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<thead>
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<th>POLICY NO.</th>
<th>POLICY</th>
<th>DATE OF ISSUE</th>
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<td>OSHC2</td>
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<td>OSHC28</td>
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Mt Scopus Memorial College Outside School Hours Care (OSHC) offers a warm, caring and safe environment where children can happily participate in a variety of fun, enjoyable experiences that are responsive to their needs and interests and contribute to their ongoing development. To achieve this goal, we constantly evaluate and improve our practice in accordance with the National Quality Standard that is currently being implemented throughout Australia.

The program promotes the Philosophy and mission statement of Mount Scopus Memorial College.

The mission of Mount Scopus Memorial College is to provide each student with an education and an environment that

- promotes excellence in learning and academic achievement by means of inquiry and critical thinking and by creating a desire for lifelong learning
- develops the student’s whole personality by offering a wide range of activities, inside and outside of the classroom
- provides Jewish learning, values, experiences, within a Modern Orthodox and Zionist framework, that enable each student to make an informed choice as to the meaning of their Jewish identity
- Engenders values, knowledge and skills so that students can play their full part in their communities— as members of the College, as Jews, as Australians and as citizens of the World.

Our program aims to provide our children with quality care that promotes learning and development with particular emphasis on play, social interaction and recreation.

- We recognise that parents are the first and continuing carers and educators of their children. We acknowledge the partnership of parents, staff and children in creating a community of learners with a desire and love of learning.
- We believe in the individuality of each child and family and encourage the development of warm and responsive relationships with staff and peers based on mutual respect.
- We believe that children need a strong sense of wellbeing for good physical health, positive sense of self and successful social functioning.
- We accept every child without bias or prejudice and promote an inclusive, non-judgmental atmosphere.
- We respect and value our indigenous heritage and make use of the diverse range of cultures and perspectives that exist within the school, national and global communities to encourage learning that foster international mindedness.
• We will provide Jewish learning, values, experiences, within a Modern Orthodox and Zionist framework that are meaningful, relevant and age appropriate for young children.

We value the knowledge and commitment of our Staff and provide ongoing professional learning based on the outcomes of the annual appraisal.

We believe the philosophy statement incorporates the core values and beliefs of the staff and families using our service. We acknowledge the philosophy may change based on new awareness and evaluation of current practices.

Approved by the College Principal ____________________________

Date:    March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
SPONSORING BODY POLICY

All Mount Scopus Memorial College Outside School Hours Care programs are sponsored by the College. The programs are co-ordinated by a coordinator, based at the Gandel Besen House Campus. This coordinator is responsible for the ongoing administration of the programs.

Our After School Care program is approved by the Australian Government to receive your Child Care Benefit directly from the Family Assistance Office on parents’ behalf. This means that our families are eligible for a reduction in their fees when they register with the Family Assistance Office (FAO) for the Child Care Benefit (CCB).

Families have to meet certain requirements for the Australian Government to pay a percentage of the standard fee and they will have to pay any gap. If the family income is too high to receive Child Care Benefit, they may still be eligible for Child Care Tax Rebate provided they meet the work, study or training test for Child Care Tax Rebate.

Mount Scopus Memorial College Combined OSHC Provider Number is 555007726L.

The Holiday Program is registered. This means that the parents can claim a rebate, which is available from the Family Assistance Office (FAO). The Provide Number for our Holiday Program is 320471690A.

HOURS OF OPERATION

Background legislation

- *Education and Care Services National Regulations*, 173, 2(a, n, f), *Ministers Council for Education, Early Childhood Development and Youth Affairs, 2011*
- *National Standards for Outside School Hours Care (1995)*

After School Care Program operates during the following hours:

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Mon – Thurs</td>
<td>3.30pm – 5.45pm</td>
</tr>
<tr>
<td>Fri (winter)</td>
<td>3.00pm – 3.45pm</td>
</tr>
<tr>
<td>Fri (summer)</td>
<td>3.30pm – 4.45pm</td>
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Holiday Program

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
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<tbody>
<tr>
<td>8.00am – 5.45pm (Monday – Thursday)</td>
<td></td>
</tr>
<tr>
<td>8.00am – 5pm Friday (summer)</td>
<td></td>
</tr>
<tr>
<td>8.00am – 4pm Friday (winter)</td>
<td></td>
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</tbody>
</table>
If the school is deemed to close early, the After Care program will close in accordance with Friday closing.

FINANCIAL PROCEDURE

CONSIDERATIONS

**Philosophy** - Access to all families.

**Children’s needs** - Consistent, quality child care.

**Parents’ needs** - Advice about fee levels and Child Care Benefit; affordable fees; clear instructions about payment of fees; information about avenues of financial support.

**Staff needs** - For payment of fees not to impact negatively on the care provided to children; clear information to give to parents.

**Management** - Sufficient fee income to ensure quality service, fee payments to be up to date, monies collected to be safely deposited in bank account.

BACKGROUND AND LEGISLATION


POLICY STATEMENT

Our program aims to provide a quality child care service at an affordable price to parents eligible to attend under the Australian Government Priority of Access Guidelines.

**How Policy will be implemented:**

- In order to be eligible for Child Care Benefit the program will be registered with the National Childcare Accreditation Council and participate in the Outside School Hours care Quality Assurance System.

- It is the parent/guardian's responsibility to complete and lodge their Child Care Benefit application with the Family Assistance Office. **Child Care Benefit cannot be deducted from their fees until the Assessment Notice from the Family Assistance Office is received by the program.**

- The program Co-ordinator will provide accurate and up to date information to families regarding Child Care benefit and how to apply, and will ensure that Child Care Benefit is administered according to the family’s Assessment Notice and the Australian Government Handbook.

- **Families will only be eligible for Child Care Benefit if child care attendance records are accurately completed and signed by the parent/guardian or other responsible adult, and other eligibility requirements are met.** (Refer to Australian Government Handbook – Attendance Records).

- Eligibility for Child Care Benefit will be maintained on fees paid when the child is absent and the absence meets the Allowable Absences guidelines in the Australian Government Child Care Service Handbook, and the details of the absence have been recorded and signed on the attendance records. (Refer to Australian Government Handbook – Allowable Absence Days).

- The program will keep parents informed about Child Care Benefit by:
• advising new families to apply to the Family Assistance Office for assessment.
• keeping a stock of application forms to distribute to families on enrolment.
• drawing attention to the fact that all Child Care Benefit and Declaration forms are legal documents and that it is a criminal offence to give false information.
• charging full fees when the family does not have a current Child Care Assessment Notice for Child Care Benefit.
• advising parents of any relevant changes through notices in the school newsletter.

• **All documentation pertaining to Child Care Benefit will be kept for the specified period of time and made available to Australian Government Officers on request.**

**Fee Scale**

The following fees may apply to children attending the service:

• Workshop or special activity fee $18
  • This applies to children who are enrolled in and attend weekly special activity or workshop sessions.
  • The fee is collected up-front and is not refundable.

• Aftercare session fee $15

Other factors that determine the fee scale are:

• fee discount from Government (CCB)
• teacher discount (pending review)

Fees are payable regularly to the College accounts department. They may be paid by cash, cheque, credit or EFTPOS.

Accounts are distributed by the coordinator once a month.

If fees fall more than 4 weeks into arrears, the parents may be requested to remove the child from the program.

All accounts must be settled at the conclusion of each term or the child will be ineligible to commence the new term.

Two staff members will remain on duty in the event that any child remains uncollected. An extra fee of $1 for each minute after 5:45pm will be charged if children are picked up after 5.45pm.

Receipts will be issued on payment.
Appendix 1 - Late Collection Procedure

It is a requirement of the children's services regulations that two staff members be on duty at all times when children are present in a children's service, one staff member is required to be a nominee of the service and hold recognised Early Childhood qualifications. Parents are expected to collect their child/ren 15 minutes prior to the official closing time to allow staff adequate time to check the premises and re-set the environment for the next day's program. It is with that in mind that Mount Scopus Memorial College charge a late collection fee.

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<tr>
<th>Extended Hours Program Operational hours</th>
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<tr>
<td><strong>Monday – Thursday</strong></td>
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<td>3.00pm – 5.45pm</td>
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<td><strong>Friday (summer)</strong></td>
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<tr>
<td>12noon – 4.45pm</td>
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<tr>
<td><strong>Friday (winter)</strong></td>
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<tr>
<td>12 noon – 3.45pm</td>
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Staff will keep a log of all attempted calls to parents and emergency contacts.

- Staff will begin to call the child’s parents 15 minutes prior to closing.
- If the child’s parent’s cannot be contacted, the child’s emergency contacts will be attempted.
- Parents will be charged at one dollar a minute for each minute they are late after the official closing time.
- The head of Campus will be notified of any child collected after closing time.
- Attempt to contact the child’s parents and emergency contacts will continue during this time.
- **After 45 minutes** If contact can’t be made with the child/ren’s parents or emergency contacts, the child/ren will be considered abandoned. The head of campus, nominee or qualified staff member will contact child protection. As per the regulations two staff member will stay with the child until child protection arrive and collect the child.

Child Protection - After hours 13 12 78

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
Philosophy - Everyone associated with the program (staff, parents, children) has the right to the protection of personal information.

Children’s needs - Confidentiality re health, learning, behaviour and other sensitive issues.

Parents needs - Security that private information given to the centre re income levels, family arrangements etc. are kept confidential. Ability to speak to staff re: confidential matters that impact on their child's care. Access to their own personal records.

Staff needs - Personal records, details, appraisals are treated as confidential clear guidelines re what they should/shouldn’t disclose about children and families and how families may access their own personal records; freedom to raise personal issues that impact on workplace.

Management - To make decisions about confidential issues; to obtain relevant and current personal details from clients.

BACKGROUND LEGISLATION
- Privacy Act 1998 (Cth),
- the Health Records Act 2001 (Vic)
- The Information Privacy Act 2000 (Vic).
- National Privacy Principles
- National Regulations: 168, 2 (i), 181, 183, 195
- National Standards for Outside School Hours Care (1995) 5.3

This policy incorporates the service’s legal obligations under the Privacy Act 1998 (Cth), the Health Records Act 2001 (Vic) and the Information Privacy Act 2000 (Vic). It applies to both parents, and staff who use the service.

This policy will be displayed at the service and made available on request to anyone.

Collection of information
In complying with its obligations under the Privacy Act 1998 (Cth), the program will only collect information that is required and related to one of our functions.

The type of information collected and held includes personal and health information regarding:
- children and parents during the child’s attendance at the service
- job applications and employees personal details

The information is collected on the following identifiers:
- Tax File number for all employees
- Customer reference Number for families to access Childcare rebate.

Personal information about individuals is collected by way of forms. These are required to be completed by parents or job applicants, and information is gathered through personal interviews and telephone calls.
Disclosure of information
The Health Records Act 2001 (Vic) regulates privacy of health information handled by the public and private sector bodies in Victoria.

In accordance with this Act, the service will place any health information regarding a child in confidential files and, where necessary, display it in an area only accessible to staff. The information will not be available for public viewing.

In complying with the Information Privacy Act 2000, the program protects personal information collected in the course of its operations. Personal information refers to records of any form which could identify a person or describe them in a way which allows their identity to be determined. This includes paper and electronic records, photographs and video recordings.

We may disclose some personal information held about an individual to Government departments or agencies as part of our legal and funding obligations. These include:
- local government in relation to enrolment details for planning or funding proposes;
- organisations providing services related to staff entitlements and employment;
- insurance providers in relation to specific claims;
- law enforcement agencies;
- health organisations and family, in circumstances where the person requires urgent medical assistance and is incapable of giving permission;
- anyone, whom the individual authorises the service to disclose information; and
- other appropriate members of the school body.

Treatment of sensitive information
Sensitive information will be used and disclosed only for the purpose for which it was collected or a directly related secondary purpose unless the individual agrees otherwise or the use or disclosure of the sensitive information is allowed by law.

Management and security of information
In order to protect the information from misuse, loss or unauthorised access, the staff will ensure that in relation to personal information:
- Personal information will be kept in a secure and confidential way, and destroyed by shredding or incineration, when no longer needed. {National Privacy Principle 4 – Privacy Act 1988;
- access will be limited to staff who require this information to assist them in performing their job tasks;
- it will not be left in areas that allow for unauthorised access;
- the storage of all materials will be in a secure cabinet; and
- computerised records will require a password.

The effectiveness of the policy’s operation is subject to review every 12 months.
ACCESS TO THE PROGRAM

CONSIDERATIONS

**Philosophy** - Equal access; meeting community needs.

**Children’s needs** - Safe, harmonious environment; protection; access to parents/guardians; equal access to the program.

**Parents needs** - Access to their children; access to staff re: children’s participation; enrolment for their child/siblings; emergency care; responsible parent issues; access to their child’s records; confidentiality.

**Staff needs** - Safe, harmonious work environment; controlled interruptions to ensure children’s program not negatively influenced; access to union representative; access to equal employment opportunity.

**Management** - Access to records etc to fulfil management tasks; confidentiality.

BACKGROUND AND LEGISLATION

National Regulations: 99, 158, 160, 161, 177

Guide to the National Quality Standard, elements 6.1.1; 6.2.2


National Standards for Outside School Hours Care (1995) 4.6; 5.1

POLICY STATEMENT

Access for families and children to the OSHC program will not discriminate against families, will ensure the safety and care of children attending the program, and will protect the rights of parents &/or guardians. Enrolments will be subject to Commonwealth Government priority of access guidelines.

HOW POLICY WILL BE IMPLEMENTED (specific policies and procedures)

- Equal Opportunity principles will be observed in relation to access to the centre for children, parents & staff.
- All children must be enrolled prior to using the service.
Bookings

All children attending the program must have a booking.

Permanent bookings constitute regular use of the program and may be full time or part time. Details of proposed use should be confirmed prior to the child commencing (this booking may be changed if circumstances change). Once a child has a regular booking, this is recorded and the child/children are automatically placed on the roll for that day.

Casual bookings constitute irregular use and booking should be made at least 1 hour before the required session.

A booking can be made by arrangement with the Coordinator of the program or by phoning the School Office. Casual bookings can be made in writing at the school office.

Cancellations

It is the parent’s responsibility to notify the program if a booking is to be cancelled. A notice of at least one hour should be given. Failure to do so may incur a penalty.

Basis for Denial of Access to Care

Availability of places is as follows:
GBH – 45 places

Parents should be aware that the following may result in their child/children being excluded from the program:

- unacceptable behaviour of the child
- fees arrears
- infectious diseases
- constant late pick up

Further, due to government regulations, a child may be denied access if there are no places available. In case of demand for places exceeding supply, the Program will follow priority of access guidelines determined by Australian Government. These are as follows:

1. A child at risk of serious abuse or neglect.
2. A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the Family Assistance Act.
3. Any other child.

Enrolments

- Enrolments will be accepted according to the Commonwealth Government 'Priority of Access' Parents will be advised that children who are third priority may be required to alter their days or leave the service in order to provide a place for a higher priority child. An enrolment form must be completed by each enrolling family. On enrolment parents will be given a "Parent Handbook"

- Enrolment forms will be updated annually or when a family's circumstances change, to ensure information is current and correct. Enrolment information will be kept in a confidential file. Access to this information is available only to authorised staff, parent and authorised Government Officers.
Subject to any State or Federal Equal Opportunity legislation, the Service reserves the right to exclude a child from the Service for any reason connected to the Welfare of the child and the welfare of staff and other children or parents who use the Service.

Administration

- The service will provide an area separate from the children and staff that is suitable for administrative activities and **private consultations with parents** (Children’s Services Regulations 2009, 100)

- It is a requirement of the National Standards that the child care service be connected to a telephone.

Attendance Records

- **Accurate attendance records will be kept and checked each day.** Every child must be signed in every time they attend the program.

- The enrolling parent/guardian or authorised person who collects the child from the service must sign/initial the child’s times of departure. (OSHCQA, 7.1)

- No child is to leave the program unaccompanied by an adult.

- Any child not collected from school by the appropriate time will be placed into the program and a fee charged.

- **Parents who do not complete the attendance records will not be eligible to claim Child Care Benefit.** (Refer to the Child Care Services Handbook – Accountability Requirements.)

Authorisation For Collecting Children

- **The names and contact numbers of all persons authorised to collect children from the service must be included on the enrolment form.** Any changes to these authorities must be advised in writing to the centre by the enrolling parent as soon as possible.

- If the enrolling parent arranges for an authorised person to collect their child from the service, they must contact the service to advise of this arrangement and confirm who will collect the child.

- If the service has not been notified and someone other than the enrolling parent arrives to collect the child the Co-ordinator will contact the enrolling parent to obtain their authorisation which will be in writing wherever possible. **The child will not be released until the enrolling parent's authorisation has been obtained.** If the authorised person is not known to the staff, the enrolling parent will be asked to provide a description of the person concerned, who will also be required to provide proof of their identity. (QA 7.1)
Late Collection

- Parents/Guardians who are unavoidably detained and are unable to collect their child at the negotiated collection time must telephone the centre to advise of their lateness and expected time of arrival. If a parent/guardian is unable to collect their child prior to closing time they should arrange for another responsible adult to collect the child and advise the centre of this arrangement if the person is not authorised to collect the child from the centre on the enrolment form. This advice should be in writing if at all possible.

- If the parent/guardian has not contacted the program and the child has not been collected 10 minutes after the negotiated collection time, staff will attempt to telephone the parent/guardian or if this is not possible telephone the emergency contact people listed on the child's enrolment form to arrange for the child's immediate collection.

- Special circumstances ie. traffic accident or vehicle breakdown, will be given consideration in relation to the administration of late collection fees.

Family Access

- Staff will communicate with parents/guardians in a positive and supportive manner that encourages the parent-child relationship. Information with regard to family issues and personal lives will be handled confidentially. Every effort will be made to treat both parents/guardians equally. Without legal documentation, staff cannot act as though one parent is more fit than another to the legal rights of their child.

- Parents/guardians will have access to qualified staff to enable them to discuss any concerns they may have at any reasonable time regarding their child. This may be spontaneous, by telephone or by appointment. Staff will not discuss information of a confidential nature regarding any other child or family within the service. Parents/guardians will be given a copy of the program's procedure for dealing with parents concerns at the time of enrolment. These procedures will also be displayed at the service.

The effectiveness of the policy’s operation is subject to review every 12 months.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

Philosophy - To provide a secure, loving and stimulating environment.
Child's needs - To have their feelings acknowledged and accepted and be able to express their emotions appropriately; to feel safe and protected; to have their cultural, religious and racial diversity respected; consistent expectations.
Parents needs - Clear guidelines about acceptable behaviours; involvement in determining appropriate strategies for dealing with poor behaviour; avenues of support for parenting skills; non-judgemental communication from staff.
Staff needs - Appropriate training to deal with behaviour issues and ensure that programs are meeting the child's developmental, social, emotional and cognitive needs; support from parents and management in dealing with difficult behaviours.
Management - Appropriately trained staff and budget to sustain this; support from relevant agencies and professionals to make appropriate decisions in the best interests of the individual child and other children in the child care setting.

BACKGROUND AND LEGISLATION

National Regulations, reg. 155; 156; 73; 74; 162 (2j)
National Law, section 166
Guide to the National Quality Standard, Area 5, Area 4 standard 4.2.1
Federal Disability Discrimination Act 1992
Children, Youth and Families Act 2005
Child Wellbeing and Safety Act 2005
National Standards for Outside School Hours Care (1995)4.5

The Mount Scopus Memorial College OSHC program is committed to:
• Providing an environment that aims to prevent behavioural difficulties (QA 2.3.9).
• Helping children learn the consequences of their behaviour and thus develop an understanding of how their actions affect others.
• Working in partnership with parents/guardians and other professionals in issues relating to guiding the child’s behaviour.
• Helping children to learn to interact effectively, and in doing so to learn to balance their own rights, needs and feelings with those of others.
• Engaging only in practices that are respectful of, and provide security for, children and in no way degrade, endanger, exploit, intimidate or harm them psychologically or physically.
• Complying with regulatory and legislative requirements.
Every child has the right to an environment that is safe. Children come from a variety of backgrounds and cultures, resulting in different family values and expectations. Children are at different stages of academic and social development.

Our aim is to create an atmosphere that encourages children through positive non-threatening guidance techniques, to become happy, reasonable and co-operative participants in the program. This is achieved by modelling acceptable behaviour and discussion of appropriate behaviour. We encourage positive attitudes towards one another through adopting the following practices:

- staff follow guidelines to ensure that the rules of the program are fair and consistent;
- strategies will vary according to the nature of behaviour, age and stage of development of every child;
- staff encourage children to accept differences; and
- staff encourage children to talk about conflicts when they arise (QA2.3.11).

The use of physical punishment by staff, children or visitors as a behaviour guidance strategy is not acceptable under any circumstances.

The use of isolation, humiliation, intimidation or negative labelling by staff, visitors or children is not acceptable as a behaviour guidance strategy under any circumstances.

Guidance Strategies

- clearly defined limits discussed and analysed with the children – children are involved in establishing play and safety limits in the program;
- the staff are to give the children appropriate choices within agreed limits with agreed consequences if limits are exceeded;
- children are encouraged to talk to each other about the problem using appropriate language, to problem-solve amongst themselves and to use language to resolve the conflict;
- if required the child will be given time and space to calm down or consider their actions;
- if behaviour becomes a threat to others or is continually disruptive then staff will consult with parents;
- staff reinforce and acknowledge positive behaviour.

Positive Behaviour Management

Staff will adopt positive behaviour management strategies consisting of:

- indirect guidance — providing a well planned, developmentally appropriate environment to keep the children stimulated and interested (QA 2.3.9);
- direct guidance — presenting children with clear alternatives and helping them develop the ability to make decisions and direct themselves (QA 2.3.8; 2.3.12);
- verbal guidance — used immediately to redirect a child’s behaviour through language which is positive, clear and appropriate to the development of the child;
- emotional guidance — acknowledging acceptable behaviour and promoting self esteem by using positive reinforcement; and
- positive example — role model courteous, polite behaviour and display tolerance towards others.
Persistent Problem Behaviour

If a child’s behaviour requires a staff member to spend a significant proportion of their working time one to one with that child, or the child is consistently displaying disruptive behaviour or is deemed to be endangering other children, the following steps will be taken:

- the co-ordinator will initiate a discussion with the parent informing them of the problem. The co-ordinator will then cooperate with the parent in developing a plan of action to improve behaviour.
- Following consultation with parents, persistent or serious disruptive behaviour may be referred to the Head of each campus for further action.
- If the problem continues then the parent may be asked to remove the child from the service until the problem can be resolved.

It is the responsibility of the Program to provide a safe environment for all children and staff.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

Philosophy - Children are encouraged to develop to full potential; service to provide safe, caring and supportive environment; individuals treated as equals.

Children's needs - For individual needs to be met; social, physical, emotional and intellectual development; warm open environment; equal opportunity; stimulating play environment.

Parents needs - Information about their child’s activities, involvement and development; complementing their role as parent.

Staff needs - Job satisfaction; recognition of professionalism; training and development opportunities; adequate resources.

Management needs - Professional staff who are able to provide appropriate programs.

SOURCES:

- Education and Care Services National Regulations Part 4, Reg. 73, 74 2011 Ministerial Council For Education, Early Childhood Development and Youth Affairs
- Victorian Early Years Learning and Development Framework for Children from Birth to Eight Years, 2009, DEECD and Victorian Curriculum and Assessment Authority, Melbourne, Vic.
- Education and Care Services National Law: Section 168
- Equal Opportunity Act
- Children’s Services Act, 1996 part 4, 26B

POLICY STATEMENT

Mount Scopus Memorial College OSHC will provide a program that is developmentally appropriate to the needs of the children attending the service, stimulates and provides for the development of each child’s social, physical, emotional and intellectual potential and creativity.

The program is planned in consultation with children and staff.

The program endeavours to provide opportunities for the children to participate in a wide and varied selection of activities, covering all areas of interest development. The input of the children is valued and respected.
Our programming decision making is guided by the principles and practices outlined *My Time, our Place – framework for school age care in Australia and the Victorian Early Years Learning and Development Framework*, and is aimed at promoting each child’s learning in the following five outcomes:
1. Children have a strong sense of identity
2. Children are connected and contribute to their world
3. Children have a strong sense of wellbeing
4. Children are confident and involved learners
5. Children are effective communicators.

Experiences are planned around weather conditions. Each day active/passive, indoor/outdoor options are offered.

The program plan will be displayed so both children and parents are able to view it. A suggestion box is also available for children and parents to offer their ideas. Children can voice their ideas during afternoon tea discussion time. There is also an ideas board where children can write their thoughts and suggestions. Program evaluation surveys and questionnaires are offered to the children every term.

The use of computers, TV and video will be restricted to days when there is inclement weather or to times when the children would benefit from a passive activity. This will be at the coordinator’s discretion.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

**Philosophy** - Safe and caring environment.

**Child’s needs** - Safe environment, appropriate care in the event of an accident, protection from disasters.

**Parents needs** - To feel confident that their child’s safety is being assured.

**Staff needs** - Safe environment, appropriate training, well planned and practised emergency/evacuation procedures.

**Management needs** - To minimise legal liability of the service.

SOURCES

Staying Healthy in Child Care by National Health and Medical Research Council
Guide to the National Quality Standard: elements 2.1.2, 2.1.4, 2.3.1, 2.3.2
National Regulations: regulations 168 (2.e); 168 (2.a)
National Law: sections 165, 167

POLICY STATEMENT

The program aims to provide and promote a safe environment in which children may play in and explore their world free from harm. If an emergency or natural disaster occurs at the Centre the children and staff will be well practised in the required procedures to ensure as far as possible the safety and well being of each person present.

HOW POLICY WILL BE IMPLEMENTED (Specific Policies & Procedures):

Emergency procedure is developed in accordance with the National Standards for OSHC and is determined in consultation with the College Head Security Officer.

The Outside School Hours Care program follows the same emergency evacuation procedures as the school. These are displayed near the exit of all OSHC class rooms. The Mount Scopus College Emergency Procedures Plan contains a detailed description of emergency procedures for the events of Fire; Siege; Intruders; Bomb threat; Gas leaks and any other circumstance requiring evacuation.

An evacuation drill shall be carried out once a term.

A fog horn, placed on the fridge is to be used in emergency. This is to alert people at the oval or other areas of the school that there is an emergency.

On hearing the siren:
Evacuate the room or rooms with all children taking the roll, with you, closing the door as you go.
Children at the oval are to make their way straight to the designated meeting point.
Key personnel to take the gate key and evacuation bag & roll.
Evacuate to the side gate and ensure that everyone is accounted for.
Leave all bags books etc.
Ring Burwood to notify of emergency
When all children have been accounted for, walk to the assigned meeting point.

ALL STAFF MUST ENSURE THEY ARE FAMILIARISED THOROUGHLY WITH THE EVACUATION PLAN.

In some instances it may be decided to instigate a lockdown rather than an evacuation. This may be for a variety of reasons including but not limited to bee swarm, rioting, snake, threatening person.

If there is an ongoing external threat, or it is felt that there is an additional risk in evacuating, a lockdown will be instigated, meaning that all children and staff are kept secure within the school building. In this case, a lockdown instruction will be given over P.A. system. On hearing this instruction, all children and staff must immediately return to the Aftercare room. Roll should be checked by the Co-ordinator and all doors and windows should be closed and secured, lights turned off and children asked to remain quiet until further instructions.

The co-ordinator will then contact Burwood and, if deemed necessary, the police, to advise them on the situation.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy's operation is subject to review every 12 months.
CONSIDERATIONS

Philosophy - Safe and caring environment.
Child's needs - Safe environment, appropriate care in the event of an accident, or illness.
Parents needs - To feel confident that their child's safety is being assured.
Staff needs - Safe environment, appropriate training.
Management needs - To minimise legal liability of the service.

BACKGROUND AND LEGISLATION

National Standards for Outside School Hours Care (1995) 2.4; 2.5; 2.6; 2.10
Staying Healthy in Childcare (2005)
Outside School Hours Care Injury Prevention Training Manual (2006)
National Regulations, 2011: reg. 85, 86, 87, 89, 93, 92, 94, 95, 176(1, 2); 162, 168 (1, 2b,c,d)

- At least one staff member with a current first aid and CPR qualification will be on duty at the service at all times children are on the premises.

- A fully equipped and properly maintained first aid kit will be kept in a locked cupboard which is out of reach of children but easily accessed by staff.

- A cold pack will be kept in the freezer for treatment of bruises and sprains.

- First aid will only be administered by qualified first aiders in the event of minor accidents or to stabilise the victim until expert assistance arrives.

- Management will ensure that adequate funds are allocated in each annual budget to ensure that staff's first aid certificates are updated as required.

- The telephone number of the Poisons Centre will be displayed next to the telephone.

According to the National Regulations, if a child is injured or becomes ill, parents will be notified and the child will be kept under supervision with the illness/injury managed appropriately by the staff until recovery, or the parent taking charge.

If the child requires immediate medical attention, all reasonable effort will be made to contact parent/guardian. All reasonable effort will be made to secure appropriate First Aid care.

Where an ambulance is called, a staff member will accompany the child unless the parent is present. The costs of the ambulance ride will be the responsibility of the parents.
A full report of all injuries will be recorded on an Accident Report Form for the parent to co-sign. Information about any serious injury will then be forwarded to the DEECD and provided to the school matron to be included in the child’s file.

Parents should inform staff of any medical concerns which may affect the child while they are in the program. This information will be readily available to staff only.

If a child has an ongoing medical condition, written instructions on how to deal with the condition should be completed by parent. The staff will familiarise themselves with the information and act accordingly.

No medication, except anaphylaxis or asthma emergency, will be administered in Outside School Hours Care program without written permission of the parent/guardian.

**Infectious Diseases**

The Outside School Hours Care Program follows the College’s policy on infectious diseases and lice. Children will be unable to attend the program if they are deemed to be suffering from infectious diseases listed on the Department of Human Services Exclusion Table displayed at the program.

The OSHC program also follows the Immunisation Policy of Mt Scopus Memorial College. It is the Department of Human Services’ requirement that the immunisation status should be recorded for every child entering primary school. It is the parent’s responsibility to inform the program co-ordinator if their child hasn’t been immunised against any particular vaccine preventable disease. Those children may be excluded from the program if an outbreak occurs for their own safety.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
POLICY STATEMENT

This policy will provide guidelines for the provision of safe, varied and inviting food that is of nutritional benefit for the children, and caters for the individual needs of the children enrolled in the program.

BACKGROUND AND LEGISLATION

National Regulations(2011), reg.78, 79, 80168(2a, iii), 114
Guide to the National Quality Standard, 2.1.3, 2.2.1, 2.3
National Standards for Outside School Hours Care (1995) 2.7.1; 2.7.2; 2.8.1
Health Act 1990
Eat Smart, Play Smart Manual – National Child Nutrition Program (National Heart Foundation)

The service follows the 1995 Commonwealth Dietary Guidelines for Children and provides a range of nutritious snacks. The service aims to include food from all food groups and it ensures that the fat and salt content in the food provided is as low as possible. (Eat Smart, Play Smart Manual).

All food provided in the program is to be fresh and of good quality. All food will be handled, stored and prepared hygienically. (National Regulations (2011),reg. 77).

Water is available at all times. (National Standards 2.8.1; OSHCQA 6.1.3, Children’s Services Regulations (2009), reg.79). A weekly menu is displayed. (OSHCQA 6.1.5)

The program caters for children with various allergies. A list of children with allergies is maintained and staff are made aware of foods to be excluded.

Food containing nuts is not used in the program. Any children with other known allergies will also be catered for. Children with special dietary requirements will be provided for following consultations with their parents and the school matron. (OSHCQA 6.1.4). All food provided in the program is kosher.

There will be food and nutrition activities including cooking, etc. incorporated in the program. These will be conducted in accordance with the food and nutrition and hygiene policies.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

Philosophy - Keeping children and staff safe. Protecting every child and carer against infectious diseases.

Children’s needs - Children’s health protected; minimising the risk of cross-infection

Parents needs - Their child will be protected.

Staff needs - Educating staff regarding appropriate hygiene considerations; role modelling.

Management needs - To be informed and educated in regard to requirements needs: and legislation; to be up to date with current trends; to be assured that the service is meeting legislative requirements and providing best practice.

BACKGROUND AND LEGISLATION

National Regulations(2011), reg. 109
Guide to the National Quality Standard, 2.1.3, 2.1.4, 3.1.3
Staying Healthy in Childcare by National Health and Medical Research Council

This policy will set out practices and procedures to be followed in order to ensure the provision of clean and hygienic environment and up-to-date infection control.

Management is responsible for:
- Ensuring new staff are provided with a copy of this policy.
- Arranging for the service to be cleaned regularly including floors and other surfaces.
- Ensuring the sand, tanbark, playground equipment, paths and grassed areas are monitored regularly and maintained in a safe manner.

The staff are responsible for:
- Using colour coded sponges/cloths in each area and ensuring they are stored separately
- Informing the management on any issues that impact on implementation of this policy
- Encouraging parents/guardians to keep children that are unwell at home to prevent the spread of infection to other children.

Children’s contact with each other
Educating and encouraging children in good personal hygiene practices, such as
- Washing their hands after blowing or wiping their nose
- Not touching each other when they are cut or bleeding
- Disposing of used tissues promptly and appropriately and not sharing them with other children.
- Using their own equipment for personal care, such as hairbrushes, combs and hats.
Toileting of children:
- Ensuring soap and drying facilities are available at all times while children are in attendance.
- Ensuring children do not share items related to personal care (hairbrushes, etc).
- Encouraging children to flush toilets after use.
- Encouraging children to wash hands after using the toilet.

Indoor and outdoor equipment:
- Keeping the indoor and outdoor environments as clean and hygienic as possible at all times
- Promptly removing blood and faeces, either indoors or outdoors, using the appropriate cleaning procedure.
- Disposing of any dead creatures found on the premises in the appropriate manner.

The parents/guardians are responsible for:
- Ensuring immunisation details on their child are up-to-date
- Keeping their child/children at home if they are unwell or have an excludable infectious disease.
- Informing the service if their child has an infectious disease.

At all times staff and children will observe strict hygiene practices to minimize the risk of cross infection. All people who handle food will be familiar with the food handling procedures as determined by the Department of Human Services “Guidelines for Personal Hygiene and Food Safety in Schools” (1999).

The following practices will be observed:
- Staff will ensure that the kitchen area is kept clean and tidy at all times.
- All kitchen cupboards are to be cleaned once a term or when necessary.
- The food preparation area will only be used for that purpose
- Staff must wear gloves when preparing food.
- Clean-up will commence as soon as practicable after food preparation.
- Plates, bowls, glasses should be washed in water as hot as possible and preferably rinsed to ensure that few bacteria and no food particles adhere to them.
- Raw and cooked food will be kept separate and separate utensils will be used.
- Hot food will be kept over 60 degrees Celsius.
- Cold food will be kept under 4 degrees Celsius.
- Particular attention will be paid to the cleanliness of sponges. Differently coloured sponges will be used for cleaning of food and for other cleaning.
- Staff will ensure that they clean up any spills as promptly as possible.
- Staff will ensure that when utensils are dropped they are washed before being used again.
- Staff will ensure that when food is dropped, it is disposed of and not eaten.
- Staff will discourage children from sharing food.
- Staff must ensure that they cover their mouth and nose or turn away from each other when coughing or sneezing.
- Staff are required to wash hands after wiping or blowing nose.
- Staff are to cover all wounds/cuts to skin when they come in contact with food.
- Staff must ensure that they dispose of used tissues promptly and appropriately.
- Staff must ensure that they keep children who are unwell away from other children.
- Children will wash their hands before eating and drinking.
- Children will be discouraged from walking around with food.
- Children will be encouraged to cover their mouth and nose and turn away from food and each other when coughing or sneezing.

Posters outlining hygiene rules and cleaning procedures will be placed in the kitchen area.
Before handling any food or cooking equipment the following practices will be followed:

- **Personal Hygiene Practices**
  - Wash hands thoroughly before handling food including back of hands, wrists, between fingers and fingernails.
  - Use soap pump pack for washing hands.
  - Dry hands with paper towel.

- **Personal Cleanliness**
  - Tie back long hair.
  - Wear disposable catering gloves.

- **Food Preparation practices**
  - Before using food inspect food packaging to ensure freshness.
  - Report any imperfections to the Director.
  - Wash all fruit and vegetables.
  - Keep raw food in separate containers from cooked and ready to eat foods.
  - If unable to use separate utensils for raw and cooked food, ensure utensils and chopping boards are washed thoroughly after each type of food. Separate gloves must be used for raw and cooked foods.
  - No food should be consumed during food preparation.

- **Handling food**
  - When handling food always use disposable gloves.
  - Once thawed, defrosted food should be disposed of if not eaten.

- **Storing food**
  - Any remaining food must be covered with a lid, foil or glad wrap.
  - All food kept in containers must have its use by date written on the container.
  - Food purchased earlier will be used first.

Any member of staff who is ill should not be involved in preparation or handling of food. Malfunction of equipment or issues regarding the integrity of food supplied must be reported to the coordinator immediately.

**Minimising the use of toxic materials**

- **Safe and effective procedures when children are present**
  "Staff are responsible for ensuring that colour coded clothes are used for daily cleaning so to reduce chance of contaminating children’s environment. (See Appendix 1) Hot water and washing detergent is all that is to be used when children are present. Hot Soapy water will kill or remove any germs present.

- **End of Day cleaning**
  It is preferable that Hot soapy water is used in our children’s learning environments, but it is also recognised that this method will not remove all stains on tables or floors: Once
children have left the rooms, it is acceptable to using more astringent cleaning agents, such as ‘Nifti’ or an abrasive cream cleanser.

❖ Other Points to Remember:
- Air Drying is preferable for all cleaning utensils – as the sun is an effective, natural disinfectant.
- Disinfectant is only necessary where blood or bodily fluids is involved or when there is an outbreak of an easily transmittable disease. (See appendix 2)
- Washing Hands at all appropriate times, remember to wash after removing gloves. (See appendix 3)

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

**Philosophy** - Keeping children and staff safe.

**Children’s needs** - Individual allergies; cultural differences, other special needs re sunscreen application and outdoor play environment (shade provision) taken into account.

**Parents needs** - The knowledge that their child will be protected.

**Staff needs** - Educating staff regarding appropriate clothing (hats); application of sunscreen; hygiene considerations; role modelling.

**Management Needs** - To be informed and educated in regard to legislation; to be up to date with current trends; to be assured that the service is meeting legislative requirements and providing high quality care through best practice procedures.

LEGISLATION AND SOURCES

*Staying Healthy in Child Care by National Health and Medical Research Council*

*National Regulations (2011), reg.168(2a, iii), 114*

*Guide to the National Quality Standard, 2.1.3, 2.2.1, 2.3*


*Worksafe website (Victoria)*

*Standards Australia website – www.standards.com.au*

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

*Healthy Eating and Physical Activity Guidelines for Early Childhood Settings: Section 2: Physical activity*

www.sunsmart.com.au

**Rationale**

A healthy balance of the sun’s ultraviolet (UV) radiation exposure is important for health.

Too much UV from the sun can cause sunburn, skin damage, eye damage and skin cancer. Australia has one of the highest rates of skin cancer in the world. Two in three Australians will develop some form of skin cancer before they reach the age of 70. Overexposure to UV during childhood and adolescence is known to be a major cause of skin cancer.

Sun protection is needed whenever UV levels reach three and above. In Victoria average UV levels are three and above from the beginning of September to the end of April. During these months particular care should be taken during the middle of the day between 10am – 3pm when UV levels reach their peak.
Too little UV from the sun can lead to low vitamin D levels. Vitamin D regulates calcium levels in the blood. It is also necessary for the development and maintenance of healthy bones, muscles and teeth. From May to August in Victoria, average UV levels are below three so sun protection isn't usually needed during these months unless in alpine regions or near highly reflective surfaces such as snow or water.

**POLICY STATEMENT**

Our Sun Protection Policy has been developed to ensure that all children, employees and visitors attending this Program maintain a healthy UV exposure balance and get some safe UV for vitamin D and are protected from skin and eye damage caused by harmful overexposure to ultraviolet radiation (UVR) from the sun.

**HOW THE POLICY WILL BE IMPLEMENTED – Specific Practices and procedures:**

**From September to April in Victoria**

When average UV Index levels reach 3 and above.

- The service will require children and staff to wear an appropriate hat that protects the face, neck and ears (e.g. wide brimmed, legionnaire or bucket hat) while they are outside, and the UV index is expected to be 3 and above.

- The UV index will be checked daily and communicated to staff via the noticeboard on the intranet. Staff will be responsible to check the warnings each day, to ensure they are encouraging appropriate sun smart behaviour.

**When outside, children are required to wear loose fitting clothing that covers as much skin as possible.** Tops with elbow length sleeves, and if possible, collars and knee length or longer style shorts and skirts are best. (Please note: Singlet tops do not offer enough protection and are therefore not recommended.)

- Children without hats or appropriate clothing may be excluded from outside play. If a staff member is available to stay inside, the children without hats will remain inside. If the ratio does not allow for indoor and outdoor play, children without hats will be required to remain in a shady part of the yard.
- The service will endorse the Sun smart ‘Outside 5’.
- Slip on protective clothing
- Slop on SPF 30+ Broad Spectrum Sunscreen
- Slap on a Sun Protective hat
- Seek Shade
- Slide on some sunglasses

Children will be encouraged to use available areas of shade for outdoor play activity.

- Management will ensure there are a sufficient number of shelters and trees providing shade in the school grounds.

- If the temperature reaches 35 degrees, any outdoor activities must be cancelled or stopped, alternative arrangements will be made for the children inside.
- Employees and visitors to the service will act as role models by following the ‘outside 5’ recommendations.
• Parents will be required to provide SPF 30+ broad spectrum water resistant sunscreen for their children. Sunscreen will be applied liberally at least 20 minutes before going outside. It should be reapplied every two hours if outside. Staff will assist children with this chore.

• The Sun Protection Policy will be reinforced in a positive way through parent newsletters, noticeboards and meetings, staff will discuss the importance of sun protection and healthy UV exposure for vitamin D with the children within the planned program and spontaneously during the day. The policy will be made easily available to parents.

• Management will keep themselves informed about current trends, recommendations and legislation that impacts on Sun Protection Policy by participating in industry networking groups, maintaining regular contact with relevant resource agencies, and providing opportunities for staff to train in current practices.

From May to August in Victoria

When average UV Index levels are below 3.

To help maintain winter vitamin D levels, sun protection measures are not used from May until August unless the UV Index level reaches 3 and above.

When enrolling their child, parents will be:

• Informed of the Sun Protection Policy.
• Asked to provide SPF 30+ broad spectrum water resistant sunscreen for their child’s use.
• Encouraged to practise sun protective behaviours themselves.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

**Philosophy** - Safe caring environment (safety standards, war toys).

**Children’s needs** - Safety, enjoyment, developmental value, learning, interactions.

**Parent’s needs** - Children are safe, enjoying themselves, learning new things, equipment culturally inclusive and appropriate, suitable for different ages & levels of development; children taught to care for things.

**Staff needs** - Equipment easy to maintain in a safe condition, appropriate to program of activities, easy to store & access.

**Management needs** - Price of equipment is within budget. Inventory of equipment maintained on a regular basis.

SOURCES

National Regulations(2011) reg.103, 105
Guide to the National Quality Standard, 3.1.1, 2.1.3, 2.2.1, 2.
National Standards for Outside School Hours Care (1995) 2.9; 4.4

POLICY STATEMENT

The Program will ensure a safe and stimulating play environment for children through the provision of appropriate play equipment and materials that facilitate a wide range of programs and activities that are suitable for the developmental stages of each age group of enrolled children.

HOW POLICY WILL BE IMPLEMENTED (Specific Policies & Procedures):

- All equipment & toys purchased for the Program will meet Australian safety standards & be appropriate to the developmental stages, interests and culture of the children in care. Toys of war are considered inappropriate to the Program’s aim of providing a safe and caring environment.

- There will be sufficient equipment for the number of children enrolled, and to provide for all areas of child development and play.

- The management will ensure that outdoor play equipment does not pose a hazard to children because of its design, manufacture, installation or use, and soft fall surfaces are provided under and around any outdoor play equipment from which there is a reasonable likelihood of a child falling because of the equipment’s design or the manner in which it is used.
• All staff members will be diligent to ensure that all equipment and toys are kept in a thoroughly safe, clean and hygienic condition and in good repair at all times, and stored in a safe manner. Children will be taught to use equipment appropriately.

• Adequate furniture will be provided to meet the physical and developmental needs of the children in care.

• Parents/guardians will be invited to provide information about the toys their children enjoy at the time of enrolment and at intervals thereafter.

• Children will be carefully introduced to new toys & pieces of equipment and taught how to use and care for them appropriately.

• Children using play equipment will be supervised at all times. Equipment that should only be used under supervision will be stored in a safe place.

Equipment and toys will be maintained in a good condition. Safety of equipment will be monitored regularly on a daily basis. Staff must immediately report all observed potential hazards to the coordinator.

The coordinator will then complete a “Hazard Report Form” and forward it to the OH&S Officer who will record it in the Hazard Report Register. The OH&S officer will refer it to the staff member responsible for eliminating the hazard, and report the result to the program coordinator.

Maintenance of toys and games are the responsibility of the coordinator. Maintenance of outdoor/large equipment is the responsibility of the college.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

Philosophy - Children encouraged to develop to full potential; provide safe, caring environment.
Children’s needs - Stimulating environment; wide range of experiences.
Parent’s needs - Information about their child’s activities; safety practices on excursions; option to withdraw their child from excursions if wish.
Staff needs - Clear guidelines for excursions; appropriate staff : child ratios; support from parents;
Management needs - To meet all legal requirements in relation to excursions.

BACKGROUND AND LEGISLATION

The Children’s Services Act 1996
National Law: Section 167
National Regulations: Regulations 100–102, 168
Guide to the National Quality Standard, 2.3
National Standards for Outside School Hours Care (1995) 4.7

- All excursions will be publicised to all parents/guardians with full details of destination, times of departure and return, staff attending, any special items children are required to bring. There will be no change to the publicised itinerary unless the person in charge of the excursion decides it is necessary for the safety and well being of the children.

- On excursions from the service children will at all times be in the charge of a responsible adult contact staff member.

- In determining the required adult: child ratio for each outing the following will be considered:
  - the age and abilities of the children.
  - the destination and length of the excursion.
  - the methods of transport.
  - the previous experience of the accompanying adults
  - the type of activity.

- The co-ordinator will prepare an Excursion risk Management plan for each excursion that will identify:
  - the nature, location and date of the excursion
  - proposed times of departure and return
  - transport and supervision arrangements
  - program of activities, any potential hazards associated with proposed activities and elimination/control measures the staff will put in place in order to overcome the risks.
• Children will always travel on a bus with fitted seatbelts. While travelling on a bus, they will be required to remain seated at all times and use seatbelts.

• Written permission will be obtained from parents whose children are participating in the excursion. The parent’s signed authority will include the date, destination, times of departure and return, parent’s emergency contact details, and transport arrangements. Excursions requiring transport will require that parents/guardians sign a consent form for their child’s participation. The consent form will provide parents with full details about travel arrangements and other details as listed above.

• The contact staff member in charge of the excursion will have a list of the children on the excursion and the emergency contact details provided by parents on their authorisation form.

• A fully equipped and properly maintained First Aid Kit will be taken on all excursions from the premises. National Standards for Outside School Hours Care (1995) 4.7.1

• The contact staff member in charge of the excursion will have a mobile telephone, which is turned on, and on which he/she may be contacted at all times during the excursion.

• Children may be taken on walking excursions within the community when parents have signed the authority contained within the enrolment form.

• Parents/guardians are requested not to send their child on an excursion if they display any signs of being unwell. This is in the interests of everyone concerned.

• The correct staff/child ratio (1:8) for excursions will be strictly adhered to.

At times, the service will also provide incursions – visitors or activities brought into the college. All details of these will be provided to the parents as for excursions.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

**Philosophy**- Caring role - need for safe and healthy environment.

**Children’s needs** - Safe and healthy environment in which to play and learn.

**Parents needs** - Reassurance that health and safety standards are maintained at the program and their children are safe.

**Staff needs** - A safe and healthy workplace; clear guidelines about their responsibilities under Occupational Health and Safety Act.

**Management needs** - Clear guidelines about their responsibilities under Occupational Health and Safety Act; employees co-operation in following health and safety instructions.

BACKGROUND AND LEGISLATION

National Regulations(2011), reg.97, 98, 100, 68(2a, iii)

Guide to the National Quality Standard, 2.1.3, 2.2.1, 2.3

*Managing OHS in Children’s Services, Sue Tarrant, Lady Gowrie Child Centre*


*Reducing the risk of infectious diseases in child care workplaces – Worksafe*


POLICY STATEMENT

The service protects the health and safety of children, staff, parents and visitors by keeping informed about the Occupational Health and Safety (Issue Resolution) Regulations 1989 and the Occupational Health and Safety Act 2004 and ensuring appropriate codes of practice are followed.

The Program is committed to complying with the Occupational Health and Safety (Issue Resolution) Regulations 1989 and the Occupational Health and Safety Act 2004. Every reasonable effort will be made by the program to promote accident prevention, fire prevention and health preservation.

- Employee and Employer responsibilities for Occupational Safety and Health are included in the Occupational Health and Safety Handbook. These responsibilities are highlighted to new staff members as part of their induction. Management will ensure that young workers are given adequate supervision and on the job training to enable them to work safely

- A training program will be organised every 12 months to ensure Management and staff can identify:
- Key elements of the Occupational Safety and Health Act, including the content in general terms, responsibilities that apply to them, and consequences of failing to comply.
- The service's health and safety procedures and policies.
- Safe and healthy workplace practices, including immunisations, hygiene practices etc.
- How to report hazards.
- How to have a say in safe work practices and procedures.

**Water safety procedure**
Water use within the service will be supervised to ensure the safety of children, staff and families is a priority
- Children will be supervised at all times during water play experience.
- The hygienic state of water will be assessed before it is used for children's play.
- Staff will ensure water troughs or containers for water play are filled to a safe level. These activities will be supervised at all times by adults and containers or troughs will be emptied onto garden areas after use. Staff will discuss with the children that this water is for the purpose of play and not for consumption.
- The children's play areas will be checked each morning to ensure that no containers or pools of water are accessible for children. If rain occurs during the day, outdoor play areas will be checked for safety prior to the children entering the outdoor environment.
- Buckets used for general cleaning will be emptied immediately after use. No buckets will be left in play areas or accessible to children.
- Drinking water will be accessible, hygienically stored and maintained. The children will be provided with clean drinking water at all times.
- Staff will use their breaks to consume hot drinks away from the children.
- Special care will be taken to ensure water safety during excursions. If an excursion occurs where children must pass water the staff will make certain that correct staff: child ratios are met and follow all guidelines as set out in the Excursion Policy.

- Identification and handling of the hazards will entail the following practices:
  - Follow procedures and act in a healthy, safe manner at all times.
  - Conduct a daily inspection of the area before children attend.
  - Use a checklist to identify any possible hazards.
  - Report any hazard to appropriate person as soon as possible.
  - Take reasonable care of own health and safety.
  - Follow up on reported works.

This policy is to be used in conjunction with the school's Occupational Health and Safety policy. The template documents for OH&S Hazard Register, OH&S Report and Investigation are attached in the Appendix.

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Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
### CONSIDERATIONS

**Philosophy** - To provide warm, caring and secure environment

**Children’s needs** - To feel accepted and equal; to have their individual needs recognised and met; to be treated fairly.

**Parent’s needs** - To know their child feels safe and secure.

**Staff needs:** To be trained to recognise the signs of bullying and to act accordingly

### BACKGROUND AND LEGISLATION:

- **National Regulations (2011), reg.155, 156,162, 168(2))**
- **Guide to the National Quality Standard, area 5**
- **Children, Youth and Families Act 2005**

The aim of the countering bullying and harassment policy is to prevent all instances of bullying and harassment by the children and staff. Bullying here is defined as behaviour which involves physical or psychological attack by the perpetrator designed to cause distress of the victim.

The program policy is that responsibility for preventing bullying and harassment should be shared by all staff, children and parents. Children are encouraged to report any instances of bullying whether against themselves or other children. Staff are required to be constantly monitoring for instances of bullying and harassment by children against other children.

- Whenever an incident of bullying is reported to, or observed by a staff member, they will:
  - Intervene immediately to stop the bullying behaviour.
  - Talk to the bully and to the victim separately. If more than one child is involved in perpetrating the bullying, talk to each child separately, in quick succession.
  - Consult with other staff members and children to get a wider reading on the problem. Share information with colleagues to alert them to the incident.
  - Minor incidents will be resolved with positive guidance to redirect the bully, reassure the victim, and aim to achieve reconciliation between the bully and the victim.
  - Staff will understand that bullies often try to minimise or deny their actions and responsibilities. Staff will explain to the bully why their behaviour was unacceptable. They will tell them what behaviour they do expect of them.
  - Staff will reassure the victim that all possible steps will be taken to prevent a re-occurrence of the bullying, and will ensure that appropriate measures are taken to achieve this i.e. careful monitoring of the children involved; establishment of a signal system for the victim to call for help etc.
  - Any serious or repeated incidents will be reported to parents. Parents of the bully and the victim will be informed as soon as practicable. Depending on the situation this could be
immediately through a telephone call, or when they come to collect their child at the end of the day.
- Parents will be involved in designing a creative action plan whenever possible.
- For victims this will involve helping the child to make appropriate friends and develop their social skills and confidence. Specific instruction in assertiveness skills may also be helpful.

- Staff will teach children caring, non-violent, co-operative and tolerant ideas, values and behaviours through:
  - Recognising and praising positive, friendly and supportive behaviours of children towards each other;
  - Modelling positive, respectful, inclusive and nurturing behaviours towards children, families and other staff;
  - Planning and implementing co-operative, non-competitive activities.

- Parents are asked to speak to staff if they suspect bullying. Parents are also asked to support the importance of courtesy, consideration and co-operation in everyday life, with their child.

- Staff will be given opportunities to attend training that will assist them to:
  - Identify bullying behaviour;
  - Resolve conflicts;
  - Manage groups of children; and
  - Be assertive.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

**Philosophy** - To provide a non judgmental, anti discriminative, all inclusive program. To ensure that the program offers a gender inclusive variety of experiences presenting both boys and girls with equal opportunities for learning and developing to their full potential. To promote multiculturalism through acknowledging the diversity of cultures, languages and expectations and to offer each child an opportunity of developing a positive attitude towards themselves and others.

**Children’s needs** - To feel accepted and equal; to have their individual needs recognised and met; to recognise discrimination and prejudice; to understand the value of diversity; to be treated fairly.

**Parent’s needs** - To be consulted about their own social and cultural backgrounds and have opportunities to participate in the service; to feel a valued member of the centre; to know their child is valued and included.

**Staff needs** - Open communication with parents; that all families value diversity and support the centre policy; training and resources to support diversity and inclusion at the centre.

BACKGROUND AND LEGISLATION

National Regulations (2011), reg.155, 156
Guide to the National Quality Standard, 1.1.2, 1.1.5, 5.1, 5.2
Disability Discrimination Act 1992
Children, Youth and Families Act 2005
Resource Unit for Children with Special Needs – website [www.rucsn.org.au](http://www.rucsn.org.au)
Ethnic Child Care Resource Unit – website [www.multicultural.online.wa.gov.au](http://www.multicultural.online.wa.gov.au)

The program aims to create an environment of tolerance and inclusion. Children and staff are required to treat each other with respect. Children are to be educated about the main tenets of a tolerant, diverse and multicultural society. Children are strongly encouraged to develop and maintain an accepting and welcoming attitude to people from other ethnic or religious backgrounds.

The purpose of this Policy is to:

- ensure that all persons are treated equitably and with a level of mutual respect;
- reduce bias and prejudice;
- develop a range of practices and guidelines that actively counteract bias or prejudice;
- promote inclusive practices;
- encourage all persons to communicate respectfully and fairly; and
Avoid stakeholders making comparisons between children, families, staff, their backgrounds, abilities or additional needs.

The service’s environment treats and respects people equally regardless of: gender, age, socio-economic status, race, language, beliefs, additional needs and family structure or lifestyle.

The service does not tolerate behaviours, language or practices that label, stereotype or demean others.

The service recognises and values the differences and similarities that exist in children, families, staff, management, volunteers and the wider community.

In order to maintain an inclusive, anti-bias environment, the program will pursue the following long-term goals:

- To maximise children’s self-esteem concerning their own identity (including their cultural identity)
- To encourage children’s awareness and acceptance of differences
- To foster children’s interest and acceptance of diversity
- To develop children’s awareness of their own country’s history and cultures (including our indigenous culture)
- To increase children’s knowledge and appreciation of cultures other than their own
- To encourage children’s positive attitudes towards others’ beliefs and lifestyles
- To develop children’s ability to deal with unfairness and bias shown towards themselves and others
- To encourage children’s respect for others and their appreciation of the value of others, including those with disabilities
- To ensure that programs truly facilitate equality of opportunity for both boys and girls
- To ensure that children are assisted to value others and not exclude others on the basis of differences
- To ensure that staff feel valued, accepted and supported in their efforts to provide an inclusive program for children
- To ensure that all children and families feel welcome, appreciated and respected whatever their socioeconomic status, culture, colour of skin, ability, family type, belief system or lifestyle.

Discriminatory treatment by children against other children or staff and by staff against other staff or children on the basis of ethnic or religious background, appearance, age, gender, disabilities is prohibited. Staff are required to report any instances of discrimination that come to their attention. The program coordinator will then decide on the appropriate course of action which may include mediation, education or disciplinary action.

The program is an equal opportunity employer.

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Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

**Philosophy** - The right for quality care; harmonious, warm and positive environment; communication with parents.

**Children’s needs** - Need and respect for a harmonious, happy environment; role model for interactions.

**Parents needs** - Ability to voice concerns in a positive and confidential manner.

**Staff needs** - Open communications with parents; positive outcomes to parent concerns. Harmonious, warm and positive working environment. Positive team management

**Management needs** - Effective grievance policy in place in order to make informed decisions, to deal with grievance in a positive manner; to address all grievances promptly.

BACKGROUND AND LEGISLATION

National Regulations(2011), reg.168-172
Guide to the National Quality Standard, 7.3.4, 7.3.5
DCD and Licensing Unit website – [www.community.wa.gov.au](http://www.community.wa.gov.au)

POLICY STATEMENT

The aim of this policy is to assist the staff and parents in working together in harmony. It gives the program a means of handling conflict, and provides parents with an appropriate channel for making a complaint. The service fosters positive relations between all parents and staff. Every parent has the right to a positive and sympathetic response to their concerns. Solutions are sought to resolve all disputes, issues or concerns in a fair, prompt and positive manner. Two-way communication is a critical factor in the partnership between parents and the service. Where a partnership exists, it is easier for parents to feel confident about their child’s participation in the OSHC program and to solve problems.

HOW POLICY WILL BE IMPLEMENTED (Specific Policies & Procedures):

The following principles apply to all disputes and complaints lodged:

- The process is accessible to all aggrieved parties and is underpinned by a commitment to cooperation on the part of the OSHC program staff.
- Resolution at the local level is preferred, wherever it is appropriate to do so.
- Procedural fairness is afforded to all parties.
- The subject of the complaint is informed of the substance of the complaint.
- Warranted investigation will be pursued with or without the active involvement of the complainant.
- Confidentiality is maintained, to the extent consistent with legislative requirements.
- Complaints and disputes are monitored and their management evaluated so as to reduce the occurrence of systemic and recurring problems.
- In all matters the well-being of the children is the first priority.
- All persons in the service including children, parents and staff, have a right to be treated with respect and courtesy.
- Complainants are able to make inquiries, raise concerns or lodge complaints about the provision of the program and the conduct of staff and have them dealt with efficiently, fairly and promptly.
- Information about the process for raising concerns and making inquiries or complaints is to be available to parents and members of the local community.

**STAFF DISPUTE RESOLUTION PROCEDURES**

All complaints involving staff will be investigated immediately without bias and respecting the anonymity of the complainant. A satisfactory resolution will be sought.

The person making the complaint shall be informed of the outcome of any investigation.

**Internal disputes:**
If a dispute or grievance arises, it shall be dealt with as follows:
- the matter should firstly be discussed informally by the aggrieved employee with the program coordinator. *Should the coordinator be a party to the dispute or grievance, the matter should be referred to the Human Resources Manager*;
- if not settled, the employee may request a representative to be present and the matter should then be discussed with the coordinator, the Human Resource Manager and the Head of Campus
- if the matter is not resolved *the parties may agree* for it to go to a mediator
- *in the case that steps above fail to resolve the matter, it must be referred to the Principal*

**PARENTS’ GRIEVANCES AND COMPLAINTS**

- Every parent is provided with clear written guidelines detailing grievance procedures, included in the Parent Handbook and displayed on the noticeboard in the foyer. *Children’s Services Regulations (part 4)*
- All confidential conversations/discussions with parents will take place in a quiet area away from children, other parents and staff who are not involved.
- Where a parent wishes their grievance to remain confidential this will be honoured. However parents will be advised that issues cannot always be resolved if the parent chooses to remain anonymous.
- Where a staff member believes they should share a confidence with another person in order to resolve an issue, they will inform the parent of this need prior to any further discussions on the matter.
- Whenever a complaint or grievance is received it will be analysed to determine policy revision or development requirements.
- Management follows through to determine that complaints and grievances have been successfully resolved to everyone’s satisfaction.
- Grievances and complaints policy for parents is reviewed and evaluated annually, or whenever an incident occurs to ensure the processes are clear and non-discriminatory.

**SERVICE - LEVEL RESOLUTION**
In the event of a parent/guardian deciding to lodge a complaint about a staff member or about the program, the parent/guardian is to approach the program coordinator who will arrange a time to discuss the problem. If the issue is not resolved through verbal communication, the parent/guardian is to submit a written complaint to the program coordinator. The coordinator shall endeavour to address the complaint and inform the parent/guardian of the outcome.

REVIEW OF INVESTIGATION

If the parent is not satisfied, they can contact the Head of Campus who will work with the parent and the staff member to resolve the problem. They may wish to formalise their complaint. To do this, they may write to the Head of Campus who will acknowledge the complaint with a written reply as soon as possible, even if a resolution is not available at this stage.

The Head of Campus will consider the issue and identify what action is to be taken and by when, and will clarify the process if a formal complaint is to proceed. This action and timeline will be confirmed with the parent in writing.

If a satisfactory resolution is not reached at this stage, the parent can contact the Principal of the College.

Parents should be aware that when a complaint is made in writing about the performance of an individual staff member, that staff member will receive documentation of the substance of the complaint.

INDEPENDENT REVIEW

If resolution is not reached at the College level or, if the principal is the subject of the complaint, parents can contact the Children’s Services Adviser at the Regional Office of the DEECD for assistance in resolving the issue. This will involve an independent review of the situation and may include mediation. The contact details of the Children’s Services Adviser are as follows:

Postal address: P.O. Box 5, Dandenong, 3175
Location: 165-169 Thomas Street, Dandenong, 3175 Phone: (03) 8765 5787
Fax: (03) 8765 5666
Email: smr@edumail.vic.gov.au
Website: Southern Metropolitan Region

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

**Philosophy** - Child's right to care and protection; responsibility to act in the interest of the child.

**Children’s needs** - Right to care, safety & personal privacy. Counselling & support in the event of abuse.

**Parents needs** - To feel assured every effort has been made to ensure their child is not in danger of abuse.

**Management needs** - Clear guidelines and lines of support from Department of Community Development if abuse is suspected.

BACKGROUND AND LEGISLATION

*Children, Youth and Families Act 2005*

*National Regulations(2011), reg.168-172, 84*

*Guide to the National Quality Standard, 2.3.4*


POLICY STATEMENT

Mt Scopus Memorial College Outside School Hours Program believes it has a responsibility to all children attending the program, to defend their right to care and protection. Children have the right to be physically and emotionally safe at all times. To support this right, the Program will follow the procedures set down in the Department of Human Services document “Responding to child abuse”, when dealing with any allegations of abuse or neglect of children, to ensure the protection of all children attending the Program. The Program also follows the College policy on Mandatory Reporting (see attached).

The “Responding to child abuse” document is held at the Program and must be read by all staff and be available to parents of children attending the Program.

HOW POLICY WILL BE IMPLEMENTED (Specific Policies & Procedures):

- Strategies for creating a child protective environment will be adopted and followed at the service. Employer and employee responsibilities in relation to allegations of child abuse are included in staff handbook. These responsibilities are highlighted to new staff at their induction.

- A guide to recognising signs of abuse or neglect (see Appendix) will be made available to all staff and will be regularly discussed at Staff Meetings, to remind staff of the possible signs of child abuse, and the procedures they should follow if a child in their care displays behaviour or physical signs that could indicate abuse has taken place.
• The service will ensure that staff are made aware of current legislation and reporting requirements related to child protection and maltreatment and that a system for the reporting and recording of suspicious incidents is in place.

• Management will ensure they are aware of their roles and responsibilities in regard to child protection.

• All staff are regularly reminded about the service’s policies, procedures, and confidentiality requirements in regard to child protection and issues are discussed at staff meetings.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
Recognising signs of abuse or neglect

Staff must remember that the effects of child abuse and neglect are not always easy to identify.

The following are just some of the general indicators of child abuse and neglect that you may observe in children. The presence of one or more of these factors does not by itself prove that abuse is happening. However, it can alert you to the possibility of abuse. The possibility of abuse may be higher if more indicators are present.

**Indicators need to be considered in relation to a child’s developmental stage, medical history and social context. While the indicators may not mean abuse, they may be warning signs that something is not right for the child.**

<table>
<thead>
<tr>
<th>Behaviours/conditions that could indicate signs of abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHYSICAL ABUSE</strong></td>
</tr>
<tr>
<td>• Has frequent or unexplained bruises or injuries eg. broken bones, burns, scalds, scratches, bite marks.</td>
</tr>
<tr>
<td>• The child tells you he or she is being hurt.</td>
</tr>
<tr>
<td>• Has sudden or unexplained changes in mood or behaviour.</td>
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<tr>
<td>• Fear of adults (particularly familiar adults).</td>
</tr>
<tr>
<td>• Is startled or cringes when carer moves suddenly or unexpectedly.</td>
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<tr>
<td>• Difficulty in sleeping – nightmares.</td>
</tr>
<tr>
<td><strong>EMOTIONAL ABUSE</strong></td>
</tr>
<tr>
<td>• Has low self esteem</td>
</tr>
<tr>
<td>• Becomes withdrawn or unresponsive</td>
</tr>
<tr>
<td>• Has difficulty making friends or relating to their peers and/or adults.</td>
</tr>
<tr>
<td>• Speech disorders.</td>
</tr>
<tr>
<td>• Habitual self comforting behaviours not consistent with developmental age eg thumb sucking, rocking etc.</td>
</tr>
<tr>
<td>• Is sometimes disruptive or aggressive towards adults or other children.</td>
</tr>
<tr>
<td>• Extreme attention seeking.</td>
</tr>
<tr>
<td>• Seems to lack trust in familiar adults.</td>
</tr>
<tr>
<td><strong>SEXUAL ABUSE</strong></td>
</tr>
<tr>
<td>• Has a great deal of knowledge about sex at a very young age, or has sexual behaviour that seems beyond his or her years.</td>
</tr>
<tr>
<td>• Fear of having their nappy changed or being bathed.</td>
</tr>
<tr>
<td>• Bleeding from the vagina or external genitalia or anus, or signs of pain or discomfort.</td>
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<tr>
<td>• Self destructive behaviour.</td>
</tr>
<tr>
<td>• Disclosure of involvement in sexual activity.</td>
</tr>
<tr>
<td>• Sudden avoidance of familiar adults or places.</td>
</tr>
<tr>
<td><strong>NEGLECT</strong></td>
</tr>
<tr>
<td>• Dressed inappropriately for the weather</td>
</tr>
<tr>
<td>• Poor standards of hygiene eg. dirty child, dirty clothes, unwashed hair.</td>
</tr>
<tr>
<td>• Poor health, failure to thrive, loss of ‘skin bloom’, poor hair texture.</td>
</tr>
<tr>
<td>• Delay in developmental milestones.</td>
</tr>
<tr>
<td>• Always hungry.</td>
</tr>
<tr>
<td>• Untreated physical problems.</td>
</tr>
</tbody>
</table>
CONSIDERATIONS

Philosophy - We recognise that parents/guardians are the first and continuing carers and educators of their children. Therefore, we recognise the right of parents/guardians to be consulted about their own social and cultural backgrounds and have opportunities to participate in the program, to feel a valued member of the service.

Children’s needs - To see that their parents and extended families are made welcome into the service.

Parent’s needs - To feel welcome at the service at all times and to know that their role of primary care giver is respected and valued.

Staff needs: Staff require the parent’s understanding of their role, respect of their professional judgement and advice.

Management needs - Families and staff prepared to work collaboratively to achieve the best results for the children enrolled in this service.

BACKGROUND AND LEGISLATION

Children, Youth and Families Act 2005
National Regulations (2011), reg.157, 76168-172
Guide to the National Quality Standard, 6.1, 6.2, 6.3
Children’s Services Act 1996

POLICY STATEMENT

The program will make every effort to reflect the special nature of the community and will encourage parent input and take into account both parents, children’s and staff needs in the operation of the service.

HOW POLICY WILL BE IMPLEMENTED

Parents will be actively encouraged to participate in the management of the service.

Our management and staff work to form effective partnerships with parents through:

- open and honest communication
- genuine trust and understanding
- a commitment to working towards shared goals in relation to children.
Staff will ensure a positive and welcoming introduction of the new families to the service by:

- Providing all new families with information that includes introductions to the OSHC program staff members and highlights specific policies and procedures that parents need to know about the service.
- Ensuring each family has a copy of the Parent Handbook and an opportunity to have any questions answered.
- Ensuring all new families are encouraged to share information about their child and any concerns, doubts or anxieties they may have in regard to enrolling their child at the OSHC program.

Parents are encouraged to contribute to the program at any time. Any material contribution as well as suggestions, comments and feedback are welcome.

Parents are informed about the program through the school newsletter. They are welcome to visit the program any time, add comments to the suggestion box or offer suggestions directly to the staff.

**Role of parents**

Parents are encouraged to take an active interest in the program by:

- helping as a volunteer
- contributing ideas and resources, such as art, craft and raw materials etc.

**Parents have the responsibility to:**

- Collect children on time
- notify staff if they are going to be late
- cancel bookings not required
- ensure staff are aware of change in a child's physical and emotional condition
- advise of enrolment information changes

Parents are encouraged to share information about their child with the staff. This helps the staff to better understand, support and care for the children in the most appropriate manner. The staff will endeavour to care for the children in a way that is supportive of their familial styles and home experiences.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
Philosophy - Equal opportunity for all

Staff needs - Equal employment opportunities regardless of gender, marital status, pregnancy, race, religion, political conviction, impairment, family responsibility or status and age, protection from harassment due to sex, race, impairment or any other reason.

Management needs - To reflect the community in which the service is located. To obtain an equal balance between sound management practises and individual rights.

BACKGROUND AND LEGISLATION

National Standards for Outside School Hours Care (1995) 3.1.1; 3.1.2; 3.2
National Regulations(2011), reg.125, 145, 168(2)
Guide to the National Quality Standard, 7.3.4, 7.3.5
Children’s Services Act 1996, section 29A

POLICY STATEMENT

Mount Scopus Memorial College OSHC program is committed to the principles of Equal Opportunity in relation to community access to the centre and the appointment of staff. Individuals will be treated with respect regardless of their gender, race, religion, age, impairment, political conviction, pregnancy, family responsibility or family status. The service will actively promote the positive aspects of diversity and encourage acceptance and appreciation of individual differences.

HOW POLICY WILL BE IMPLEMENTED

The program will follow National Standards for Outside School Hours Care (1995) and Children’s Services Regulations (2009) recommendations in relation to employing staff, staff: child ratio and staff qualification requirements.

- There will be a maximum 15 children to one staff member (3.1.1)
- There will be maximum 8 children to one adult on excursions (3.1.2)
- There will be a minimum of one qualified staff member to every 30 children (3.2).

The program is committed to equality for existing staff and in the appointment of new staff. Job vacancies in the program will be filled in the following priority:

- Select current members of staff suitably qualified for the vacancy
• Select suitably qualified people from outside the service and the College after it has been determined that there are no suitably qualified members of current college staff
• The criteria for selection of either current staff member or a person from outside the service will be based on the merit principle in ensuring that the best person is selected for the position.

When a position becomes available or is anticipated, the program co-ordinator will contact the College Human Resources Department with full details of the vacancy. A statement of position requirements will then be displayed on notice boards for the College staff (kindergartens and primary school). If there are no current employees of the College interested in the position, it will then be advertised in local newspaper and The Age.

All applicants will receive information including job description and selection criteria for the position. They will then go through an interview process. The Panel will include the OSHC program co-ordinator and Heads of Campuses (GBH and FKI).

All employees and students will be treated fairly and on their merits without regard to criteria unrelated to job performance such as race, sex, age, marital status or other attributes covered by the Victorian Equal Opportunity Act 1995.

The program endeavours to have a workplace that is free from discrimination and aims to go beyond its legal obligations in accepting staff from diverse backgrounds.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

**Philosophy** - ensure rights of staff are recognised & observed.

**Children’s needs** - Stable happy staff.

**Parents needs** - To know the staff are treated fairly.

**Staff needs** - Secure employment, fair working conditions, clear policies re: appraisal, grievance procedures, discipline, dismissal

**Management needs** - To encourage good staff to stay in their employment.

BACKGROUND AND LEGISLATION:

National Regulations (2011), reg.82, 168-172
Guide to the National Quality Standard, 4.2.1, 7.3.4, 7.3.5

POLICY STATEMENT

The Mount Scopus Memorial College OSHC program will ensure that staff conditions are in concurrence with Equal Opportunity Act, Workplace Relations Amendment (Work Choices) Act 2005 (Cth), Income Tax Assessment Act 1936 (Cth), Superannuation Guarantee Charge Act 1992 (Cth), Occupational Safety & Health Act 2004 (Vic) and applicable Award/Industrial Agreement conditions.

HOW POLICY WILL BE IMPLEMENTED (Specific Policies & Procedures)

- All relevant conditions found in the Award/Industrial Agreement will apply to all employees employed in accordance with the relevant award/industrial agreement.

- An initial **staff appraisal** will take place within 3 months of employment to ensure new staff are clear about their responsibilities and the service’s expectations of them.

- **Grievance procedures** are detailed under Staff Grievances Procedures Policy.

- **All staff are required to maintain a high level of Confidentiality.** (See Privacy Policy)

- Staff should wear **suitable clothing** that allows them to perform their duties safely and is appropriate to the child care setting.

- Staff must wear a **hat and sunscreen** whilst outside away from the undercover area.
• **Smoking** is not permitted on the child care premises or within sight of the children.

• Wages will be paid fortnightly by direct banking.

• All staff are required to attend staff meetings

• Staff are requested to inform the Co-ordinator as early in the day as possible if they are **unable to** report to work, so that relief staff can be arranged.

• **The drinking of alcohol on the premises is not permitted during work hours.** A person reporting for duty under the influence of intoxicating liquor or drugs will be suspended for the day without pay and receive a formal written warning for unacceptable work performance.

• **All staff employed at the service must provide a current assessment notice under the Working with Children (Criminal Record Checking) Act 2004,** prior to commencing work.

• Staff conditions will be reviewed regularly. The review process will include input from management and staff, and will determine a process for the implementation of any agreed changes.

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Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
CONSIDERATIONS

Philosophy: Provide a safe and healthy environment for students with diabetes.

LEGISLATION AND SOURCES
Education and Care Services National Regulations, Regulation 90, 1a;
Department of Education and Early Childhood Development;
Diabetes Australia

POLICY STATEMENT
To ensure all education services at Mount Scopus Memorial College support students with diabetes.

DEFINITION
Diabetes mellitus is a condition that occurs when the body can’t use glucose (a type of sugar) normally. Glucose is the main source of energy for the body’s cells. The levels of glucose in the blood are controlled by a hormone called insulin, which is made by the pancreas. Insulin helps glucose enter the cells and maintain normal blood glucose levels. In diabetes, the pancreas does not make enough insulin (type 1 diabetes) or the body can’t respond normally to the insulin that is made (type 2 diabetes). This causes glucose levels in the blood to rise, leading to symptoms such as increased urination, extreme thirst, and unexplained weight loss.

Responsibilities of Parents:
Parents are required to provide accurate, appropriate written information about their diabetic child to those staff who are responsible for their child’s wellbeing while at school, so their child can enjoy and participate in school life to the fullest. Parents are to provide a written management plan incorporating any medical recommendations. This is to be developed in collaboration with the parent/guardians, doctor and diabetes educator. Parents are to meet with the teachers and school nurse prior to the student with diabetes commencing at school. At this meeting, parents are to run through the diabetes management plan and explain what expectations they have in terms of the blood glucose testing. As well as the diabetes management plan, the parents are to show the teachers any insulin delivery device used by the student and are to provide emergency hypoglycaemic packs and well as extra supplies of batteries, lancets etc. Ideally the students Diabetes Nurse Educator would also be present.
Parents are expected to update the child’s management plan yearly or if the management plan changes.

**Responsibilities of Staff:**
Staff caring for the child at school are to meet with the parents of the student with diabetes prior to the student commencing school.
Staff are to attend relevant training and regular update training by an appropriate health professional.
Staff are to follow the students Diabetes Management Plan which is to be kept at the school and have clear communication with the parents and Diabetes Nurse Educator when required. Teachers are not expected to take responsibility for insulin and/or glucadon administration, but can do so with appropriate training.

**Management Responsibilities:**
Ensure all relevant staff caring for the diabetic student have adequate diabetes training. Display photos and individual management plans with the relevant teachers in their classrooms and in the cafeteria/tuck shop. Ensure relieving staff/volunteers are aware and can identify any diabetic student. Management must ensure diabetic students have adequate supervision and a safe environment.

**Practices and Procedures**
Attendance at school should not be an issue for a student with diabetes, however they may require:

- Routine visits to their medical practitioner every few month
- Extra support and consideration due to their diabetes management.
- Australian Diabetes Council recommends that all people at risk of hypoglycaemia wear some kind of medical identification. In cases of emergency, medical ID can alert ambulance attendants, police officers and others of the need for early intervention.

**Strategies to Support the Diabetic Student**
The timing of injections and food intake is most important. Carbohydrate foods are essential and raise blood glucose levels while insulin and exercise lower them. Maintaining a balance so the level of glucose is neither too high nor too low is very important, however, is sometimes difficult to achieve.

**Monitoring Blood Glucose levels**
- Testing occurs at least four times a day to evaluate the insulin dose. This will require some of these tests to be done at school. A communication book/school diary is to be kept to relay information about the students Blood Glucose levels between parents/guardians and school.
- Younger students may need supervision when performing Blood Glucose tests.

*A Hypoglycaemic (Hypo) Reaction is an indicator of low blood sugar.*
Brain function and behaviour deteriorate if the brain is not supplied with enough glucose for its needs. Too much insulin and/or exercise, or not enough carbohydrate foods may
cause a low blood glucose level (hypo) depriving the brain of energy. Treatment is needed promptly to raise the blood glucose level to prevent a mild hypo from progressing to a severe hypo.

- Each child may experience different symptoms and staff should be guided by their management plan.
- Treatment for a hypo will include a fast acting sugar and a slower acting carbohydrate. Individual treatments are to be followed via the students’ management plan. Early treatment of a hypo will prevent a mild hypo progressing to a severe hypo. If in doubt, treat.
- A child experiencing a hypo is not to be left alone and must be accompanied to their hypo kit, or their hypo kit is to be taken to them.
- If a student shows any sign of hypoglycaemia or complains of feeling “low” then they must immediately do a blood glucose test in the classroom and take a fast acting carbohydrate from their hypo box, followed by a slow acting carbohydrate as per their management plan. A follow up blood glucose is to be done 20 minutes later. There is no need to send the child to the Health Centre unless concerned. All blood glucose readings must be recorded in the student’s communication book/school diary.
- Adult supervision is needed until the student has fully recovered.
- After a severe hypo, the child may have difficulty concentrating for several hours.
- Glucometer and CHO should be carried with the student to sport and specialty classes.
- Parents/guardians must be advised about the hypo and students must not be allowed to travel home unaccompanied.
- Severe hypos causing unconsciousness, seizures or extreme disorientation cannot be treated by giving sweet foods or drinks by mouth. They require urgent specialised care using injections of glucose or an injection of Glucagon, which is to be kept with the hypo kit and stored below 25 degrees Celsius. The glucagon injection can be administered by a paramedic, the school nurse or staff member trained and willing to administer this injection.
- An ambulance should be called if recovery takes longer than 15 to 30 minutes or if the child becomes unconscious, whereupon the Glucagon injection must be administered and basic life support commenced.

**A hyperglycaemic (hyper) reaction is an indicator of high blood sugar**

- A student having a hyper may have an increased need to urinate and drink and may become very tired.
- An individual’s management plan must be followed for any hyper.

**Activities including excursions and camps**

- Diabetic students should be encouraged to attend all excursions and camps.
- Consideration should be given to the students ability to self-manage their diabetes i.e. blood glucose tests, insulin etc. If needed, a parent/guardian or designated school staff member will be required to attend the excursion/camp to assist the student.
- The parents/guardians are to supply any extra/further care information prior to the excursion/camp that may be needed to ensure the child receives optimum care whilst away from home.

**Administering Insulin**
Insulin may be required to be administered during school hours either by an insulin pen or an insulin pump worn by the student.

Some students may need assistance from the school nurse or designated school staff member to administer the insulin pen.

Discussion with the parent/guardian and student should take place regarding where in the school the student feels most comfortable taking their blood glucose levels and administering insulin. Younger students should be encouraged to do this in class. Older students may require a designated area.

A copy of the diabetic management plan is to be kept with the insulin in the Health Centre; in the classroom with the teacher and the management plan should also be kept with the sports teacher.

**Meal times**

- Most meal requirements should fit into the regular school routine, however if an activity is running overtime, students with diabetes **cannot** delay their meals.
- Extra supervision may be required for young students at meal/snack times

**Physical Activity**

- Exercise should be preceded by a serve of carbohydrates. Time must be given for the diabetic student to do this.
- Physical education staff should ensure diabetic students have extra glucose and carbohydrates at hand in the case of a hypoglycaemic state.
- It is not recommended for students with high blood glucose levels to participate in sport as it may cause them to become more elevated. Staff must follow the students' management plan.
- Water sports need special supervision as a hypoglycaemic state increases the risk of drowning. There is to be a designated person to observe a younger child at all times while in the pool.

**Feeling Unwell at School**

- Students with diabetes who are unwell should not be sent to the Health Centre alone.
- If a diabetic student vomits or has diarrhoea, their parent needs to be called immediately, and taken to their doctor. If the parent or guardian is not available, an ambulance must be called.

**Special Events**

- Consideration must be given when catering for special events such as class parties, such as having diet soft drinks available. Staff should discuss with parents/guardians catering before such events.

**Exam Support**

- During exams, students with diabetes should be allowed to bring food into the exam in case of a ‘hypo’.
- They should be granted easy access to the toilets as a high blood glucose level will cause the student to urinate more frequently.
• Special consideration should also be given such as additional time for rest breaks, taking medication, consuming food and drinks and leaving the room under supervision.

Camps
• Parents/guardians are to meet with camp organisers prior to camp and provide a written list of special needs along with emergency contact details.
• Parents/guardians are to provide adequate supplies for testing and treatment, and details of insulin dosages.
• Extra food and snack are to be available to the diabetic student at all times.

Communication with Parents
• A communication book/school diary is to be used to communicate daily with the diabetic student's family to relay information regarding the student's blood glucose levels.
• Regular communication will allay parents/guardians' anxieties and ensure optimal care of their student whilst at school.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy's operation is subject to review every 12 months.
Policy Document No: OSHC23
Category: Outside School Hours Care
Topic: Medication Policy

Date of Issue: December 2011
Date last Reviewed: March 2014

CONSIDERATIONS

Philosophy - Provide safe administration of medications
Parents Requirements - Must provide the appropriate medication with written authorisation to ensure safe delivery to their child.
Staff Requirements - Must keep a medication record that includes details for each child for whom the medication is to be administered to.

Ensure teachers abide by their duty of care by assisting students to take their medication where appropriate.
Encourage parents/guardians to consider whether they can administer medication outside the school day, such as before and after school and before bed.
Communicate to parents on enrolment the medication policy and parents responsibilities.
Protect student privacy and confidentiality to avoid any stigmatisation

Management - Encourage parents/guardians to consider whether they can administer medication outside the school day, such as before and after school and before bed. Must keep a medication record that includes details for each child for whom the medication is to be administered to. Protect student privacy and confidentiality to avoid any stigmatisation. Must provide a facility to store medications as appropriate and budget for this.

LEGISLATION AND SOURCES

Draft Education and Care Services National Regulations, Part 4.2, Division 4, Chapter 92
Department of Education and Early Childhood Development, Student Health

POLICY STATEMENT

To ensure all education services at Mount Scopus Memorial College store and administer medication correctly. This relates to all medications including prescription and non-prescription medication.

PRACTICES AND PROCEDURES FOR ADMINISTRATION OF MEDICATION

The Medication Record (Attachment 1) must include:

- The name of the child.
- Authorisation to administer medication (including, if applicable, self-administration), signed by a parent/guardian or the child’s doctor.
- The name of the medication to be administered.
- The time and date the medication was last administered.
The time and date, or the circumstances under which, the medication should be next administered.
• The dosage of the medication to be administered.
• The manner in which the medication is to be administered.
• The name and signature of the person who administered the medication

When the medication is administered to a child the record must include:
• The dose that was administered
• The manner in which the medication was administered.
• The time and date the medication was administered.

• The name and signature of the person who administered the medication.
• Except in the case where there is only one educator to educate and care for the children, a second person must also check the medication to be administered; the identity of the child to whom the medication is to be administered; and this second person must sign the medication record.

Medication must only be administered under the following circumstances:
• Authorisation to administer medication (including, if applicable, self-administration), signed by a parent/guardian or the child’s doctor.
• In the case of an emergency, a verbal consent may be given by a person or parent named in the child’s enrolment record as authorised to consent to administer medication, or a medical practitioner or emergency service.

Exception to authorise in an anaphylaxis or asthma emergency:
• Medication may be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency. If medication is administered in this circumstance, the parent of the child or emergency services must be notified.

Procedure for administration of medication:
• If the medication has been prescribed by a registered medical practitioner, then it must be in its original container, bearing the original label with the name of the child to whom the medication is to be administered, with the dosage and time to be administered, and be before the expiry or use by date.
• The medication must be stored according to the product instructions, particularly in relation to temperature.
• No child is to take their first dose of a new medication at school in case of an allergic reaction. This should be done under the supervision of the family or health practitioner.
• No medications are to be kept in a child’s bag. All medications are to be stored with the appropriate teacher, carer or in the Health Centre.
• No child is to be allowed to use medication by anyone other than the prescribed student.
• Encourage parents/guardians to consider whether they can administer medication outside the school day, such as before and after school and before bed.

Self-administration of medication:
Mount Scopus Memorial College may permit a child over preschool age to self-administer medication if an authorisation for the child to self-administer medication is recorded in the medication record.

Furthermore:

- Mount Scopus Memorial College staff will not store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury. The exception to this is administration of the above medications by Registered Nurses Div 1, with parental consent.

Storage of medication:

- Medication is to be stored for the period of time specified in the written instructions received
- The quantity of medication provided is not to exceed a week’s supply, except in long-term continuous care arrangements.

Medication is to be stored:

- securely to minimise risk to others
- in a place only accessible by staff who are responsible for administering the medication
- away from the classroom
- away from the first aid kit.

Medication error:

1. If required, follow first aid procedures outlined in the Anaphylaxis Management Plan or CPR guidelines.
2. Ring the Poisons information Line, 13 11 26 and give details of the incident and student.
3. Act immediately upon their advice, such as calling an ambulance, on 000, immediately if you are advised to do so.
4. Contact the parents/guardians or the emergency contact person to notified them of the medication error and action taken.
5. Review medication management procedures at the school in light of the incident.
The effectiveness of this policy’s operation is subject to review every 12 months.
## SHORT TERM PERMISSION – MEDICATION RECORD

<table>
<thead>
<tr>
<th>CHILD’S NAME:</th>
<th>GRADE:</th>
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<tr>
<td>MEDICATION:</td>
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<tr>
<td>Reason for Administering: e.g. Earache, tonsillitis</td>
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<td>Dosage:</td>
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<td>Date to be given:</td>
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<td>Times to be given:</td>
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<tr>
<td>Date and time the medication was last administered</td>
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I give permission for a member of staff to administer the above medication to my child.

Signed: _______________________________ Date: _____/______/20____

Parent/Guardian

Day time phone number: _______________________________

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<th>Dosage</th>
<th>Time and Date</th>
<th>Name &amp; Signature 1</th>
<th>Name &amp; Signature 2</th>
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Policy Document No: OSHC24
Category: Outside School Hours Care
Topic: Staff Code of Conduct

Date of Issue: March 2012          Date last Reviewed: March 2014

CONSIDERATIONS

**Philosophy** - Mount Scopus Memorial College promotes the right for quality care; a harmonious, warm and positive environment; effective communication with parents.

**Children’s needs** - Children require a harmonious, warm and positive environment; appropriate role models for positive interactions. They need to be seen and treated as competent and capable learners with entitlements and rights.

**Parent’s needs** - To maintain positive relationship with staff based on mutual trust and open communication.

**Staff needs** - A harmonious, warm and positive working environment.

**Management needs** - A safe and healthy workplace, employees’ co-operation in following professional ethical responsibilities.

BACKGROUND AND LEGISLATION

*National Regulations, regulation 168 (2.i), 170,171*

*Guide to the National Quality Standard, elements 4.2.1, 4.2.3, 7.3.5*


POLICY STATEMENT

The aim of this policy is to assist the staff and parents in working together in harmony. It is to be read in conjunction with the College’s *Respectful Workplace Policy* and *Staff Dress Code Policy*.

Our service supports staff to demonstrate high standards of professional conduct at all times in their work with children, families, other staff and the wider community.

**Rationale**

It is important that staff practices and behaviours reflect the professional principles and values of the early childhood sector and those of the general wider community.

**Scope**

This policy applies to all permanent, temporary and casual staff at Mount Scopus Memorial College OSHC program.

All staff at Mount Scopus Memorial College OSHC program agree to:
• Abide by the relevant legislation including *Education and Care Services National Regulations (2011)* and *Children and Young Persons (Care and Protection) Act 1998*

• Abide by the *Early Childhood Australia’s Code of Ethics 2006* and actively support the philosophy of the Centre

• Understand and actively implement all the policies, procedures and rules of the Centre

• Represent the Centre in a positive way

• Only discuss confidential information or issues of the Centre with appropriate people within the Centre but not with any person outside the organisation, unless required by law

• Not to smoke, take illegal drugs or consume alcohol immediately prior to or when on duty on the premises.

• Resolve any conflicts with other staff using the policy and procedures developed within the Centre

• Treat children, families, other staff or visitors to the Centre with courtesy, respect and consideration at all times

• Act positively on complaints and provide services to the best of their ability

• Strive to build a safe, harmonious, equitable and non-discriminatory workplace

• Value, respect and support the abilities and knowledge of other staff, children and their families

• Wear clean, neat clothes professionally appropriate to the type of work to be undertaken and not offensive to the children, families, other staff or members of the Centre

Note: It is unacceptable for any staff member to use any form of harassment, physical, verbal or emotional punishment when carrying out their duties with children, families, other staff members or other visitors to the Centre.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
Policy Document No: OSHC25  
Category: Outside School Hours Care  
Topic: Staff Interactions with Children

Date of Issue: March 2012  
Date last Reviewed: March 2014

CONSIDERATION

**Philosophy** - To provide a secure, safe and stimulating environment where children are valued and respected. To develop warm and responsive relationships with children and families.

**Child's needs** - To have their feelings acknowledged and accepted and be able to express their emotions appropriately; to feel safe and protected; to have their cultural, religious and racial diversity respected; consistent expectations.

**Parents needs** - To feel confident that their child’s dignity and rights are maintained and protected; avenues of support for parenting skills; non-judgemental communication from staff and opportunities to have input into policy.

**Staff needs** - Clear guidelines and policy, appropriate training to deal with behaviour issues and ensure that programs are meeting the child's developmental, social, emotional and cognitive needs; support from parents and management in dealing with difficult behaviours.

**Management needs** - Appropriately trained staff and budget to sustain this; support from relevant agencies and professionals to make appropriate decisions in the best interests of the individual child and other children in the child care setting.

LEGISLATION AND SOURCES

- National Regulations 2011: Reg. 155; 156; 73; 74; 162 (2, j)
- National Law, section 166
- Children’s Services Act 1996 Section 28(1); 28(2)
- Federal Disability Discrimination Act 1992
- Children, Youth and Families Act 2005
- Child Wellbeing and Safety Act 2005
- Belonging Being and Becoming: The Early years learning framework for Australia, Department of Education and Employment and Workplace Relations 2009, Canberra
- Guide to the National Quality Standard, Area 5; Area 4 standard 4.2.1.
- OSCAR Term 4 2011, Resource and Development Unit Community Child Care Victoria
- Related policies: Philosophy and Mission Statement, Behaviour Guidance Policy, Diversity and Equity Policy, Bullying, Violence and Harassment Policy

- Educators are expected to be attuned to children’s thoughts and feelings to support the development of a strong sense of wellbeing and social competencies.
- Educators provide consistent opportunities for children to develop effective communication skills, interpersonal skills, confidence and a positive sense of self in an
environment that respects diversity, is safe and supportive and where children have a strong sense of belonging.

- Educators regularly discuss the development of the program, knowledge of individual children's needs, routines and current goals and strategies.
- Educators have regard to the family and cultural values, age and physical and intellectual development and abilities of each child being educated and cared for by the service.
- The children will not be required to participate in activities that are inappropriate in relation to each child’s family and cultural values, age and physical and intellectual development or capacity.

- The staff of Mount Scopus Memorial College OSHC program will respond to children in a positive manner. Positive body language and verbal interactions will be appropriate to the child's developmental level.
- Staff will encourage positive interactions between children.

**Staff will encourage children to:**

- Verbalise feelings and ideas.
- Be self-reliant and develop self-esteem.
- Listen to other children.
- Show respect for others.
- Develop appropriate social skills.
- Accept others of different culture, race and religion.
- Be involved in appropriate experiences given their family and cultural values, age and physical development.
- Be co-operative.
- Have positive relationships with each other.
- Share experiences.
- Show acceptance of routines.
- Seek help when frustrated.
- Interact with other children.
- Be relaxed and happy with each other.
- Contribute to group activities and participate.
- Accept guidance in behaviour and respond to positive discipline practice. (see Behaviour Support Policy)
- Feel comfortable with themselves.
- Respect other children's space and privacy.

**Through positive, supportive and intentional relationship building, educators will ensure that the Children are encouraged to express themselves and their opinions:**

- The United Nations ‘Rights of the child’ are acknowledged. Diversity of opinion, culture and interests is promoted and incorporated into the program.
- The children contribute ideas to the programme of activities based on their current interests and skills.
- The children participate in the documentation of their experiences, participation and achievements.
- Children’s reflections, contributions, ideas, feedback, opinions are sought by the educators regularly throughout the programme and in a variety of situations. The documentation is used to enhance and enrich the program.
- Educators monitor, support, facilitate and guide interactions between peers where required.
- Relationships are strengthened as educators and children share decisions, respect and trust each other and learn together

**The Child's dignity is respected by staff:**
- Child management techniques will be positive. No physical, verbal or emotional punishment, (ie no threats, humiliation or scare tactics).
- The child is to be only isolated for sickness, accident or a prearranged appointment with parental consent.
- The child is to be given positive guidance directed towards acceptable behaviour with encouragement.
- The child is to be given support in the child’s learning experiences.
- The child is given emotional support.
- The child is not required to sleep or rest against the child’s wishes or needs.

**Children are supported to undertake experiences that develop self-reliance and self-esteem:**
- The children have many opportunities to take on levels of responsibility and make decisions for themselves.
- The routine is reviewed regularly to ensure it is developmentally and age appropriate and that educators expectations of children is based on their age and development.
- The program of activities is planned, evaluated, extended on to facilitate the individuals' strengths and interests and to ensure children have opportunities to try new activities, take risks and develop a sense of achievement.

**The dignity and rights of each child being educated and cared for by the service are maintained at all times:**
The educators will ensure at all times the environment and interactions reflect and promote respect for the individual using the service and will facilitate the children’s development of skills in interactions and communication to ensure all interactions are non-bias, non-discriminatory, non-threatening, respectful, will not humiliate, scare, threaten or harm any other person.
The educators will role model and promote respect, democracy, honesty, integrity, justice, courage and a collaborative environment for all users to promote a positive interactive learning community

**Each child is given positive guidance and encouragement toward acceptable behaviour:**
- Educators discuss the strategies for positive and acceptable behaviours with the children individually and in a group situation on a regular basis.
- Educators role model respectful and positive interactions with the children, with each other and with the families.
- Educators value the partnership with families and consult with families on a regular basis.
- Staff know that actively playing alongside the children is the best place to adequately supervise, respond and promote positive interactions and learning.
- Staff promote and role model positive guidance and conflict resolution through supporting interactions, role modelling and play.

**Relationships in Groups**
Educators will
• take reasonable steps to ensure there are opportunities for children to interact and develop respectful and positive relationships with each other and with staff members of, and volunteers at, the service.
• Have regard to the size and the composition of the groups in which children are being educated and cared for at the service.

Approved by the College Principal

Date: March 2014

The effectiveness of this policy’s operation is subject to review every 12 months.
Policy Document No: OSHC26
Category: OSHC
Topic: Medical Conditions

Date of issue: March 2014

Considerations

Philosophy: Providing a safe, caring environment.

Children’s needs: Support in managing any known medical conditions and protection from further exacerbation of those medical conditions.

Parent’s needs: To feel confident that their child's health and medical conditions are supported and well managed.

Staff needs: Clear guidelines in relation to their duty of care, and adequate training to attend to children with known medical conditions.

Management: Ensure staff are adequately trained to meet the standard requirements in relation to any medical conditions, and that the staff have facilities and necessary equipment to support and manage those medical conditions.

Legislation and sources

Education and Care Services National Regulations Part 4.2, Division 3
Staying Healthy in Childcare 2011

Related Policies:

- Asthma Policy
- Diabetes Policy
- Anaphylaxis Policy
- Medication Policy

Policy Statement

This policy will set out practices and procedures to be followed in order to ensure medical conditions including asthma, diabetes, students at risk of anaphylaxis or other health care needs are competently supported and managed while a child attends the Mount Scopus Memorial Outside School Hours Care facility.

How the policy will be implemented - specific practices, procedures and responsibilities:

The Parents/Guardians are responsible for:

- Prior to or on enrolment, informing staff if their child has a known medical condition.
- On the first day a child attends the centre, the parent/guardian is to provide a management plan and specific medication for their child’s medical condition.
- In consultation with staff, develop a risk management plan to be implemented while their child attends the centre.
• Ensuring their child does not attend the centre without any medication prescribed by a medical practitioner in relation to their child’s specific health care need, allergy or medical condition. That medication is not to be not past the expiry date (see Medication policy).

• Communicating either verbally or in writing any changes to their child’s medical condition; their management plan or their risk management plan. This is to be done prior to the child recommencing at the centre if they absent due to their medical condition or as soon as practicable. Any verbal communication is to be documented by staff then signed by the parent/guardian as soon as possible.

• Communicating verbally and in writing to staff if their child who is over preschool age, can self-administer their medication.

Staff are responsible for:

• Making themselves aware of the medical conditions policy, any medical management plans and any risk management plans for all children with specific health care needs, allergies or medical conditions who attend their centre. This is to be done on a child’s enrolment to the centre.

• Developing a risk management plan in consultation with the parents/guardians of a child who has a specific health need, allergy or medical condition. This requires assessing any risks, such as any known allergens that may pose a risk to the child, having clear and open communication when informing the parents of such possible risks to their child and implementing strategies for minimising these risks. This is to be attended to on a child’s enrolment to the centre.

• Ensuring practices and procedures in relation to safe handling, preparation, consumption and service of food are implemented. (See the Food and Nutrition Policy and Anaphylaxis Policy).

• Identifying the child with the medical condition, having knowledge of the child’s medical management plan, risk management plan and knowing the location of the child’s medication.

• Following a management plan in the event of an incident relating to a child’s specific health care need, allergy or relevant medical condition.

• Ensuring the child with a medical condition does not attend the OSHC facility without medication prescribed by a medical practitioner in relation to the child’s specific health care need, allergy or medical condition.

• Being aware and making written changes to a child’s medical condition; their management plan or their risk management plan. This may have been communicated either verbally or in writing by a parent/guardian or verbally and in writing from management. Any verbal communication is to be documented by staff then signed by the parent/guardian as soon as possible.

• Support any child who self-medicates (see Medication Policy).

• Being aware of how and where to record all administration and self-administration of medications (see Medication Policy) while children are in their care.

Management is responsible for:

• Ensuring staff develop a risk management plan in consultation with the parents/guardians of a child who has a specific health need, allergy or medical condition. This requires assessing any risks, such as any known allergens that may pose a risk to their child, having clear and open communication when informing the parents of such possible risks to their child and implementing strategies for minimising these risks. This is to be attended to on a child’s enrolment to the centre.

• Ensuring all staff and volunteers make themselves aware of the medical conditions policy, any medical management plans and any risk management plans for all children with specific health care needs, allergies or medical conditions who attend their centre. This is to be attended to on a child’s enrolment to the centre.

• Ensuring all staff members, volunteers and visitors to the centre are aware of the practices in relation to managing any known medical conditions.

• Ensuring staff implement the practices and procedures in relation to the safe handling, preparation, consumption and service of food (See the Food and Nutrition Policy and Anaphylaxis Policy).
• Ensuring all staff members and volunteers to the centre can identify the child with a medical condition, have knowledge of the child’s medical management plan and know the location of the child’s medication.
• Ensuring the child with a medical condition does not attend the OSHC facility without medication prescribed by a medical practitioner in relation to the child’s specific health care need, allergy or medical condition.
• Communicating to staff and volunteers both verbally and in writing any changes to a child’s medical condition; their management plan or their risk management plan.
• Supporting a child who is over preschool age, to self-administer their medication (see Medication Policy).
• Ensuring staff and volunteers are trained in how and where to record all administration and self-administration of medications (see Medication Policy).
• Ensuring all staff has adequate training to manage any medical conditions and budget for that training.
• Ensuring there are adequate resources to manage any medical conditions.
• Once management has been informed by a parent/guardian that their child has a specific health care need, allergy or other relevant medical condition, then management are to provide them with a copy of this, the Medical conditions policy, both on enrolment and on request.

Approved by the College Principal:

Date: 19 March 2014

The effectiveness of the policy’s operation is subject to review every 12 months.
Policy Document No: OSHC27
Category: Outside School Hours Care
Topic: Asthma Policy

Date Issued: August 2009
Last Review Date: April 2014

Implementation Details
The actions required to implement this policy are as follows

- All parents/guardians of children enrolled at the OSHC program to have access to a copy of the policy. A copy is provided to individual parents on request.
- Parents/guardians of children with diagnosed asthma to complete a written Asthma Action Plan.
- Display The Asthma Foundation of Victoria’s Asthma First Aid posters in key locations at the service.
- Check that a plan of action for the emergency treatment of an asthma attack, based on the 4 Step Asthma First Aid Plan, has been developed for all children diagnosed with asthma.
- Accident, Injury and Illness Book to be available and completed when necessary.
- All staff to have up to date asthma training. Training will take place every 3 years.
- Phone numbers for the ambulance (000) and The Asthma Foundation of Victoria (03 9326 7088 or 1800645130) to be prominently displayed.

Asthma Policy

1. Authorisation
   This policy was adopted by Mount Scopus Memorial College August 2009.

2. Review Date
   This policy shall be reviewed yearly, or when required.

3. Scope
   This policy applies to children enrolled at Mount Scopus Memorial College, their parents/guardians, and staff.

4. Background and Relevant Legislation
   Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week from asthma, many of these deaths are thought to be preventable. Community education and correct management will assist in minimising the impact of asthma.

   It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, Mount Scopus Memorial College recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Legislation

- The Occupational Health & Safety Act 1998
- The Health Act 1958
5. Definitions

**Metered Dose Inhaler (puffer):** Common delivery device used to administer reliever medication.

**Emergency Asthma Management (EAM) Accreditation:** Successful completion of a Course in Emergency Asthma Management.

**Asthma Emergency:** The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

**Asthma Action Plan (medical management plan):** A record of information on the child’s asthma and how to manage it, including contact details, what to do when the child’s asthma worsens and emergency treatment.

**Asthma Risk minimisation plan:** a plan developed in consultation with the parents of the child to ensure that the risks relating to the child’s specific asthma triggers are assessed and minimised.

**Asthma triggers:** Things that may induce asthma symptoms e.g. pollens, colds/viruses, dust mites, smoke, exercise, etc. Asthma triggers will vary from child to child.

**Puffer:** Common name for a metered dose inhaler.

**Reliever Medication:** This comes in a blue container and is used to relax the muscles around the airways to relieve asthma symptoms e.g. Airomir, Asmol, Epaq or Ventolin.

**Spacer device:** A plastic device used to increase the efficiency of delivery of asthma medication from a puffer. It may be used in conjunction with a facemask.

6. Policy Statement

**Values**

This Early service is committed to:

- Raising awareness about asthma among the staff and parents/guardians of children attending the Early Learning Centre and any others dealing with children at the Early Learning Centre.
- Providing a safe and healthy environment for all children enrolled at the Early Learning Centre.
- Providing an environment in which all children with asthma can participate in order to realise their full potential.
- Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.

**Purpose**

The aim of this policy is:

- For all children with asthma enrolled at the service to receive appropriate attention as required.
- To respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack at the OSHC program.

7. Procedures

**The Registered Nurse and Coordinator**

- Where appropriate, organise Emergency Asthma Management training for staff.
- Where appropriate, organise asthma management information sessions for parents/guardians of children enrolled at the Early Learning Centre.
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child’s asthma.
- Provide asthma reliever medication and a spacer device in the Health Centre.
- The Coordinator will ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the Early Learning Centre, whether the child has diagnosed asthma and nursing staff will document this information on the child’s enrolment record.
• Provide families whose child has asthma with an Asthma Action Plan to complete in consultation with their doctor. On completion, this will be attached to the child’s enrolment record.

• For the OSHC staff to develop a Risk Minimisation plan in consultation with the parents of the child to ensure that the risks relating to the child’s specific asthma triggers are assessed and minimised.
  • Ensure that asthma components are included in the First Aid Kit taken on any activities outside the premises.
  • Regularly maintain all asthma components of the First Aid Kit, to ensure all medications are current and any asthma devices are clean and ready for use.
  • Identify and, where possible, minimise asthma triggers as defined in the definition section of the policy or in children’s Asthma Action Plans.
  • Where necessary, modify activities for the child with asthma in accordance with their current needs and abilities.
  • Administer all regular prescribed asthma medication in accordance with the Asthma Action Plan.

• To put in place the following communication procedures to ensure that relevant staff members and volunteers are informed about the medical conditions policy, the asthma management (action) plan, and the risk minimisation plan for the child in their care:
  ➢ Compile a list of children with asthma and place it in a secure but readily accessible location, which is known to all staff, as well as on the TASS database. The list will also be available to all Relieving Staff.
  ➢ Display The Asthma Foundation of Victoria’s Asthma First Aid posters in key locations.
  ➢ Consult with the parent/guardians of children with asthma, in relation to the health and safety of their child and the supervised management of the child’s asthma.
  ➢ Promptly communicate any concerns to parents if it is considered that a child’s asthma is limiting his/her ability to participate fully in all activities.

Parents/guardians of a child with asthma will
• Inform staff, either on enrolment or on initial diagnosis, that their child has a history of asthma.
• Provide all relevant information regarding the child’s asthma via the Asthma Action Plan.
• Notify the staff, in writing, of any changes to the information they entered on the Asthma Action Plan during the year, if this occurs.
• Provide an adequate supply of appropriate asthma medication and equipment (e.g. blue reliever medication and spacer) for their child at all times.
• Communicate all relevant information and concerns to staff as the need arises (e.g. if asthma symptoms were present the previous night).
• Consult with the staff, in relation to the health and safety of their child and the supervised management of the child’s asthma.

Plan of action for a child with diagnosed asthma
The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the 4 Step Asthma First Aid Plan. This plan will be included as part of, or attached to, the child’s Asthma Action Plan and enrolment record.
Each child should bring their own reliever medication for their own personal use. Spare reliever medication will be kept in the Health Centres at each campus.

Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack

**Children with a known asthma condition:** Staff will follow the agreed plan of action for the child for the emergency treatment of an asthma attack as detailed in the Asthma Action Plan. If the child’s Asthma Action Plan is **NOT** available, staff should immediately commence the **standard asthma emergency protocol** detailed below:

Step 1: Sit the child upright and remain calm to reassure them.

Step 2: Without delay shake a blue reliever puffer (inhaler) and give 4 separate puffs through a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes. If there is no improvement repeat step 2.

Step 4: If still no improvement after a further 4 minutes - call an ambulance immediately (dial 000) and state clearly that the child is “having an asthma attack.”

Continuously repeat steps 2 and 3 whilst waiting for the ambulance.

- In an emergency the blue reliever puffer used may be the child’s own, from the First Aid Kit or borrowed from another child. Only staff who have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

**Children who staff are not aware have pre-existing asthma:** In this situation, staff will contact the registered nurse at G.B.H. or the Level 2 First aider at F.K.I. then:

Step 1: Call and ambulance immediately (dial 000) and state that the child is having breathing difficulty.

Step 2: Administer 4 separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.

Step 3: Keep giving 4 separate puffs of a blue reliever puffer every 4 minutes until the ambulance arrives.

- This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever medication is extremely safe, even if the child does not have asthma.

**Cleaning of devices**

Devices (puffers and spacers) from the First Aid Kit must be thoroughly cleaned after each use to prevent cross infection. In most cases a child will use his/her own puffer and spacer. Devices can be easily cleaned by following these steps (NHMRC Infection Control Guidelines 2003):

1. **Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.**
2. **Wash devices thoroughly in hot water and kitchen detergent.**
3. **Do not rinse.**
4. **Allow devices to ‘air dry’. Do not rub dry.**
5. **When dry, wipe with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies), paying particular attention to the inside and outside of the mouthpiece of the devices.**
6. **When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two ‘puffs’ into the air. A mist should be visible upon firing.**

If any device is contaminated by blood, dispose of it safely and replace the device.
8. Key Responsibilities and Authorities

The Registered Nurse in Charge at Gandel campus is responsible for approving any alterations or changes to this policy.

The staff are responsible for implementing this policy on a daily basis and undertaking Emergency Asthma Management training if directed by the College.

The parent/guardian is responsible for providing the staff with information about their child and for keeping the Early Learning Centre updated on the current status of their child’s asthma.

9. Resources and Support

Related documents at the Early Learning Centre

- The Early Learning Centre’s Illness and Emergency Care Policy.

Phone numbers

- The Asthma Foundation of Victoria on (03) 9326 7088 or 1800 645 130.

Training

- Training of staff in Emergency Asthma Management will be provided where this is considered necessary.

10. Evaluation

In order to assess whether the policy has achieved the values and purposes set out under Section 6. Policy Statement, the Registered Nurse and Head of Campus will:

- Obtain feedback from the staff regarding the effectiveness of the policy.
  - Assess whether any issues/concerns raised in relation to children with asthma, or the policy, were resolved.
  - If appropriate, conduct annual surveys of parents/guardians of children with identified asthma, to gauge their satisfaction with the asthma policy in relation to their child, or include an extra section in the annual general survey.

Approved by the College Principal: ______________________________________

Date: March 2014
Policy Document No: OSHC28  
Category: OSHC  
Topic: Anaphylaxis Management Policy

Date of Issue: 21 February 2006  
Last Review Date: April 2014  

Purpose

To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the students schooling.

To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.

To engage with parents/guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans

The Nominated Supervisor, in conjunction with the school nurse, will ensure that an individual management plan is developed, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis (Example attachment 1).

The individual anaphylaxis management plan (Risk Minimization Plan) will be in place as soon as practicable after the student enrols.

The individual anaphylaxis risk minimisation plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of the ELC staff, for in-school and out of school settings including excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student’s medication will be stored.
- The student’s emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent/guardian, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction;
  - is signed by a treating medical practitioner;
  - includes an up to date photograph of the student as provided by the parent or from the school data base.
The student’s individual risk minimisation plan will be reviewed, in consultation with the student’s parents/guardians:

- Annually -
- On transfer from one campus to another
- If the student’s medical condition changes
- Immediately after a student has an anaphylactic reaction -

The School Nurse (Burwood and GBH) /Level 2 First Aider (FKI) is responsible for regularly checking the expiry date on the EpiPen and sending a reminder letter home to parents/guardians for a new one.

It is the responsibility of the parent to:

- Provide an adrenaline auto-injector before it expires or when it has been used, as well as an antihistamine as prescribed by a medical practitioner. After notifying the parent an adrenaline auto-injector- has expired, the school reserves the right to discard the adrenaline auto-injector.
- Provide the emergency procedures plan (ASCIA Action Plan) and an anaphylaxis risk management plan in conjunction with nursing staff which is reviewed annually.
- Inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)

Please Note: Parents/guardians are to comply with the school policy that no child who has been prescribed an adrenaline auto-injecting device is permitted to attend school or its programs without the auto-injecting device, antihistamine and Action plan and management plan.

Communication Plan

The principal in conjunction with the school nurse will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions and special event days

All staff will be briefed twice yearly by the school nurse or anaphylaxis trainer on:

- The school’s anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located
- How to use an auto adrenaline injecting device
- The school’s first aid and emergency response procedures

Communicating anaphylaxis awareness can also take place

- With students in the classroom through posters, fact sheets and discussions.
- With Parents/guardians via the school nurse, teachers, newsletters, fact sheets, brochures, emails and directing parents to relevant websites

The school is aware that some parents/guardians of anaphylactic students might not wish the identity of the student to be disclosed to the wider school community. Consent will always be obtained to display the student’s name and photo and relevant treatment details in staff areas, cafeteria or other common areas.

Staff Training and Emergency Response
All educators in the service working with students at risk of anaphylaxis must have up to date training in an anaphylaxis management course.

The school’s first aid procedures and the student’s emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

**Educator’s Responsibility**

All educators in charge of anaphylactic students are to read the students action and risk minimisation plans.

The teacher is responsible for the safe transport and administration of the auto-injection device kit on excursions if the school nurse is not present.

Staff must know where the auto-injection device kits are kept.

- The Auto-injectors are kept in red pencil cases in the Early Learning Centres at each campus, along with the students action plan antihistamine and management plan.

Staff will be debriefed by the principal, school counsellor, and school nurse if an anaphylactic incident occurs.

**Risk Minimisation Plan**

**Food in aftercare**

- Staff will liaise with parents/guardians about food related activities ahead of time.
- Staff will be aware of hidden allergens in cooking, science & art activities (e.g. egg or milk cartons).
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food or food utensils.
- Ensure tables, chairs and bench tops are washed down after eating.
- In some circumstances it may be appropriate that highly allergic students sit at their own table, however children with allergies will not be separated from all students and will be socially included in all activities.

**Special Events e.g. sporting events, incursions, class parties**

Staff should avoid using food in games or activities, including as rewards.

Party balloons or swimming caps should not be used if a student is allergic to latex.

Where food is to be bought from home to the school, all parents/guardians will be asked not to send food containing specific allergens or ingredients as determined in the risk management plan. See appendix 1.

**Tuck Shop at FKI and GBH**

The nurse at GBH and the Level 2 First Aider at FKI will provide all volunteer parents with alerts for students with anaphylaxis. This will include their photo and action plan.

Volunteers parents are to be wary of contamination of other foods when preparing, handling or displaying food as some students may not be anaphylactic to nuts, but to egg, dairy or fish.
Make sure that tables and surfaces are wiped down regularly.

In the event of an anaphylactic reaction, the staff member will follow the ASCIA Action Plan, and then report to the school nurse after the ambulance and parents have been called. All information regarding the events are then to be documented and signed.

Approved by the College Principal: [Signature]
Date: April 2014