illness.

### **Exclusion guidelines for an infectious illness**

1. Staff will apply first aid as needed.
2. Staff will isolate the child under supervision if a contagious condition is suspected.
3. Staff will inform the Director of the suspected condition.
4. Staff or the Director will notify a parent/guardian or emergency contact person of the child's condition.
5. The child must be collected from WVELC immediately (within one hour) to ensure any infection is contained as much as possible.
6. Staff or the Director will advise the parent/guardian or emergency contact person/s when the child may return to WVELC as per the Staying Healthy in Child Care -5<sup>th</sup> Edition, 2013.

### **Notifying parents/guardians or emergency contact persons when an illness is present**

If the infectious disease is identified, WVELC will display appropriate notifications to inform families, visitors and educators entering the premises.

### **Please note: Unimmunised children may be excluded from care.**

A minimum of three emergency contact people (residing in ACT or close to ACT border) is required for each child (for example, mother, father, grandmother). The emergency contact person must be able to either drive the child home or stay with them at WVELC until a parent/guardian can be contacted. It is parent/guardian's responsibility to ensure the emergency contacts are up to date.

1. When a child displays symptoms of an illness, parents/guardians will be contacted in the first instance.
  2. WVELC will always endeavour to contact parents/guardians listed on the child's enrolment form prior to proceeding to the emergency contact persons.
  3. When a child needs to be excluded from WVELC, parents/guardians will be contacted and requested to collect the child immediately (within one hour). If they are unable to be reached, the emergency contact person will be called. If the emergency contact person cannot be reached, the child will continue to be isolated (and supervised) until such times as a contact is reached.
  4. When the parents/guardians and emergency contact persons are unable to be contacted in an emergency or where immediate medical intervention is required,
-

WVELC will proceed with the steps outlined in the relevant section above. This may involve calling an ambulance or medical practitioner (at a cost to the parent/guardian) to seek assistance and intervention.

## **References**

Staying Healthy in Child Care –5th Edition (2013)

---

Woden Valley Child Care Centre Association Incorporated

---

## Incident, injury, trauma and illness policy and procedures

Date Reviewed:

April 17, 2021

Regulation:

168

Standards:

3

---

### Aim

Educators and visitors will be aware of the Woden Valley Early Learning Centre's (WVELC) practices and work together towards the prevention of accidents to children, educators, families and visitors. Educators will treat all accidents and injuries following their first aid training and will seek the assistance of the emergency services if deemed necessary.

### WVELC will

- Ensure all educators and all certified supervisors hold current first aid qualifications (HLTAID004), which includes Asthma and Anaphylaxis training.
- Ensure that each first aid kit is stocked with required and in-date items.
- Maintain records of each incident, injury and trauma.
- The Director will notify the Children's Education and Care Assurance and WVELC's insurance company where a serious accident has occurred requiring the child to be taken to a doctor or hospital.
- Provide debriefing/counselling support when required.
- Carry out regular reviews of each room, noting the incidents and injuries which have been recorded in the area, and attending to required changes.

### Educators will

- Maintain their current first aid qualifications.
  - Remain with the child until they either recover or are handed over to parents/guardians or emergency services.
  - Delegate others if help or assistance is required.
  - Complete an injury, incident, trauma and illness report.
  - Make a contact with the child's family (if required\*) – team leader or senior staff member.
  - Ensure that the report is signed by a parent/guardian and that they are briefed on the event.
-

- In the instance of a child becoming ill, the educators will monitor their condition through temperature checks (every 15-20 minutes) and maintain a record of observations. The parents/guardians will be contacted as soon as possible to have the child sent home where needed.

#### **In case of serious incident**

- If an emergency situation occurs at all times the child's condition will take priority, first aid will be administered, an ambulance will be called, and the family contacted.
- Regulatory Authority must be notified within 24 hours of becoming aware of a serious incident. A serious incident meaning an incident or class of incidents prescribed by the National Regulations as a serious incident.
- WVELC's appointed First Aid Officer will be informed of the situation and is required to attend the situation immediately.

#### **Other**

- Educators not immediately involved in the treatment of injured or ill person must attend to the other children.
  - In circumstances where the child can be moved, it may be appropriate to move them to a quiet area where first aid can be administered. It is essential that the child is constantly reassured and comforted.
  - When treating an injury involving contact with blood and body fluids, educators must use disposable gloves. Any cloths used to treat the injury, and the disposable gloves, must be placed in a sealed bag for disposal.
-

**\*contact with family requirements:** bleeding or skin opening (such as abrasions, scratches or cuts); injury is obviously visible or is worsening; injury is to the face or head; bites (insect, animal or human); cutting of hair or severe scratches on skin; burns (including sunburn).

---

Woden Valley Child Care Centre Association Incorporated

---

## Infection control during the COVID-19 pandemic

**Date Reviewed:**

February 6, 2023

**Regulation:**

84 & 168 (2)(h)

**Standards:**

2.1

---

**Aim:**

The intent of this policy is to ensure best practice is implemented to protect the centre/service community during a pandemic. The policy is based on current ACT Health advice.

**Objective:**

The following policy aims to ensure the safety and protection of all stakeholders accessing or using an early childhood education and care facility during the COVID - 19 pandemic.

The policy will address who maintains the lead in the critical situation, the key protection strategies that must be in place, communication that must be maintained, and actions required should a cases of COVID-19 infection occur.

**Policy:**

**Protecting students, children, educators, auxiliary staff, families and community members.**

This set of suggestions should be used as a guide in the development of procedures that will be unique to each context, covering the requirements outlined below.

*Ventilation:* adequate airflow in the service helps to ensure the safety of staff and children. Services should also consider opportunities to utilize outdoor play areas as they are considered one of the best environments for preventing transmission.

*Vaccinations for staff:* All Woden Valley ELC staff members must be vaccinated. Records of vaccination are to be provided to Nominated Supervisor and will be stored on individual files of each staff member.

---

*Adequate cleaning:* High traffic areas of the service must be comprehensively cleaned regularly. This includes door handles, doorknobs, coded door entry pads, exit buttons and so on. Every toy and every surface will also require regular cleaning. In the case of infant areas mouthed toys should be removed immediately when the child is no longer engaged with the item and cleaned with disinfectant and detergent.

*Hygiene:* Hand washing/ hand sanitizing is critical and should be conducted on entry to the centre, before and after consuming food and drink, after going to the bathroom, after cleaning children's faces.

*Mask wearing:* Masks wearing is now optional. We allow both families and staff to choose if they wish to wear masks on the premises.

Centre will no longer supply the masks in the foyer.

*Social distancing:* General Health advice is to maintain a physical distance of 1.5 meters from others. However, this will not always be practical in an education and care setting and regulatory space requirements have not changed.

Social distancing with and between children is not practicable but the following additional strategies will decrease the risk of transmission.

- Consider small group play, staggered mealtimes and indoor / outdoor play opportunities whenever possible.
- Windows should be opened during the day to promote air flow where possible.
- Consider operating an indoor/outdoor program for the full day/session. This provides more space for the children and the setup of more activities for children to engage in.

## **Communication**

*Emergency contact:* It is critical that after-hours emergency contact details in the NQAITS are up to date and are specific to each service.

*Contact details:* Contact details of each child's parent/guardian/authorized emergency person, must be current. Contact details for ACT Health, the Regulatory Authority and emergency services must be kept on hand in case of a critical situation.

*Updates:* Services must ensure that staff and families are immediately informed of any changes to the operation of the Service.

---



### **Action in the event of a positive COVID-19 case**

As per advice from the Department of Education, the COVID-19 is to be treated as an infectious disease. Service no longer has to report the positive cases nor issue letters to families.

*Exclusion:* ACT Health doesn't require any isolation. Our Service will continue the 3 days of exclusion from the Service if child or staff member tested positive to COVID-19.

The children in our care require close contact with educators and other children; they cannot keep a distance from each other nor wear masks. The children in our care are also unvaccinated as the vaccine is not yet approved for them.

*Returning from overseas:* Australia no longer requires pre-entry COVID-19 tests. As with any sickness, if the child starts to display symptoms, we will send the child home until recovered from sickness.

### **Related Policies and Procedures:**

- Coronavirus Management Policy
-

Woden Valley Child Care Centre Association Incorporated

---

## Abandoned or uncollected child/ren procedure

<b>Date Reviewed:</b>	<b>Regulation:</b>	<b>Standards:</b>
April 3, 2021	99, 158-159, 168(2)(f)	2.3.1, 2.3.2

---

### Aim

To provide clarity around the process where a child/ren are uncollected or deemed to be abandoned. This policy respects the role of parents/guardians/families, their values and expectations; noting these will be considered, but the care and protection of children is paramount.

### Late collection

It is the responsibility of parents/guardians to collect their child/ren from the service prior to the Woden Valley Early Learning Centre's (WVELC) closure (**6pm**). All children are required to have left WVELC by the stated closing time.

In the event where children have not left WVELC by closing time a late collection fee of **\$10 per child per minute** will be applied to the next invoice. Please note that WVELC is only licensed until the stated closing time (**6pm**), and staff are only employed until this time and have commitments of their own. Parents who are habitually late will be advised in writing that any further infringement of this rule may mean cancellation of enrolment.

In case of an emergency (e.g., accident, traffic, weather or other unforeseen circumstances) WVELC encourages parents/guardians to contact WVELC as soon as possible and advise us of the estimated arrival time or another authorised person who will be collecting the child/ren. A late collection fee will still apply.

### Uncollected child

In the event a child/ren is left in an educator's care beyond the operational hours and a parent/guardian fails to arrive or notify within five minutes from closure, the educators will follow the procedure as outlined below:

#### Procedure for an uncollected child

1. Ensure the child/ren remain in the care of the educator. Two adults will remain on the premises at all times with the child/ren;
  2. Attempt to contact the primary parent/guardian (both if listed on the enrolment forms); and
  3. Attempt to contact all people nominated as emergency contacts:
-

- If successful, ask the authorised emergency contact person to collect the child/ren immediately
- If successful, but the authorised emergency contact person refuses or is unable to collect the child/ren, continue the following steps
- Attempt to contact the primary parent/guardian again; if there is no response, the WVELC Director will be contacted if child/ren has not been collected by 6:15pm.

WVELC Director will

1. Arrive at WVELC or instruct a responsible person of the further steps;
  - If the Director cannot be contacted, at 6.30pm the responsible person is to proceed with the following steps.
2. Call the police to collect the child/ren;
3. Notify Child Protection Services; and
4. Complete and submit an incident report via the online portal.

**Abandoned child**

In the event that a child/ren is left at the WVELC without current enrolments they will be considered as abandoned. The WVELC Director, or responsible person at that time will follow the procedure as outlined below:

**Procedure for an abandoned child**

1. Ensure the child/ren remain in the care of the educator; and
2. Attempt to contact a parent/guardian (if known, e.g. sibling or previously enrolled at WVELC).

If a parent/guardian cannot be contacted the WVELC Director will

3. Call the police to collect the child/ren;
  4. Notify Child Protection Services; and
  5. Complete and submit an incident report via the online portal.
-

---

## Management of ongoing medical conditions policy

**Date Reviewed:**

April 24, 2021

**Regulation:**

90-96

**Standards:**

2.1.1, 2.1.2, 2.2.1

---

### Aim

To support Woden Valley Early Learning Centre (WVELC) educators in effectively responding to and managing medical conditions including asthma, diabetes and anaphylaxis to ensure the safety and wellbeing of children, educators and visitors.

### Policy

#### Implementation

1. WVELC will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum.
2. A copy of this document will be available to all educators and parents/guardians at WVELC.
3. Room leaders, are responsible for raising any concerns with a child's parents/guardians about any medical condition known to WVELC, or any suspected medical condition that arises.
4. Any child enrolled at WVELC with anaphylaxis, allergies, diagnosed asthma or required medication will not be able to attend without medication prescribed by their medical practitioner. Families are required to provide this information on the enrolment form and are responsible for updating WVELC on any new medication, ceasing of medication, or any changes to their child's prescription.
5. Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the enrolment form and are responsible for WVELC about of these things.
6. Information sharing between the family, WVELC and medical professionals is essential to provide consistent and appropriate care and support for all children with medical conditions.

7. All educators and volunteers at WVELC must follow a child's **medical management plan** in the event of an incident related to a child's specific health care need, allergy or medical condition.
8. WVELC will adhere to privacy and confidentiality procedures when dealing with individual health needs.

#### Information that must be provided in the enrolment form

1. WVELC's enrolment form provides an opportunity for parents/guardians to support WVELC in effectively meeting a child's needs.
2. The enrolment form will include detail of any:
  - Specific health care needs or medical conditions of a child, including, but not limited to, asthma, diabetes, allergies, tube feeding requirements, HIV, cystic fibrosis and whether the child has been diagnosed at risk of anaphylaxis.
  - If a medical condition is identified, a medical management plan should be provided by the child's parents/guardians and registered medical practitioner. This plan should:
    - Have supporting documentation if appropriate.
    - Include a photo of the child.
    - If relevant, state what triggers the allergy or medical condition.
    - Outline first aid needed.
    - Include contact details of the doctor who signed the plan.
    - State when the plan should be reviewed.
3. Copies of the plan should be kept with the child's medication and also accompany them on any excursions.
4. Where there is a medical management plan, a **risk minimisation plan** must be developed and informed from the child's medical management plan.
5. Parents/guardians are responsible for updating their child's medical management plan and/or providing a new plan as necessary - WVELC will ensure to provide reminders to families to do this.
6. Any new information will be attached to the enrolment form and kept on file.
7. A room leader will ensure information that is displayed about a child's medical conditions is updated.

#### Identifying children with medical conditions and communication plans

1. Any critical information that is provided by families relating to medical conditions will be shared with the room leaders, educators and other key staff member at WVELC with a need to know. Individuals will be briefed by room leaders on the specific health needs of each child.

2. Information relating to a child's medical conditions, including the child's medical management plan, medical conditions risk minimisation plan, and the location of a child's medication will be shared with all educators and displayed in areas of prominence to ensure all practices and procedures are followed.
3. All educators at WVELC will follow a child's medical management plan in the event of an incident related to a child's specific medical conditions requirements.
4. All educators at WVELC must be able to identify a child with medical conditions easily, by referring to a photo attached to the medical management plan.
5. All educators and volunteers at WVELC will be able to locate a child's medication easily.
6. All Educators are made aware of the locations of medication by a room leader.
7. The room leaders will ensure the display of information meets privacy guidelines. WVELC can discuss this with families and obtain parent/guardian consent.
8. Communication relating to medical conditions for children will include the following steps:
  - On enrolment, or as soon as a family becomes aware of a medical condition, the family will inform a room leader or the WVELC Director of the medical condition for the child.
  - WVELC will provide a risk minimisation plan and **administration of authorised ongoing medication form** for family to take to a medical practitioner
  - Parents/guardians will return these completed forms.
  - WVELC will update allergy charts and / or medical conditions summary and provide a copy to cooks and display on food trolleys, in each classroom and add to the folder in the WVELC Director's office.
  - If changes occur to the child's condition or the medical plans, the family will inform the WVELC immediately and provide updated medical plans.

#### Medical conditions risk minimisation plans

1. Each child with a medical condition will need to have a medical management plan developed with the child's family and signed off by a medical practitioner. WVELC will use the child's medical management plan, to also develop a medical conditions risk minimisation plan in consultation with the child's parents/guardians and medical practitioner, this will ensure that:
  - Any risks are assessed and minimised;
  - If relevant, practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented (note we will follow all health, hygiene and safe food policies and procedures).

2. All parents/guardians are notified of any known allergens that pose a risk to a child and how these risks will be minimised.
3. A child will not attend WVELC without medication prescribed by their medical practitioner in relation to their specific medical condition.
4. WVELC will provide support and information to all parents/guardians and other members of our community about resources and support for managing allergies, anaphylaxis asthma and diabetes.
5. WVELC will review each child's medication monthly to ensure it hasn't expired.

#### Medical conditions risk minimisation: Anaphylaxis/allergy management

1. Anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
2. Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk. While developing the medical conditions risk minimisation plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, WVELC will:
  - Not allow children to share food, utensils or food containers.
  - Prepare food in line with a child's medical management plan and family recommendations.
  - Request parents/guardians to label all bottles with their child/ren's name.
  - Consider whether it is necessary to change, or restrict, the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
  - Instruct educators on the need to prevent cross contamination.
  - Request all parents/guardians not to send food with their children that contain highly allergenic elements even if their child does not have an allergy by placing sign on the door of each room and the kitchen as reminders.
3. Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy-free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and will take precedence.
4. Instruct food preparation staff and volunteers 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.

5. Closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk, children will not be permitted to 'wander around' WVELC with food.
6. Consult risk minimisation plans when making food purchases and planning menus.
7. Allergic reactions and anaphylaxis are also commonly caused by:
  - All types of animals, insects, spiders and reptiles.
  - All drugs and medications, especially antibiotics and vaccines.
  - Some homeopathic, naturopathic and vitamin preparations.
  - Many species of plants, especially those with thorns and stings.
  - Latex and rubber products.
  - Band-Aids, Elastoplast and products containing rubber based adhesives.
8. WVELC will ensure that body lotions, shampoos and creams used on allergic children are approved by their parent/guardian.
9. Risk minimisation practices will be carried out to ensure that WVELC is, to the best of our ability, providing an environment that will not trigger an anaphylactic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.
10. WVELC will ensure that an auto-injection device kit is stored in a location that is known to all educators, other staff and including relief educators, and is easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.
11. Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:
  - Call an ambulance immediately by dialling 000.
  - Ensure the first aid trained educators/educators with approved anaphylaxis management training provides appropriate first aid.
  - Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

#### Medical conditions risk minimisation: Asthma management

1. Asthma is a chronic lung disease that inflames and narrows the airways. While developing a medical conditions risk minimisation plan WVELC will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:
  - Dust and pollution;
  - Inhaled allergens, for example mould, pollen, pet hair;
  - Changes in temperature and weather, heating and air conditioning;
  - Emotional changes including laughing and stress;



- Activity and exercise.
2. A medical management plan and risk minimisation plan will be completed for each child with asthma. In addition, practices will be carried out to ensure that WVELC is, to the best of our ability, providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.
  3. WVELC will display an asthma chart called **First Aid for Asthma Chart for under 12 years** or **Asthma First Aid** in a key location, for example, in the children's room, the staff room or near the medicine cabinet.
  4. An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, WVELC will ensure first aid trained educators/ educators with approved asthma management training immediately attend to the child.
  5. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, an educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:
    - Sit the child upright and stay with the child and be calm and reassuring;
    - Give 4 puffs of blue reliever puffer medication;
    - Use a spacer if there is one;
    - Shake puffer;
    - Put 1 puff into spacer;
    - Take 4 breaths from spacer;
    - Repeat until 4 puffs have been taken;
    - Shake, 1 puff, 4 breaths;
    - Wait 4 minutes, if there is no improvement, give 4 more puffs as above;
    - If there is still no improvement call emergency assistance 000.
  6. WVELC will ensure that children's asthma first aid kits are stored in a location that is known to all educators, other staff including relief educators, and easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas.

#### Medical conditions risk minimisation: Diabetes

1. Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity. Type 2 diabetes is

managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

2. While developing a medical conditions risk minimisation plan WVELC will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycaemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include:
  - A delayed or missed meal, or a meal with not enough carbohydrates.
  - Extra strenuous or unplanned physical activity.
  - Too much insulin or medication for diabetes.
  - Vomiting.
3. Children with Type 1 diabetes may also need to limit their intake of sweet foods. WVELC will ensure information about a child's diet including the types and amounts of appropriate foods is part of the child's medical management plan and that this is used to develop the risk minimisation plan.
4. Staff will not be injecting children with insulin if diabetic - WVELC are not trained medical officers qualified to undertake this procedure. In the event of major concerns regarding insulin levels of a child then an ambulance will be called.
5. If a child is displaying symptoms of a "hypo" our service will:
  - Ensure the first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
  - Call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.
  - Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

### Skin complaints

1. Rashes are common in children. They can be caused by many different viral infections and may not be infectious. It is important to be able to describe the rash as this may help with diagnosis.
2. When viewing a rash, educators should also consider if the child is unwell. The rash may not affect the child's well-being at all.
3. There are however, usually other signs and / or symptoms to consider in conjunction with a rash. These might include:
  - Fever;
  - Unusual behaviour (cranky or less active; cries more than usual; seems uncomfortable; seems unwell);
  - Loss of appetite;

- Vomiting;
  - Headache; stiff neck;
  - Frequent scratching;
  - Crusty skin / discharge from skin;
  - Diarrhoea;
  - Severe, persistent or prolonged cough;
  - Trouble breathing;
  - Dark, tea coloured urine;
  - Grey or very pale faeces.
4. When observing a rash the following signs should be considered:
- What colour is the rash (dark red like a blood blister? Pink? Red?);
  - What does the rash look like? Small, red, pinheads / fine and lacy / large red blotches / solid red area all joined together / blisters;
  - How does the rash feel to touch? Raised slightly, with small lumps / swollen;
  - Is the rash itchy?;
  - Where on the body did the rash start? (e.g.:- head, neck?);
  - Where is the rash now? (e.g.:- head, neck, abdomen, arms, legs?).
5. Heat Rash – Educators are to remove outer layers of clothing from a child and allow the child to cool down. Rash will be checked again in half an hour to verify if it is disappearing.

### Eczema

1. In the case where children have eczema then an initial medical practitioner's certificate must be produced stating this. The WVELC staff will follow any treatment prescribed by the medical practitioner.
2. Parents/guardians may be asked to complete an administration of authorised ongoing medication form.
3. A child with eczema is not excluded from attending as this is a chronic condition that has to be managed.

### Educator training and qualifications

1. WVELC will ensure that the majority of educators attending the service:
  - Hold a current approved first aid qualification;
  - Has undertaken current approved anaphylaxis management training; and
  - Has undertaken current approved emergency asthma management training.
2. Educators at WVELC recognise how serious anaphylaxis is and will take steps to minimise the possibility of occurrence. WVELC will maintain the following in relation to educator qualifications for anaphylaxis:

- 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
- Trainees, students or casual staff are not permitted to serve food to children.

#### Supervised self-administration of medication by children of preschool age

1. WVELC permits children of preschool age to self-administer ongoing medication, such as insulin or asthma puffer.
2. Educators will supervise the child during this process. To promote consistency and ensure the welfare of all children, educators will ensure each child follows all administration of medication, health and hygiene policies and procedures.
3. The self-administration of medication must be negotiated with, and approved by, the child's parents/guardians. This information will be detailed in the child's medical management plan and the medical conditions risk minimisation plan if appropriate, and the location of the child's medication for self-administration must also be noted and made available to educators.

#### **References**

- Education and Care Services National Regulations 2011
- National Quality Standard
- Asthma Australia
- National Asthma Organisation
- Australasian Society of Clinical Immunology and Allergy
- [www.allergy.org.au](http://www.allergy.org.au)
- Australian Diabetes Council
- Anaphylaxis Australia
- Staying Healthy in Child Care 5<sup>th</sup> Edition

## Managing spills of blood and other body fluids procedure

**Date Reviewed:**

April 24, 2021

**Regulation:**

**Standards:**

2

### Steps and processes for cleaning blood

Size of spill	What to do
Spot or drop of blood less than the size of a 50-cent coin	<ul style="list-style-type: none"> <li>• Wear gloves</li> <li>• Wipe up blood immediately with a damp cloth, tissue or paper towel</li> <li>• Place the cloth, tissue or paper towel in a plastic bag or alternative; seal the bag and put it in the rubbish bin</li> <li>• Remove gloves and put them in the rubbish bin</li> <li>• Wash surface with detergent and warm water</li> <li>• Wash your hands with soap and water</li> </ul>
Small (up to the size of the palm of your hand)	<ul style="list-style-type: none"> <li>• Wear gloves</li> <li>• Place paper towel over the spill and allow the blood to soak in</li> <li>• Carefully lift the paper towel and place it in a plastic bag or alternative; seal the bag and put it in the rubbish bin</li> <li>• Remove gloves and put them in the rubbish bin</li> <li>• Clean the area with warm water and detergent using a disposable cloth or sponge; place the cloth in the rubbish bin</li> <li>• Wipe the area with diluted bleach and allow to dry</li> <li>• Wash your hands with soap and water</li> </ul>
Large (more than the size of the palm of your hand)	<ul style="list-style-type: none"> <li>• Wear gloves</li> <li>• Cover the area with an absorbent agent (e.g. kitty litter or sand) and allow the blood to soak in</li> <li>• Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids</li> <li>• Place the absorbent agent, the scraper and the pan into a plastic bag or alternative; seal the bag and put in the rubbish bin</li> <li>• Remove gloves and put them in the rubbish bin</li> <li>• Mop the area with warm water and detergent; wash the mop after use</li> <li>• Wipe the area with diluted bleach and allow to dry</li> <li>• Wash your hands with soap and water</li> </ul>

### Steps for cleaning faeces, vomit and urine

1. Use **YELLOW** spill bucket and **YELLOW** mop.
2. Wear gloves.
3. Place paper towel over the spill and allow the spill to soak in. Carefully remove the paper towel and any solid matter. Place it in the plastic bag or alternative, seal the bag and put it in the rubbish bin.
4. Clean the surface with warm water and detergent (soapy water), and allow to dry.
5. If the spill came from a person who is known or suspected to have an infectious disease (e.g. Diarrhea or vomit from a child with gastroenteritis), use a disinfectant on the surface after cleaning it with detergent and warm water.
6. Wash your hands thoroughly with soap and running water.

Woden Valley Child Care Centre Association Incorporated

---

## Minimisation of and storage of chemicals and toxic products policy

**Date Reviewed:**

April 24, 2021

**Regulation:**

168 (2)(h)

**Standards:**

2.3 & 3.3

---

### Aim

- To provide a safe environment for all persons using Woden Valley Child Care Centre (WVELC).
- To promote our environmental responsibility through the use of environmentally friendly alternatives.
- To ensure all chemicals and toxic products are stored, handled and diluted correctly.
- Prominently display the **POISONS INFORMATION 13 11 26** hotline number on all phones.

### WVELC will

- Where possible source environmentally friendly cleaning, creams and soaps.
  - Ensure all creams, lotions, soaps are stored in child-safe locations.
  - Ensure laundry and cleaners rooms are locked.
  - Ensure chemical awareness signs are displayed prominently in areas where chemicals are stored.
  - Educate all persons accessing the chemicals on safe handling procedures, gloves, eye protection etc.
  - Educate all persons accessing chemicals in keeping the chemical in hand during use and away from children. **NEVER** leave chemicals unattended.
-

Woden Valley Child Care Centre Association Incorporated

---

## Missing child procedure

Date Reviewed:

May 1, 2021

Regulation:

99, 158-159, 168(2)(f)

Standards:

2.3.1, 2.3.2

---

### Woden Valley Child Care Centre (WVELC) Responsibilities

- WVELC will ensure the premises are secure and will take steps to prevent any unauthorized persons entering the premises.
- Educators will supervise children closely when visiting places in the community, such as the local parks, museums and shops.
- Educators will regularly reconfirm numbers of children throughout the day by conducting head counts.
- Children are kept close to educators when they are away from WVELC.
- Children are taught how to keep safe in the community, and are taught strategies, in the unlikely event they become separated from their educators.

### On discovering that a child has gone missing, WVELC will

1. Immediately perform a search of the surrounding area.
2. Request help from people around:
  - If in a public building, alert the staff of the situation and ask for assistance in searching for the missing child.
  - If in a place where it is possible to seal off exits and access CCTV, then request that this is done immediately.
3. People involved in the search will be given a description of the child and what the child is wearing.
4. People involved in the search to be given areas to check and then get back to the person in charge of the search with their findings.

### If the search is successful (child is found within 30 min), WVELC will

1. Advise the relevant parents/guardians and/or carers of the situation.
2. Report the serious incident to the relevant authorities.

### If the search is unsuccessful (child is not found within 30 min), WVELC will

1. Call the police, providing a description and keep searching the area.
  2. Advise the relevant parents/guardian and/or carers of the situation as soon as is reasonably practical to do so.
  3. Report the serious incident to the relevant authorities.
-



Woden Valley Child Care Centre Association Incorporated

---

## Nappy change procedure

**Date Reviewed:**

July 22, 2024

**Regulation:**

77, 106

**Standards:**

2.3.1, 2.3.2, 2.1.2

---

### Procedure

#### Preparation

1. Before changing a child's nappy, make sure you have everything you need within reach e.g.: disposable gloves, nappies, wipes, paper towel
2. Wash your hands with soap and water and dry thoroughly with paper towel
3. Place paper towel/sheet on nappy change mat
4. Put on disposable gloves on both hands

#### Changing

1. Lie child down on the change table (Always keep a hand on the child to prevent falling)
  2. Remove child's nappy and any other clothing with urine/faeces.
  3. Use the tabs of the nappy to fold the nappy together in order to stop leakage and put in a hands-free lidded bin
  4. Place any soiled clothes (including a cloth nappy) in a plastic bag or wet bag as provided and directed by families
  5. Using wipes, clean the child's bottom and genital area
  6. Hold child's legs up with your fingers between the ankles and gently lift the child's bottom, wiping front to back
  7. Remove the paper towel/mat and put in a hands-free lidded bin
  8. Remove your gloves turning them inside out and dispose in the bin (Do not let your skin touch the outer contaminated gloves)
  9. If nappy cream is required due to nappy rash, place on a new glove
  10. Administer child's nappy cream using your gloved finger to apply generously
  11. Dispose of glove
  12. Open a clean nappy, with fastening tabs towards the top. Lift child's ankles and slip the nappy beneath their bottom
  13. Fold the front flap up, tuck it firmly around baby's waist and secure each tab. Ensure not to make the nappy too tight.
  14. Dress the child
  15. Remove child from the change table
  16. Wash your hands and the child's hands
-

## Cleaning

1. After each nappy change, clean the change table with disinfectant and warm water, rubbing with paper towel
2. Dispose of paper towel
3. Wash and dry your hands thoroughly with soap and water
4. At the end of each day, thoroughly wash the nappy change mat and nappy change area with soap and water. Allow the change mat to dry, preferably in the sun.
5. Disinfect area with bleach solution in the event of spills (urine/faeces/vomit). Additional hygiene measures must be implemented to reduce spread of diseases such as gastroenteritis

**IMPORTANT: Never leave a child unattended on a change table!**

---

## Nappy changing and toileting policy

<b>Date Reviewed:</b>	<b>Regulations:</b>	<b>Standards:</b>
May 1, 2021	156, 103, 105, 106, 109, 115	2

---

### Aim

Woden Valley Early Learning Centre (WVELC) aims to meet the needs of all children by providing a clean, safe and hygienic place for nappy changing and toileting.

We believe that nappy changing and toileting rituals are valuable opportunities to promote children's learning, meet individual needs and to develop strong relationships with children. Having their needs met in a caring and responsive way builds trust and security which relates strongly to the Early Years Learning Framework.

### Purpose

We aim to ensure best practice guidelines are adhered to for nappy changing and toileting - ensuring the area is hygienic, reducing the spread of infectious disease.

### Implementation

WVELC accepts enrolments of children who have not yet been toilet trained.

Nappy changes and toileting typically follow designated routine times and whenever required to meet children's individual needs. Educators will collaborate with parents/guardians to develop stability with their child's nappy change and toileting practices. Educators will be responsive to special requirements related to culture, religion or privacy needs.

Toileting and nappy changing will be carried out at frequent intervals throughout the day. Children also benefit from having the pleasant sensory experience of being free of a nappy and the comfort of having a fresh, dry nappy. It is also important to remember that the way that educators react to soiled or wet nappies, toileting needs and accidents give children powerful messages about themselves and their bodies.

As WVELC is not providing nappies, **families are required to provide at least 3-4 nappies per day to accommodate for children's needs**. If there is not a sufficient number of nappies for a child, WVELC may ask the parents/guardians to bring additional nappies during the day or request that the parents/guardians collect the child.

Meeting children's physical needs, nappy changing and toileting are an imperative time for educators to:

- Have one-on-one interactions with children, and give them their full attention.
  - Build trusting and caring relationships with children.
-

- Interact with children using verbal and non-verbal communication, and respond to children's communication.
- Participate in age appropriate activities with children, such as singing.
- Build children's understanding of what is happening by inviting them to the bathroom, supporting their capability to predict what will happen next in the routine.
- Help children begin to develop and extend their self-help skills, which includes handwashing and dressing, and encouraging children to identify the feeling of accomplishment and gratification that come with this.

Should a parent/guardian be in the bathroom helping their child a staff member must accompany any other children needing to use the bathroom at the same time.

Appropriate hygiene practices will be maintained and procedures followed to minimise any risk of infection at all times. Educators will continuously promote healthy hygiene practices and hand washing procedures; encouraging the children to follow these practices.

A room leader will:

- Implement policies, procedures and training with educators to ensure nappy change procedures support children's safety, protection, relationships and learning.
- Develop systems with educators to ensure that soiled clothing and soiled nappies are disposed of or stored in a location that children cannot access.
- Ensure nappy changing and hand washing procedures are displayed visually and in the nappy change area.

Educators will:

- Ensure children's nappies are changed at scheduled intervals.
- Check nappies throughout the day to ensure children are not susceptible to nappy rash and discomfort.
- Not yell across the yard or a room or/and check the child's nappy in offensive and disrespectful or embarrassing way, these include:
  - Opening child's nappy from behind
  - Smelling child's bottom
- Not force the child for a nappy change.
- Discuss children's individual needs professionally with families to ensure practices are reflective of their home environment and are culturally sensitive.
- Provide information to families regarding children's nappy change outlines.
- Utilise nappy change times to interact with children on an individual basis.
- Organise the nappy change area to promote positive interactions and promote positive learning experiences, e.g. place pictures or mobiles to stimulate children's interactions and to encourage learning.
- Ensure physical contact and direct supervision with children throughout the nappy change experience.
- Ensure no child is left alone on a nappy change mat or bench.
- Keep nappy change areas fully stocked with all required materials at all times.
- Encourage mobile children to walk to the nappy change area and climb stairs (with assistance).

Families will:

- Ensure there is a sufficient number of nappies for the day.
  - At the arrival ensure child is wearing a clean / fresh / unsoiled nappy, especially when arriving during family grouping time.
  - Provide sufficient amount of spare clothing.
  - Clearly communicate with staff about child's toileting and nappy change needs, especially during change of routine.
  - Collect soiled clothing within a week (alternatively they will be disposed).
-

**Please note that WVELC have no facilities to wash soiled clothing or reusable nappies.**

#### Students, trainees and new staff members

All educators will carry out nappy changing, however at times a student, trainee or a new staff member will be required to carry out this as part of their practical requirements - they will be under constant supervision of a qualified educator. Students, trainees or a new staff member should not change children's nappies or help with toileting until they have built relationships with children (minimum of 1 week of work is required).

#### Nappy rash creams

WVELC will supply Sudocrem and Papaw cream. If a parent/guardian wishes to use any other nappy rash cream an ongoing medication form must be completed. WVELC does not allow Curash brand products to be used or brought into WVELC, as they contain almond oil which may cause nut-based reactions in other children.

#### **Toilet training**

Toileting occurs at any time of the day and is specific to individual needs. Educators will be aware of and consider any special requirements related to culture, religion or privacy needs.

Decisions about when to begin toilet training will be made by parents/guardians, or may occur through shared decision making between parents/guardians and early childhood professionals. This decision is based on mutual respect and open communication, which is crucial for a good outcome.

The priority of the individual child's wellbeing is paramount, and the decision to begin assisting the child to learn to use the toilet should be based on signs of readiness from the child and discussion with families.

**WVELC will not begin the process of toilet training, this must be conducted by the family in family home settings.**

Early signs of readiness will often start to appear when children are around 18-24 months old and may include:

- Showing interest in the toilet, including having an interest in others using the toilet;
- Indicating a need to go to the toilet either before, or while they are doing it;
- Staying dryer for longer; and
- Talking to children about using the toilet, letting them pull their pants down and up again (the latter is more difficult) and letting them sit on the toilet.

It is important to keep the process subdued and without creating unnecessary attention and pressure on the child to succeed. Acknowledging children's successes, no matter how infrequent or small is vital for their self-esteem and confidence. Parents/guardians and educators can expect accidents, which should be treated respectfully and in a supportive manner.

Educators and parents/guardians will collaborate and communicate about how the toilet learning is going, both in care and at home. This will support children to become more familiar and comfortable with the toilet training process.

Children should be given the opportunity to complete the toileting procedure, such as toileting, washing hands, flushing the toilet, and keeping the bathroom environment clean independently, while at the same time keeping in mind the importance of hygiene and providing assistance when needed.

Toilet training varies for individual children, as educators we can take advantage of the child being in a group and the many opportunities that provide for learning from each other.

---

Educators and parents/guardians need to remember that comparing children is inappropriate and unacceptable behaviour.

Parents/guardians who wish to begin toilet training with their child must supply at least three changes of clothes, if there is not a sufficient amount of clothes provided or the child has already used all their spare clothing, WVLC has the right to put child into a nappy until the child's departure.

## References

- Australian Children's Education & Care Quality Authority. (2014).
  - Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
  - ECA Code of Ethics.
  - Guide to the National Quality Standard.
  - Staying Healthy in Child Care. 5<sup>th</sup> Edition
  - The NSW Work Health and Safety Act 2011  
[www.workcover.nsw.gov.au/newlegislation2012/Pages/default.aspx](http://www.workcover.nsw.gov.au/newlegislation2012/Pages/default.aspx)
  - Raising Children Network  
[www.raising children.net.au](http://www.raisingchildren.net.au)
  - Revised National Quality Standards
-

Woden Valley Child Care Centre Association Incorporated

---

## Sleep, rest and relaxation policy

**Date Reviewed:**

July 22, 2024

**Regulation:**

81,103, 105,110,115, 84C

**Standards:**

2.1.2, 2.3.1, 2.3.2 &3.1

---

### Introduction

Woden Valley Early Learning Centre (WVELC) is committed to the promotion of safe sleeping practices for young children. We recognise a child's need to access areas of relaxation and rest in their busy day and respect and recognise that each child's requirement will be individualised to meet their specific needs.

### Aims

- To provide clear guidelines for sleeping practices that minimise the risk of Sudden Infant Death Syndrome (SIDS), choking or other health problems.
- To ensure that all children are provided with a high level of safety when resting or sleeping while in care.
- To provide effective rest and sleep strategies to ensure children feel secure and safe in a restoring environment.
- Recognising the need to rest, if not sleep, for each child and accommodating for individual needs of children.

### Roles and responsibilities

#### WVELC

- Ensure safe sleeping and rest practices are adhered to;
- Arrange suitable training for educators on safe sleeping practices;
- Discuss policy and parent/guardian requirements with families upon enrolment;
- Promote safe sleeping practices across WVELC to educators and parents/guardians.

#### Educators

- Follow guidelines for safe sleeping and rest and promote these to parents/guardians;
  - Communicate any changes to a child's sleep or rest patterns to their parent/guardian;
  - Attend training regularly as provided by WVELC, to keep abreast of safe sleeping recommendations and practices.
-

### Parents/guardians

- Complete required documentation upon enrolment detailing sleeping and rest requirements for their child;
- Provide information about their child's individual sleep and rest requirements upon enrolment and update it when necessary during the child's attendance at WVELC (this may occur during daily informal discussions or via the group's daily communication book or at other times when required).

### **Policy**

#### Sleep, rest and relaxation rights

The United Nations Convention on the Rights of Child, Article 31, states that: "*Children have the right to relax, play and join in a wide range of leisure activities.*"

WVELC defines 'sleep and rest' as a period of inactivity, solitude, calmness or tranquility and can include a child being in a state of sleep.

- Sleep, rest or relaxation periods will be provided for all children as part of their own individual daily routine.
- If parents/guardians ask for their child to be woken from a sleep, educators will encourage the child to wake up once, if the child does not wake up or falls back to sleep after encouragement they will be left undisturbed. Children will be allowed to sleep until they wake, unless otherwise requested by families or prescribed by medical practitioner.

#### Monitoring

- Educators will monitor resting children at regular intervals every 10 minutes and supervise the rest of the environment as per regulations and best practice standards in Australia. This will include physically entering the cot room and checking children regularly as they rest or sleep.

#### Sleep arrangements

- All children under 12 months old will be placed on their back to sleep, unless otherwise directed by a medical practitioner. If children turn over during their sleep, educators will allow them to find their own sleeping position and they will be left to rest undisturbed.
  - Jewellery including amber teething necklaces will be removed prior to sleep or rest for children.
  - If parents/guardians beliefs and practices are in conflict with recommendations from SIDS & Kids, WVELC will not endorse an alternative practice, unless WVELC is provided with written advice from a medical practitioner.
  - If a medical condition exists that prevents a child from being placed on their back, the alternative resting practice must be directed in writing by the child's medical practitioner.
-



### Facilities

- Children will be provided with an individual space for sleep or rest (cot/mattress/stretch bed).
- Separate bedlinen will be used for each child. WVELC will supply linen for children. The linen will be stored in individual bags when not in use to prevent cross infection.
- Children's linen is washed weekly, or when necessary.
- Cots/mattresses will be placed to allow for unrestricted movement by educators between cots/mattresses.
- Staff will establish a quiet, comfortable environment and a regular sleep and rest period including removing shoes and excess clothing, dimming lights, lowering volume and tone and occasional quiet music. Lighting in all sleep areas and cot rooms will be dimmed for comfort of children but will provide sufficient light to view and supervise all children at all times.
- Areas will be well ventilated at all times.

### Comforters

- Children over seven months of age may bring a comfort item for sleep/rest time. As this practice is not recommended by SIDS and Kids for children under seven months as a safe sleeping practice for infants, WVELC will not provide comforters for any child under seven months in line with this requirement.
- At no time will a child's face be covered with bed linen.
- Pillows, lamb's wool, cot bumpers (sleep aids), quilts and duvets will not be used. Soft toys are not recommended.
- If the parents/guardians request usage of Riff Ruffs or any other sleep aids or placing their child on the tummy for sleep – they must provide this in writing.
- Sleeping bags (no hood) with a fitted neck and arm holes are recommended as bed linen and encourage infants to rest on their back.
- Cots will meet Australian Standards and have the correctly sized mattress, leaving no space between the rails and the mattress.
- Children will not be put to bed with bottles. Bottles are not permitted in cots.
- A record of sleep times will be maintained for parents/guardians.
- Children and parents/guardians cultural needs are respected during sleep and rest periods.

### Relaxation

- Areas within the rooms will provide soft, calming and soothing areas for children to rest and/or sleep as they require throughout the day.
  - Opportunities for children to partake in relaxation activities and to allow periods for children to stop, rest and rejuvenate across the day will be provided. These could include, but are not limited to, yoga and meditation exercises and activities to promote a child's mindfulness and wellbeing.
-

## References

SIDS and Kids (SIDS) - <http://www.sidsandkids.org/>, September 2016

Early Childhood Australia - <http://www.earlychildhoodaustralia.org.au/>

Slee & rest risk assessment

Cot Room Procedure

---

## SunSmart policy

Date Reviewed:

February 1, 2023

Regulation:

100,113,114

Standards:

2

---

### This SunSmart policy provides guidelines to

- Ensure all children, educators and staff are well protected when exposure to ultraviolet radiation (UV) levels reach 3 and above by using a combination of sun protection behaviour between August and May. Typically, Canberra has low UV levels (under 3) during June and July and sun protection is not generally required during this period at the centre.
- Ensure the outdoor environment is sun-safe and provides shade for children, educators, and staff.
- Ensure children are encouraged and supported to develop independent sun protection skills.
- Ensure all children, educators and staff have access to sunlight to maintain a healthy body and mind.
- Support duty of care and regulatory requirements.
- Support appropriate health and safety strategies to minimise UV risk and associated harms for educators, staff and visitors.

### Background

- A balance of UV exposure is important for health. High UV levels (3 and above) can cause sunburn, skin and eye damage and skin cancer. Exposure at these high levels during childhood and adolescence can be associated with an increased risk of skin cancer in later life. Likewise, not having enough exposure to low UV levels (under 3) can lead to low vitamin D. Vitamin D is essential for healthy bones and muscles, and for general health. To reduce the risk of Vitamin D deficiency in the ACT Region, sun protection is not generally required during June and July due to Canberra's typical low UV levels (under 3) over these months.
-

## Policy

### Healthy physical environment

- 1) Seek shade (QA 1, 2, 3, 4, 5, 6)
  - Woden Valley Child Care Centre (WVELC) will ensure there is a sufficient number of shelters and trees providing shade in the outdoor area particularly in high-use areas.
  - The availability of shade is considered when planning all outdoor activities.
  - Children are encouraged to choose and use available areas of shade when outside.
  - Children who do not have appropriate hats or outdoor clothing are asked to choose a shady play space or a suitable area protected from the sun.
  - A shade assessment is conducted regularly to determine the current availability and quality of shade.

### Healthy social environment

1. Slip on sun protective clothing (QA 1, 2, 4, 5)

Children are required to wear loose-fitting clothing that 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 is not wearing sun-safe clothing (e.g. a singlet top or shoestring dress) they will be required to choose a t-shirt/shirt to wear over the top before going outdoors.

2. Slap on a hat (QA 1, 2, 4, 5)

All children are required to wear hats that protect their face, neck and ears (legionnaire, broad-brimmed or bucket style). Peak caps and visors are not considered a suitable alternative. Parents/guardians are required to provide hats every day.

3. Slap on sunscreen (QA 1, 2, 4, 5)

SPF30 (or higher) broad-spectrum, water-resistant sunscreen is supplied by the service. If a child requires special sunscreen the parent/guardian is required to supply the specific product and advise the educators of its usage. Sunscreen will not be applied on infants under six months of age.

Sunscreen is applied at least 20 minutes (where possible) before going outdoors and reapplied every two hours.

To help develop independent skills in readiness for school, children from three years of age are given the opportunity and encouragement to apply their own sunscreen under staff supervision.

---

#### 4. Slide on sunglasses [if practical] (QA 1, 2, 4, 5)

Where practical, children 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.

#### Learning and skills (QA 1, 2, 4, 5, 6)

Sun protection and vitamin D are incorporated into the learning and development program. The SunSmart policy is reinforced through educator and children's activities and displays.

#### Engaging children, educators, staff and parents/guardians (QA 2, 3, 4, 3, 6, 7)

- Educators, staff and parents/guardians are provided with information on sun protection and vitamin D through the WVELC newsletters, the WVELC handbook, noticeboards and the WVELC's website.
- When enrolling their child, parents/guardians are:
  - Informed of WVELC's SunSmart Policy.
  - Asked to provide a suitable sun protective hat, covering clothing and sunscreen for their child/ren.
  - Encouraged to use SunSmart measures themselves when at WVELC.
- As part of health and safety and role-modelling, educators, staff and visitors:
  - Wear a suitable sun protective hat, covering clothing and, if practical, sunglasses.
  - Apply sunscreen.
  - Seek shade whenever possible.

#### Monitoring and review (QA 1, 2, 4, 5, 6, 7)

- Management, educators and staff monitor and review the effectiveness of the SunSmart policy and revise the policy when required (at least once every three years) by completing a policy review and membership renewal with SunSmart at [sunsmart.com.au](http://sunsmart.com.au).
  - SunSmart policy updates and requirements will be made available to educators, staff, parents/guardians and visitors.
  - In case of high (above 8) or extreme (above 10) UV rating WVELC may apply outdoor play restrictions.
-

### Legislation and standards:

- Occupational Health and Safety Act 2004
- Children's Services Act 1996
- Children's Services Regulations 2009
- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for children)
- Education and Care Services National Law Act 2010: Section 167: Protection from harm and hazards
- Education and Care Services National Regulations 2011
- Reg 100 Risk assessment for excursions
- Reg 113 Outdoor space: natural environment
- Reg 114 Outdoor space: shade
- Reg 168 (2)(a)(ii) Policies and procedures: Sun protection

### References:

- National Early Years Learning Framework (EYLF)
  - Get Up & Grow: Healthy eating and physical activity for early childhood (Section 2) 2009
  - 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)
  - Sun Smart Cancer Council ACT, 1/2/2023 as part of our SunSmart renewal registration
-

Woden Valley Child Care Centre Association Incorporated

---

## Supervision policy

**Date Reviewed:**

May 8, 2021

**Regulation:**

121,122,123

**Standards:**

2.2.1, 4.1

---

### Aim

Woden Valley Early Learning Centre (WVELC) aims to provide an environment for children, that is secure and stimulating, where there are sufficient staff to ensure each child's safety is paramount. Each staff member has a duty of care to ensure that all areas accessible to children are safe, free from hazards, and there are sufficient staff to supervise the children and their activities.

### Policy

#### Implementation of supervision

- All areas that can be accessed by the children must be supervised.
  - Active supervision reduces the likelihood of injury and enables staff to quickly respond to children's needs. It also ensures children's play is enjoyable and learning opportunities are enhanced.
  - Staff will be aware of the whole environment, not just the area they are allocated to.
  - Good communication between staff is essential to maintain correct supervision.
  - Room rosters are essential for positioning of staff in areas for supervision, educators will ensure that they arrive on their shift on time, leave or return from break on time or when asked to.
  - Staff will read, understand and implement all WVELC policies and procedures.
  - When assisting children do not sit or stand with your back to the children.
  - Children who are using the bathroom or toilet may need your help, be aware and ask the child if you can help them.
  - Supervision may be necessary for children when washing hands, rolling up sleeves, turning taps, and drying hands. Staff need to ask a child's permission before assisting them.
  - Children on the changing bench must *never* be left unattended, and staff must *never* turn their back on a child. If staff need to reach out for something, one hand should be always placed on child's tummy to secure the child and prevent rolling off the change mat/bench.
  - Sleeping children must be continually checked and their sleep recorded. Staff must follow the **sleep and rest policy**.
  - Sleeping babies must be checked every 15 minutes and the time recorded on the sleep chart.
  - During mealtimes staff must sit with the children to promote healthy eating habits and model safe eating practices.
  - During outside play staff will be aware of each child's limits, encourage further exploration with guidance and support.
-

- Staff will ensure all main doors are kept closed, cleaning products are stored correctly (see **storage of toxic products policy**) and all equipment is in good repair and stored safely.
- Staff will be with children, have open communication with them, provide learning experiences which enhances their development and guide their behaviour in a positive manner.
- Staff should, as often as practical, come down to a child's eye-level and where culturally appropriate maintain eye contact.
- Staff must remember that if they are unsure of something, they need to discuss it with their room leader immediately. Leaving issues unresolved could lead to children being left unsupervised.

### **Safety checks**

- WVELC safety checks will be undertaken in all areas every day before the arrival of children. The results of these checks will be recorded immediately.
- Checks need to include but are not limited to: spiders, vermin, foreign objects, syringes, and broken glass.
- Staff will also have an ongoing awareness during the day to be aware of safety issues.
- All equipment which needs repairing will have a RED tag attached, removed from use and recorded in the maintenance book for repair.

### Close proximity to children

- Staff will be close enough to children while they are playing to observe, monitor, supervise and interact where appropriate. Closeness will enhance prompt intervention and prevent injuries from happening.

### **Children's health**

- Staff will monitor closely children's early signs of illness and atypical behaviour especially, in children with known medical conditions.
- Staff training in first aid and cardio pulmonary resuscitation is essential to ensure the severity of illness is reduced.

### **Supervision at arrival**

- Staff will greet children and parent/guardian by name on arrival to WVELC and discuss any issues, if necessary.
- Parents/guardians have a responsibility to ensure that the staff know their child has arrived.
- Staff will ensure that parents/guardians sign their child into WVELC.
- Staff will assist the parent/guardian to take leave from the child.
- Staff will assist the child in engaging in daily activities.

### **Supervision at departure**

- Staff will be aware that the person collecting the child has the authority to do so.
- Staff will be aware of any standing court order in place and adhere to the order.
- Staff will ensure that the authorized person signs and times the child out of WVELC.
- Parents/guardians have a responsibility to ensure that staff know their child/ren has left WVELC.

### **Positioning of equipment**

- Children's play will be easily supervised when equipment is positioned for ease of visual supervision. This allows for staff to move around freely interacting with children as well as supervising all areas from different angles.
-



- Staff need to be mindful of safety when placing out play equipment, paying attention to safe fall zones, ongoing maintenance of buildings and equipment, minimal trip hazards, equipment which does not have pinch points or sharp edges, things which protrude or tangle or that may cause entrapment.
  - Staff will also plan for play environments to allow for some privacy and opportunities for independent play.
-

---

## The sudden death of a member of our community

Date Reviewed:

Regulation:

Standards:

March 9, 2023

n/a

4 & 7

---

### Definition:

A member of our community – for the purpose of this policy, that person is defined as a child, parent/ carer, staff or significant centre community member (i.e. ex-staff member)

### Aim / Purpose:

The below policy is necessary to support Woden Valley ELC (WVELC) staff and the broader community in the event of the sudden emergency described.

We kindly ask families for patience and understanding, as such events could devastate the WVELC staff & community. Every attempt will be made to give as much notice as possible to all families; however, please understand that our emotions may be heightened in such an event. In addition, this may be a sudden event, and we may receive little notice.

### Policy / Procedure:

**When the Centre gets notified of a sudden death occurrence of a community member, these are the steps we shall follow.**

1. Notify staff members with the utmost discretion allowing educators to deal with their emotions in a safe environment.
2. Notify families via phone call (or email should time not allow).
  1. If the impact of the incident significantly affects staff and they cannot finish their shift, families will be informed to collect their child/ren as soon as possible.
3. The Centre will then close (if required) for the rest of the day and an additional day of grieving (if required).
4. No care charges will be incurred to the families for days when the Centre elects to close .
5. In addition to those closure days, the Centre will close for the day of the funeral, allowing all staff and families to attend.

6. As much notice as possible will be given to families.

Staff, families and children's mental support:

1. The Centre will notify families of their eligibility to access 6 free counselling sessions with the Employee Assistance Program and the contact details for this. This service will provide this resource to staff and their families.
2. Children will not be informed of the occurrence, and staff will only discuss this with children on occasions once their families inform them and provide consent in writing to do so.
3. We would encourage families to inform their children who had a close connection to the deceased person and inform their level of comprehension, allowing them to understand the situation. Families will be offered tools and resources to help them to pass on that message and speak openly about death & grief.

Families:

1. WVELC management will not inform families of the deceased person's identity over the phone but will activate the above policy. Our priority at that point will be to close the Centre as fast as possible and allow staff to get home safely.
2. The timing of the notification will determine the closure of the Centre, and we will further assess the closure the following day, letting families know via Story Park/ HubWorks or phone calls. We kindly ask families to monitor communication provided by the Service closely.

WVELC Staff:

1. The Centre will provide staff with the details to access the CHS Employment Assistance Program (details below)
2. In the case of a such event when the Centre chooses to close down, the staff will be paid their usual working hours and will not be required to access annual or sick leave. "Bereavement leave" will be applied to relevant closure days.
3. Should staff require further leave as a result of the event, the Centre will hold conversations with this staff member to ascertain ways to support them further.
4. Staff are urged to remain professional and use discrete and kind ways of communication while speaking to other staff members or our community members.
5. For the news to be shared in a controlled way, should a staff member be informed prior to management, we ask the educator to inform the management as a priority before speaking to other staff members. This will allow us to follow this procedure and ensure the safety and well-being of staff and families of WVELC.

6. Staff who cannot drive will be offered alternative transport home at no cost to themselves.
7. Please be mindful of your social media appearance & posts and the families cultural beliefs or wishes.

WVELC Leadership / Management:

1. The responsible person in charge / or nominated staff member may be responsible for informing both staff and families of the occurrence.
2. The utmost discretion and sensitivity will be given while speaking to the community members.
3. The responsible person in charge will inform the regulatory authorities of the closure and the occurrence.
4. The Centre will follow the wishes and cultural beliefs of the deceased and their family.

EAP Program	Provider - Converge	Phone	Entitlements	Staff Under
	Converge International	1300 687 327	6 free counselling sessions	Canberra Health Services (no division needed)

**Other fee support services:**

Grief Line - 1300 845 745

Life Line - 131 114

Kids Helpline - 1800 551 800

Suicide Call Back Line - 1300 659 467

Woden Valley Child Care Centre Association Incorporated

---

## Tree climbing policy and procedures

**Date Reviewed:**

May 8, 2021

**Regulation:**

100-102,168

**Standards:**

2, 3, 5, 7

---

### Purpose

Woden Valley Early Learning Centre's (WVELC) ethos begins with its vision to "Nurture confident, respectful and responsible citizens of the world." WVELC supports children through giving them the opportunity to succeed and develop confidence and self-esteem. Educators view children as capable and challenge their abilities through open-ended nature-based play experiences.

Tree climbing is an essential part of our curriculum, as well as an integral part of risky play.

### Benefits of tree climbing

Climbing is an activity that children enjoy from an early age. Most children will climb just about anything: rocks and boulders, climbing walls, jungle gyms, furniture, and trees.

Children perceive climbing as fun and strive to accomplish reaching the highest point possible to overcome challenges and test their abilities. Climbing a tree can build confidence and develop coordination, problem solving skills, and strength. As children play together in a tree, their social, creative and imaginative skills are enhanced.

Children should be encouraged to climb safe trees. Playing outside in a tree gives them direct contact with nature and the tactile experience of touching different barks and leaves.

Children have a natural instinct to be cautious of heights. When climbing a tree, they will learn skills to seek out stable branches and determine the best route to take.

### Tree management

Good trees for children to climb have branches low enough to the ground for them to easily start climbing. A safe tree for climbing needs to have strong branches that are not brittle. The tree must be healthy and safe from external hazards. The tree should be appropriate to the skill and comfort level of the children.

---

Children will not be allowed to climb trees if

- The trees are too slippery due to wet weather conditions;
- The bark comes off the tree trunk or branches, or there is dead wood in the canopy children should not be allowed to climb that tree, as they may cause further damage;
- A child's clothing is unsuitable, e.g. flimsy footwear;
- An adult is not within sight.

### **Tree climbing procedure**

Educators at WVELC offer children the opportunity to manage risk, therefore if a child wishes to climb a tree they need to do it independently.

#### Educators' role

- Check the surface below the tree is soft to fall onto.
- Educator may show the children where to put their feet and give verbal encouragement / directions, but they cannot lift the child to access the tree.
- If a child has climbed up the tree and panics, an educator will help them by pointing out step by step how to get themselves down.
- If a child is distressed and cannot get down safely and independently, an educator may lift them down, taking care of their own back and following correct lifting procedures.
- If a child falls from the tree, WVELC will proceed with usual procedures notify the parent/guardian as per any incident or accident that may occur.
- At the start of care, parents/guardians are notified of WVELC's **tree climbing policy/procedure** and by registering their child/ren in our care give their consent to their child/ren climbing trees.
- WVELC conduct yearly risk assessments on trees within the outdoor environment.
- Educators will conduct tree climbing education session with the children at least once per year, and it will be held outside.

#### Child agreed rules (to be covered in the education session)

- Tell an adult you want to climb a tree and show the tree you want to climb.
  - Lift your weight a little before lifting your body up to test handhold or branch strength.
  - WVELC recognises children as capable learners, therefore allow children to hypothesise and research their own method of accessing the tree (the access must be stable).
  - Climb only to a comfortable height.
  - Feel the branch with your hand/foot and put your weight on it when it feels safe;
  - No fighting or pushing any other child in a tree.
  - Do not place objects under the tree that a child might fall onto.
  - Check the surface below the tree is soft to fall onto.
  - Do not dare another child to climb to a height higher than they are comfortable.
-

- Do not climb in gumboots.
- Look after the tree, it is trying to grow.

### **Possible hazards**

As with any climbing playground equipment, climbing trees can entail significant risks, that may lead to serious injury or death.

WVELC will therefore strike a balance: recognising the significant benefits of tree climbing whilst seeking to reduce or eliminate those risks that lie outside of the direct control of each child.

We recognise that the following factors could increase the risk and WVELC will strive to minimise or eliminate those risks:

- Lack of awareness among staff.
- Lack of education for children about safe tree-climbing practices.
- Climbing above hard surfaces or protrusions, e.g. fences.
- Fighting or rough play while at height.
- Peer pressure to go higher.
- Climbing on weak or dead branches.
- Weather conditions.
- Footwear and clothing.
- A child's physical ability.
- The presence of movable objects (e.g. wheelbarrow, bike) beneath the tree.

### **Tree climbing education session – topics to be covered**

1. Respect and care for nature / Looking after trees.
    - How old is the tree?
    - How should we treat it?
    - Is it ok to break its branches?
  2. Risks
    - Climbing can be fun, but what could happen if you fall?
  3. When is safe to climb a tree?
    - Informing the educator.
    - Demonstrate to children thin, easily breakable branches.
    - Discuss slippery, wet, frosty weather, inappropriate clothing.
  4. What can we use to access the tree?
    - Is it safe to stand on the bike?
  5. Goading beyond limits
    - Is it ok to dare other children to go higher? Why not?
-

- Is it ok to fight while up on the tree?





Woden Valley Child Care Centre Association Incorporated

---

## Water safety and play policy

**Date Reviewed:**

May 15, 2021

**Regulation:**

168 (2)(e)

**Standards:**

2.3.1 & 2.3.2

---

### **Aim**

To provide an overview on safe water play at Woden Valley Early Learning Centre (WVELC).

### **Policy**

#### **WVELC will:**

1. Ensure water hazards are fenced, repaired or supervised appropriately.
2. Grey water systems or water tanks will be labelled with "do not drink" signage and children will be supervised in this area to make sure they are not accessing this water for drinking.
3. Ensure all bathrooms are in good working order and that children are not left unattended in the bathroom.
4. Hot water accessible to children will be maintained at a safe temperature. Thermostatic valves to be tested and serviced annually by a plumber.
5. A risk assessment will be conducted prior to any excursion taking place. Particular attention will be focused upon water safety where the excursion is near a body of water.
6. Ensure child-safe ratios when around deep water and amend where needed;
  - Near creeks, ponds and rivers.
  - Swimming pools (1:1 ratio applies).
  - Children with phobias, physical or behavioural needs.
7. Water for pets will be changed regularly and only be accessible to children when adults are present

#### **Educators and staff will**

1. Ensure water troughs or containers for water play are filled to a safe level. These activities will be supervised at all times and containers or troughs will be emptied onto
-

garden areas or plants after use. Children will be discouraged from drinking from these water vessels.

2. Teach children about staying safe in and around water.
3. Empty buckets used for cleaning immediately after use. No buckets are to be left in play areas or accessible to children.
4. Provide clean drinking water at all times. This water will be supervised to ensure that it is safe and hygienic for consumption.
5. Water containers will be securely sealed. At the end of each day, the water container will be emptied and cleaned thoroughly.

WVELC is water conscious service, children will be taught about the importance of water saving and a plan to reduce water usage will be created.

---