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At Mount Scopus Memorial College Early Learning Centres we aim to provide our children with quality care that promotes learning and development with particular emphasis on play, social interaction and recreation. To achieve this goal, we actively participate in the Quality Assurance Process which is currently being implemented throughout Australia.

**Our Mission:**

Mount Scopus Memorial College follows the ethos of two mission statements:

As a member of the International Baccalaureate Program we are bound by The mission Statement of the International Baccalaureate Organization:

- The International Baccalaureate Organization aims to develop inquiring, knowledgeable and caring young people who help to create a better and more peaceful world through intercultural understanding and respect. To this end the IBO works with schools, governments and international organizations to develop challenging programmes of international education and rigorous assessment. These programmes encourage students across the world to become active, compassionate and lifelong learners who understand that other people, with their differences, can also be right.

(Sourced from the International Baccalaureate Organization)

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.

The Practices of Mount Scopus Memorial College Early Learning Centres are based on this philosophy that was developed in consultation with parents, staff and management.

Our aim is to provide a warm, caring and secure environment where children are nurtured and encouraged to develop international mindedness and build on foundation experiences for children to build their Jewish identity.
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 accept every child without bias or prejudice and promote an inclusive, non-judgmental atmosphere.

We will provide Jewish learning, values, experiences, within a Modern Orthodox and Zionist framework that are meaningful, relevant and age appropriate for young children.

This love of learning is achieved by providing opportunities to:
- Inquire
- Play
- Create and invent
- Theorise and Problem Solve
- Try new ways
- Build friendships
- Listen to others, and being listened to by others
- Build on others ideas
- Reflect and Consider
- Experiment, explore and discover
- Acquire new skills
- Express themselves freely

We believe the role of teachers is to provide a secure learning environment where children are valued and respected, to be responsive to the individual needs and interests of children and facilitate the connections of knowledge. The teachers will value, support and model inquiry.

We value and make use of the diverse range of cultures and perspectives that exist within the school, national and global communities to encourage learning that fosters international mindedness.

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: 15th May 2011

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

Philosophy - Children are encouraged to develop to their full potential; The Centre will provide safe, caring and supportive environment; individuals will be 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.

Legislation and Sources:

- Child Care Service Handbook (Cth);
- Quality Improvement and Accreditation System (Cth). Guide – Principles:1.1, 1.3, 1.4, 2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6.
- Children’s Services Regulations 2009 Part 4, regulations 40(e); 41(d).

Policy Statement:

Our Early Learning Centres cater to each child's physical, social, emotional, cognitive and spiritual development, in an environment where they are recognised and nurtured as individuals. This will be achieved by observing, planning, evaluating and identifying needs and goals for each child on a regular basis. Planning will be based on the developmental needs of individual, small groups and the class.

Our Early Learning Centres will provide age-appropriate experiences for all children. This developmentally appropriate practice will still have the scope to challenge and extend each child's social, physical, linguistic, emotional and intellectual potential.

Our Early Learning Centres follow the Primary Years Program (PYP) as developed by the International baccalaureate Organization. The PYP encourages an active learning approach which the children construct meaning through inquiry based learning. The PYP is designed to promote the development of the total individual by focussing on the development of ‘transdiciplinary’ skills. These skill areas include social skills, research skills, thinking skills, communication skills and self-management skills.

Our Early learning Centre teaches and promotes a love of Judaism and Jewish values. The culture, laws, customs and tradition of Judaism are taught through song, story, art, craft and drama. We present an integrated program. Themes focus around the Jewish calendar and the Jewish holidays. Hebrew language is incorporated at every opportunity through simple instructions. Vocabulary grows through identification of common objects in the room, parts of the body, members of the family etc.
How the Policy will be implemented – Specific practices and procedures:

Indoor/Outdoor Program (includes general and Jewish studies)
Indoor and outdoor play holds the same level of importance within our Early Learning Centres. Our centres’ programs are based on the knowledge that young children learn through uninterrupted blocks of time to actively explore their environment. We strongly believe in a developmentally appropriate, play based program, where play is considered an integral cornerstone of our practices. Staff create learning environments appropriate to the developmental needs of the various age groups and provide for the needs of individual children as appropriate.

- The staff members will be responsible for the development of a program of activities that is developmentally appropriate to the needs of children attending the service and reflects the philosophy and goals of the service.
- Both the indoor and outdoor environments will be set for the children before they access it.
- Staff will use a rotational method to ensure all children are planned for regularly. This rotational method will include observation, planning implementation and evaluation.
- The program will be balanced to provide for quiet/active times, individual/small group/large group times, time for individual staff/child interaction, children’s individual and group interests, children with special needs, and be flexible enough to allow for spontaneity and the unexpected.
- Information collected on individual children’s will include observations of stages of development, children’s interests, learning and play experiences, relationships with children and staff, strengths and abilities, and recommendations for program planning.
- As each child arrives at the centre they will be greeted by a staff member.
- Programs are displayed in each kindergarten room. We welcome any feedback and questions parents may have regarding the program and encourage them to contribute and participate. Staff will provide an opportunity to formally discuss every child’s development within each year, but also encourage parents to ask staff in charge of each area to arrange a time if they wish to informally discuss child's development.
- Staff will initiate and facilitate regular on-going communication with parents concerning their child. Families are informed promptly and sensitively of any issues or concerns in regard to their child. Recorded information will be available for discussion.
- Our programs include hands-on activities and projects integrating traditional disciplines such as math, science, social studies, music, art, and language arts. Emphasis is placed on the process and the actual experience of an activity, rather than the final product.

Mat time
Mat times are considered an important time for staff and children to come together to discuss new found knowledge, share new ideas and evaluate practices. Essential Agreements should be established in each class to determine the expectations of the children, however it is important for staff to remember
- To keep time and content age-appropriate.
- Offer alternatives for children not ready to participate.
- Read the cues of the group, and know when to finish.

Routine times
There are many routine times that are factors to be considered during the kinder day.
- Flexibility is built into routines, and any special needs are accommodated. The Centre will provide a formal Kindergarten Program under the instruction of full time qualified Kindergarten teachers.
- Staff will monitor noise levels in the environment and adjust activities with children to ensure noise levels are appropriate and do not interfere with purposeful play or activity.
- Routines will be built around the regular events of the day ie. arrival, snacks/drinks, toileting, main meals, washing, dressing, sleeping and departure, and will take into account the developmental needs of individual children, children's attendance patterns,
climate and physical environment, the numbers and ages of children within a given group, children with special needs, new children entering the group and parents expectations.

- Staff will ensure routines provide opportunities for positive one to one interactions with children, and a time when they can get to know more about the child’s likes, dislikes, interests, joys, fears etc.

As a staffing group we recognise that the list above is not exhaustive. We also value the following important goals of our role within the program:

- Establish a warm and caring environment in which children are secure to investigate, try different things, socialise, rest and learn through a variety of mediums.
- To facilitate and scaffold learning in all developmental areas and nurture each child’s potential.
- To work with both child and parents to form meaningful bonds and develop their individual needs within the program.
- Help the child develop intellectual curiosity, skills in observing, problem solving and learning through his or her own efforts;
- Help the child become an independent thinker who is able to make choices and decisions;
- Help the child move from the need for outer authority to control of his or her own behaviour;
- Help the child develop confidence in his or her ability to achieve goals through independent effort;
- Help the child develop an understanding of feelings and how feelings motivate behaviour; help the child gain control over how feelings are expressed and learn acceptable ways of dealing with, and expressing strong feelings;
- Help the child develop the social skills needed to be successful in interpersonal relations, to function successfully in the peer group and to learn from peers.
- Help the child learn to respect and value individual, cultural, ethnic and racial diversity;
- Provide information on, and experience with, the social and physical world in which the child needs to function adequately;
- Develop the child’s aesthetic sensibilities and horizons through artistic, academic, and intellectual experiences;
- Facilitate the child’s physical skills through provisions of large and fine-motor activities;
- Provide a program that is fun for children.

These goals are accomplished by providing a balanced program that includes both teacher-directed and self-selected activities, quiet as well as active experiences, and the recognition that learning occurs in both formal and informal ways.

Operational Information
The Kindergarten program will begin each day at 9.00 am, and conclude at 3.00 pm. Before and aftercare hours will be available from 8.00am to 6pm, for children in the Kinder program. Please note there are different summer and winter closing times for aftercare which can be found on the aftercare display boards.

The Kindergarten program will be split into four terms, in line with the Jewish School Holidays.

During the term breaks we will operate a Holiday Program open the same hours as the long day-care program, children will need to be enrolled with the after school care co-ordinator to access this service.
The Kindergarten program is separated into two age groups - lower kinder and upper kinder. Generally, lower kinder is for children aged 3-4, while upper kinder is for children aged 4-5. The holiday program and aftercare programs are multi aged from 3-5.

Approved by the College Principal

Date: 6th July 2010

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

Philosophy: Providing a safe, caring environment.

Children’s needs: Protection from infection, clean hygienic environment, instruction about personal hygiene

Parents needs: To feel confident that their child’s health, well being and development is assured.

Staff needs: Protection from infection; clean hygienic environment; appropriate equipment to ensure high level of hygiene; clear guidelines in relation to their duty of care.

Management: Staff to maintain appropriate levels of hygiene and cleanliness to meet required standards

Legislation and sources

Children’s Services Act 1996
Children’s Services Regulations 2009: regulations 78(1, 2); 80(b, c, d); 88.
Staying Healthy in Childcare – Preventing infectious diseases in child care 4th edition
Sure Protection against Infection – Department of Human Services, VIC. 2000
QIAS: 6.2, 6.3, 6.4

Policy Statement

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

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

The staff are responsible for:

- Using colour coded sponges/cloths in each area and ensuring they are stored separately
- Keeping the kitchen clean and tidy at all times and complying with the cleaning schedule. (See Appendix 1)
- Cleaning of all food contact surfaces, appliances and equipment after use. Particular attention will be paid to the cleanliness of sponges. Differently coloured sponges will be used for cleaning of food and for other cleaning.
- Covering all wounds and cuts on hands or arms with brightly coloured wound strips or bandage. If the wound is on the hand, disposable gloves are to be worn over the top of the wound strip if involved in food handling. Gloves are not necessary when contact is with intact skin.
- Modelling correct washing of hands and following the correct hand washing procedures. (See appendix 2)
- 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.
To make the appropriate arrangements for unwell children to be removed from the centre if necessary in the interests of the health, safety or well being of that child or other children attending the centre (regulation 88.3).

**Cleaning toys, clothing furniture and equipment**
- Removing toys which a child sneezed or coughed on
- Wearing gloves when cleaning
- Washing mouthed toys daily using warm water and detergent, if possible drying in the sun.
- Wiping over books with a moist cloths with detergent on it.

**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.
- Encouraging children to tell a staff member if they have had a toileting accident.
- Ensuring toileting facilities are kept in safe, clean and hygienic manner whilst children are attending the centre.
- Respecting the possible need to maintain privacy of toileting and dressing.

**Indoor and outdoor equipment:**
- Keeping the indoor and outdoor environments as clean and hygienic as possible at all times
- Promptly removing blood, urine and faeces, either indoors or outdoors, using the appropriate cleaning procedure.
- Covering the sandpit when not in use, to prevent contamination by animals.
- 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 on the enrolment form.
- Keeping their child/children at home if they are unwell or have an excludable infectious disease.
- Informing the centre if their child has an infectious disease.

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

Approved by the College Principal:  

Date: 7th July 2010

The effectiveness of the policy’s operation is subject to review every 12 months.
Appendix 1 – Cleaning Schedule

(v) General Cleaning
• Work areas need to be kept clean at all times.
• Routine cleaning with hot or warm water and detergent is sufficient to keep areas clean.
• Floors—should be cleaned using detergent and hot water with a mop. Mop heads and brushes should be washed and dried before reuse.
• Bathrooms—wash tap handles, toilet seats, toilet handles and door knobs with detergent and warm water. Check the bathroom during the day and clean as necessary.
• Walls and ceiling—should be cleaned as necessary with warm water and detergent to prevent accumulation of dirt.
• Beds—should be kept clean.
• Surfaces (bench tops, taps, and tables)—should be cleaned regularly with detergent and warm water.
• Mops and cleaning cloths need to be well dried after use. Drying is an important part of the cleaning process as moisture may provide conditions in which germs may grow. Sunlight is excellent.

Disinfectants
• Disinfection is only required where contamination with blood and body fluids is likely to have occurred or when there is an outbreak of an easily transmitted disease. Using disinfectants should never replace good cleaning.

Rules to Follow When Using Disinfectants
1. Always wear gloves when handling disinfectants.
2. It is important to clean surfaces before applying disinfectant.
3. Measure the disinfectant then add it to the right amount of clean water according to manufacturer's instruction.
4. Always use freshly diluted disinfectants as disinfectants gradually deteriorate after dilution.
5. All disinfectants take time to work.
6. Do not mix different solutions.
7. Store bulk supplies of disinfectant in a suitably labeled closed container in a cool, dry place off the floor and use before expiry date.
8. Remember that disinfectants are easily contaminated, and if handled carelessly will spread infection.

Cleaning Blood and other Body Fluids

It is important to treat all blood and body fluids as potentially infectious. Disposable gloves should be worn whenever contact with blood or body fluids is likely to occur. Care should also be taken to prevent splashing of blood and other body fluids on to mucous membranes such as eyes and mouth.

Procedures for Cleaning Blood Spills
When cleaning spills with bleach:
• Where possible, isolate the area.
• Wear gloves.
• Apply absorbent paper to soak up substance and discard.
• Cover area with freshly prepared bleach for ten minutes (use 1 part hospital grade bleach to 10 parts water).
• Wipe area with bleach.
• Wipe with warm water and detergent.
• Dry area so that it is not slippery.
• Place gloves and all disposable paper towels in plastic bag.
• Seal bag and dispose of in rubbish bin in residential facility – for hospitals or training centres place in bags appropriately labeled and dispose of in line with Environment Protection Authority (EPA) regulations.
• Wash hands thoroughly.

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<td>Hot water will make blood stick to the surface it is on. For this reason, cold water should always be used for the first contact with blood or blood stained articles.</td>
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If a spill occurs on carpeted or soft areas and you are concerned about discoloring the carpet you may use detergent, but make sure the area is cleaned and dried thoroughly before allowing other people to come into contact with the area.

Procedures for Cleaning Spills of Other Body Fluids
Body fluid spills (for example faeces or urine) can be cleaned with detergent unless blood is visible.

When cleaning spills with detergent:
• Wear gloves.
• Apply absorbent paper to soak up substance and discard.
• Clean surface with detergent and warm to hot water.
• Dry area so that it is not slippery.
• Place gloves and all disposable towels in plastic bag, seal bag and dispose of (refer to section Handling Infectious Waste).
• Wash and dry hands thoroughly.

Soiled clothes are to be sealed in a plastic bag and sent home to be washed.
Appendix 2 - Handwashing

How to wash hands
• Use liquid soap and running water
• Wash your hands thoroughly while counting slowly from 1 to 10
• Rinse your hands while slowly counting from 1 to 10
• Turn off the tap with paper towel
• Dry hands well with new paper towel

When to wash hands
• On arrival (this reduces new germs being introduced to the centre)
• Before handling food, including a baby’s bottle
• Before eating
• Before and after changing a nappy
• After removing gloves
• After going to the toilet
• After cleaning up blood, faeces or vomit
• After wiping a nose
• Before giving medication
• After handling garbage
• After playing outside
• Before going home (this prevents taking germs home)

Washing and rinsing your hands should take about as long as singing ‘Happy Birthday’ twice.

Staying Healthy in Child Care - Preventing infectious diseases in child care
4th edition
Policy Document No: ELC04  
Category: Early Learning  
Topic: Toileting Policy

Date of Issue: February 2006  
Revised Date: May 2007, February 2009, July 2009, July 2010

Considerations

Philosophy - Providing a safe, caring environment.

Children’s needs - Protection from infection, clean hygienic environment, instruction about personal hygiene.

Parents needs - To feel confident that their child’s health and well being & development is assured.

Staff needs - Protection from infection; clean hygienic environment; appropriate equipment to ensure high level of hygiene; clear guidelines in relation to their duty of care.

Management - Staff to maintain appropriate levels of hygiene and cleanliness to meet required standards.

Background and legislation:

Children’s Services Regulations 2009 Regulation 101  
QIAS Quality Practices Guide – Principles: 6.4  
Staying Healthy in Child Care by Australian Government, Canberra  
“Sure Protection against Infection” – Department of Human Services 2000

Policy Statement

Staff at the service will treat children with respect. Staff and management will endeavor to create a clean, hygienic environment and to ensure that the centre’s toileting facilities are maintained in accordance with regulatory requirements.

How the Policy will be Implemented - Specific practices, procedures and responsibilities:

- The Centre will ensure that toilets and hand washing facilities are easily accessible to children. Children will be encouraged to flush toilets and wash hands after use.

- Staff will always encourage children’s efforts to develop independence.

- We encourage children to take responsibility for themselves, parents can aid this by dressing children in pants with elastic tops or other easily managed clothing.

- Toileting is flexible and responsive to children’s individual needs. The majority of children are expected to go to the toilet when they feel the need, but occasionally children will have to be reminded. Children will be reminded while washing up for snack times, lunch, rest time, walking etc.
• Toileting procedures are displayed in the toileting areas. (See appendix 1)

• Hand washing is a consistent part of the toilet routine and the hand washing procedure will be followed.

• Incontinent children will never be embarrassed by staff in regard to toileting habits. Staff will discourage any negatives from parents within a child’s hearing.

• Staff may recommend a variety of training methods to parents who have requested assistance in toileting.

• Staff will interact with children in a relaxed and positive way during toileting as this is an excellent time to continue verbal interactions with children.

• Staff will role model personal hygiene and discuss hygiene practices with children.

• The centre will maintain bathroom facilities by using a cleaning a schedule daily. (See appendix 2)

Consideration will be given to individual children's medical and developmental needs and can be discussed with the class teacher and appropriate head of campus.

Approved by the College Principal: ________________________________
Date:  7th July 2010

The effectiveness of the policy's operation is subject to review every 12 months.
Appendix 1 – Toileting Procedure

The following toileting procedure is to be displayed in each bathroom:

Toileting Procedure

When assisting the children with toileting the staff are expected to:

- Ensure soap and drying facilities are available at all times when children are in attendance.
- Encourage children to flush toilets after use.
- Encourage children to wash hands after using the toilet.
- Encourage children to tell a staff member if they have had a toileting accident.
- Ensuring toileting facilities are kept in a safe, clean and hygienic manner whilst children are attending the centre.

All Staff will make toileting a positive experience for each child by:

- Using a warm tone of voice
- Ensuring the children have privacy while toileting
- Assisting the children where necessary.
Appendix 2 – Bathroom Cleaning Checklist

The bathroom is to be cleaned by permanent staff once in the morning and again when the children have woken. If relief staff are working, they are to cover the duties of the staff member they are covering for.

- Toilets are flushed
- Floors are clear of toilet paper
- Floors are clear of hand towels
- Floors are mopped if required
- Check if paper towel dispenser needs refilling

Please time and initial.

Please remember –
- Children are not to be in the bathroom when you are cleaning.
- To wear gloves to reduce the risk of spreading infection
- Wash hands thoroughly when finished cleaning

The Mop is for toilet use only and kept in the storeroom - please rinse and disinfect when finished cleaning - leave to dry outside.

Each unit is to organise a roster of staff suitable to them i.e a staff member a day or a room a week.
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Policy Document No: ELC05
Category: Early Learning
Topic: Behaviour Guidance Policy

Date of issue: January 2005

Considerations:

Philosophy - To provide a secure, safe 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 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:
QIAS Quality Practices Guide – Principles: 1.1, 1.2, 1.3, 1.4, 1.5, 2.3, 4.2
Children’s Services Act 1996 Section 28(1); 28(2)
Children’s Services Regulations 2009, regulation 41 (e)
Federal Disability Discrimination Act 1992
Children, Youth and Families Act 2005
Child Wellbeing and Safety Act 2005

Policy Statement:
The Behaviour Guidance Policy:
- Emphasises the rights of children; and
- Recognises values and celebrates the differences and similarities that exist between individuals.

Our Early Learning Centre’s are committed to the behaviour guidance policy because it:
- Reflects the values, attitudes and current recommended strategies that promote positive play behaviour and patterns;
- Respects the importance of interactions and relationships between children, families and staff;
- Understands why children behave in certain ways in specific circumstances;
• Promotes realistic play and behaviour limits that guide children’s safety and security rather than curb their play experiences, curiosity or creativity;
• Defines clear and transparent care giving strategies that communicate how behaviour guidance is implemented by the service; and
• Informs the stakeholders about the procedures involved in behaviour guidance management plans.

The purpose of the Behaviour Guidance policy is to:
• Encourage acceptable forms of behaviour by using strategies that build children’s confidence and self-esteem;
• Provide children with support, guidance and opportunities to manage their own behaviour; and
• Promote collaborative approaches to behaviour guidance between staff, student services, parent’s, management and external agencies as necessary.

The Service recognises and understands that a child’s behaviour might be affected by their:
• Age and development;
• General health and well-being;
• Relationships with their family;
• Play and learning environments, which include the physical setting, the weather, the time of year, the time of day;
• Staff care giving strategies and practices, which includes how those strategies are implemented;
• Relationships with peers and adults;
• External factors, such as family, home life, school or peer group experiences or media coverage of traumatic events.

How the policy will be implemented – Specific Practices & Procedures:

Behaviour Guidance Strategies:
Staff will adopt positive behaviour management strategies including, but not limited to:

✓ Indirect guidance — providing a well planned, developmentally appropriate environment to keep the children stimulated and interested;
✓ Direct guidance — presenting children with clear alternatives and helping them develop the ability to make decisions and direct themselves;
✓ 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

Children
Children are active participants in the development, implementation and monitoring of behaviour guidance management plans and should be consistently communicated with during the process.

• “Essential agreements” are established as a collaborative document by children and staff toward the beginning of the year. This document allows the children to classify what is appropriate behaviour and what is not. The essential agreement gives children the knowledge and responsibility to establish limits and gauge behaviour — ultimately assisting in behaviour guidance strategies.

• A “cooling off” period may be needed so the child can calm down before discussing what happened and sharing their feelings with the caregiver, who will in turn talk about
their own feelings and responsibilities with the child. Caregivers will always talk to the child quietly and as an equal, and preferably away from the rest of the group. Time out to cool down will vary from child to child and may include: listening quietly to soothing music, sitting quietly with the caregiver; doing something physical i.e. kicking a football, sitting quietly with a book, talking to a close friend.

- Where a dispute or conflict occurs staff will talk separately to all the children involved, be calm, fair, positive and firm in their assessment of the situation. Wherever possible the children will be involved in deciding on the appropriate course of action to follow. Staff will not react to conflict situations by getting angry themselves as this could inflame the situation further. If a staff member feels they are unable to control their anger in a particular situation, they will ask for assistance from another staff member while they remove themselves from the incident to cool down.

- Where children exhibit recurring behavioural problems the qualified staff member may discuss establishing a behavioural contract with the child, whereby positive behaviour is rewarded and negative behaviour results in consequences that have been agreed to in advance by the child. The contract may also establish a code of signals between the child and the staff member, which act as a positive reminder for the child, when their behaviour is becoming unacceptable.

Families
Crucial to the success of behaviour guidance in the role that families play, particularly parents. Families will be provided with regular opportunities to contribute to the development and review of their child’s behaviour guidance strategies and plan, along with the overall strategies to promote positive outcomes for the child.

- The service will seek information from parents during orientation interviews held at the beginning of each school year about the behaviour guidance strategies implemented at home. Staff will ensure strategies are consistent both at home and kinder.

- Many opportunities are made for meaningful and confidential information exchange during the year. They include, but are not limited to, term phone calls, parent teacher interviews at the conclusion of each term, staff make themselves available for meetings throughout the year, the school psychologist can be included at any time by request from parents or recommendation from staff.

- Clear guidelines about acceptable behaviours will be developed with input from parents, staff and management. Parents/guardians will be made aware of expected child behaviours at the centre via the Parent Handbook.

- Parents/Guardians who wish to discipline their own children whilst in the centre will not at any time use any form of corporal punishment or use unacceptable language.

Staff
Staff recognise that positive behaviour guidance is fundamental in developing appropriate behaviours in young children. If positive behaviour management strategies (as outlined above) are not successful, staff will collaborate with the family, in consultation with the school psychologist. (see appendix 1)

- Staff respond to, and acknowledge children’s emotions, such as happiness, anger, pleasure, fear, anxiety, frustration, sadness and pride.

- Staff acknowledge that the emotions experienced by children are significant.

- Staff understand that children may not have developed the appropriate strategies to express emotions appropriate to their age and/or stage of development.
• Staff attitudes and care giving strategies demonstrate an understanding and empathy towards children who display behaviours that are not always consistent with their developmental and/or general disposition.

• Staff will show their respect by using normal tone and volume when speaking with children; allowing older children greater freedom and responsibility in recognition of their developmental stage; and working co-operatively with children to solve problems. Shouting at children will be avoided. Positive behaviours will be encouraged by diverting children to more appropriate activities, showing appreciation for appropriate behaviour and building on each child’s strengths and achievements.

• The Centre believes that developing a supportive relationship with the children encourages them to learn skills in self-discipline. Punishing a child stops the negative behaviour for a while but does not teach the child self-restraint. The consequences of negative behaviour will be discussed with the child and will be consistently followed through. No further punishment will be given and the child will be reminded in positive terms of the expected behaviour.

• **No child will receive any form of corporal punishment, punishment by solitary confinement, punishment by physical restraint or other demeaning, humiliating or frightening punishment, or withheld food or drink as a form of punishment.** Children’s Services Act, section 28 (1)

• No child will be isolated for any reason other than illness or accident for any period of time. **Children will be supervised by a contact staff member at all times.**

• If a child’s behaviour places him/herself or another child in danger, staff will act immediately to prevent the danger, and then talk through the problem with the child or children concerned.

**Management**
Management recognise that their role in supporting the behaviour guidance policy includes, but is not limited to:

• Compliance with Legislation and regulatory requirements
• Ensuring Confidentiality and Privacy (refer to privacy policy)
• Recruiting staff with a solid understanding of age appropriate positive behaviour guidance strategies
• Providing professional development opportunities when required; and
• Ensuring relief staff and students understand their role in supporting permanent staff members in the behaviour guidance strategies in place.

**Protective Behaviours and Practices**
Staff, families, management, students and volunteers as role models

• Children learn through example and modelling is an important way to teach children behaviour guidance practices.
• Staff, students and volunteers must comply with the Behaviour Guidance policy.

Approved by the College Principal: ______________________

Date: 1st July 2010

The effectiveness of the policy’s operation is subject to review every 12 months
Appendix 1 - Procedures for the guidance of ongoing unacceptable behaviour

If children consistently display unacceptable behaviour the senior staff member in the child's room will ensure:

- The expectations of the child's behaviour are realistic and appropriate to their developmental level.
- The child understands the limits.
- There is no conflict between centre and home expectations.
- The child's needs are being met i.e. adequate storage for personal belongings, adequate nutritional snacks provided, centre set up to encourage independence.
- The child has no impediments which may cause the unacceptable behaviour.
- The child isn't copying observed behaviour.
- Events at the centre have not encouraged the behaviour.
- Consequences of the behaviour do not encourage it to persist.
- Strategies are consistently followed by all caregivers in contact with the child.

When dealing with ongoing unacceptable behaviour, the qualified staff will:

**Step 1:**
Enter into collaborative problem solving with the parents/guardians. Invite parents/guardians to help solve the problem through discussing:

- The ongoing unacceptable behaviour displayed by the child
- The parents/guardians and the centre's overall aspirations for the child.
- The types of solutions (strategies) possible in the circumstances.
- What has worked or failed in the past, whether at home or in the centre.
- The child's personal characteristics, such as her/his interests, age, temperament and size
- Other resources available, such as referral for specialist assessment, additional adult support.

**Step 2:**
- The qualified staff member, together with the College psychologist, will develop a behaviour guidance plan which is
  - Based on observations of the child and her/his interactions of the whole group.
  - Acceptable by the parents/guardians and any other professionals involved in the care and education of the child.
  - Clearly and easily followed by all staff working with the child and the parents/guardians.

**Step 3:**
A date is set to review, reflect, evaluate and replan (usually within two weeks)

- If the unacceptable behaviour persists staff will jointly with the parent seek advice from an appropriate agency or professional.

- After the child has been given every opportunity to respond positively and if all methods fail to result in an improvement in behaviour, the Head of Campus may need to discuss alternative care with the parent/guardian, in consideration of the health and safety of the other children in care.

- In the case of severe behaviour which threatens self harm or bodily harm to other children or staff, the parent will be informed that the child will be suspended or dismissed immediately.
Policy Document No: ELC06
Category: Early Learning
Topic: Excursions Policy

Date of issue: April 2005

Considerations:

Philosophy - Children are encouraged to develop to their full potential; provide a safe and caring learning 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; excursions to complement children's programs.

Management - To meet all legal requirements in relation to excursions.

Background and legislation:

- The Children’s Services Act 1996
- Children’s Services Regulations 2009, regulations 73 (1,2); 74 (4).

Policy Statement:

Excursions are considered to be an integral part of the children's program and will be arranged accordingly to provide a broad range of learning experiences for children. Age appropriate practice will be taken into consideration during the planning of excursions, and if it is not deemed to be age appropriate for an excursion, incursions can be arranged to facilitate the extension of inquiry and understanding.

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

- Excursions will be planned to provide opportunities for children to expand their understanding of the arts. E.g. theatre, music, dance, drama, art exhibitions etc. or to compliment a unit of work.

- Parental permission will be sought in advance for all excursions which will be organised to comply with the Children’s Services Regulations 2009.

- All excursions will have the ‘excursion plan’ publicised to all parents/guardians with full details of destination, date and times of departure and return, staff and volunteers attending, any special items children are required to bring, the method of transport used for the excursion and proposed activities to be undertaken by the children during the excursion. 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. (Children’s Services Regulations 73 (1, 2).
On excursions from the centre children will at all times be in the charge of a responsible, contactable, adult staff member. The office will have the staff members contact details in case of an emergency.

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.

Written permission will be obtained from parents/guardians whose children are participating in the excursion. The parent's/guardians signed authority will include the date, destination, times of departure and return, parent's emergency contact details, the telephone number of the child's registered medical practitioner or medical service and transport arrangements. (74.4 b)

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. Children’s Services Regulations (74.4a).

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. (74.4c)

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

Adult volunteers may be used to augment adult: child ratio's on outings. Parents/Guardians may be invited to assist in this regard.

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.

Parents attending as volunteers in the excursion: child: staff ratio, are requested to not bring siblings unless prior consent is given by the organising staff member.

Approved by the College Principal: 

Date: 1st July 2010

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

Philosophy: Respect for diversity; valuing differences and a wide range of social backgrounds, abilities and experiences.

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:
QIAS Quality Practices Guide – Principles 1.4, 1.5, 2.1, 2.2)
Children’s Services Act 1996
Disability Discrimination Act 1992
Children, Youth and Family Act 2005
Noah’s Ark Inclusion Support Agency website www.noahsarkinc.com.au
Resource Unit for Children with Special Needs – website www.rucsn.org.au
Ethnic Child Care Resource Unit – website www.multicultural.online.wa.gov.au
Early Childhood Australia website – www.earlychildhoodaustralia.org.au

Policy Statement:
- The purpose of the Diversity and Equity 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.

The service will aim to 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.

How the policy will be implemented - specific Practices & Procedures:

- Staff will actively seek information from children, families and the community, about their social backgrounds, cultures and beliefs, and use this information to provide children with a variety of experiences that will enrich the environment within the service.

- Staff will work in partnership with families to provide care that meets the child’s needs and is consistent with the family’s culture, beliefs and child care practices. Specific requests will be honoured to demonstrate respect and ensure continuity of care of the child.

- Staff will obtain and use resources that reflect the diversity of children, families and the community.

- Staff will be sensitive and attentive to all children, respect their backgrounds and abilities, and ensure that their individual needs are accommodated at the centre. Children with special needs will be provided with support so they can be included as equals within the service. This may require the assistance of social, ethnic or special needs services which the centre will access in collaboration with the child’s family.

- Staff will treat all children as equals and encourage them to treat each other with respect and fairness.

- Staff will role model appropriate ways to challenge discrimination and prejudice, and actively promote inclusive behaviours in children.

- Children will never be singled out, or made to feel inferior to or better than others. Staff and children will discuss incidents of bias or prejudice in children’s play or relationships with each other, to help children to understand and find strategies to counteract these behaviours.
• The centre will aim to recruit staff from diverse cultural and linguistic backgrounds wherever possible.

• Parents/guardians will be consulted in the development of programs.

• Staff will create opportunities as an integral part of their daily programs for children to learn about, develop respect for, and celebrate the diversity that exists in the service and in the broader community by:
  - encouraging all families, children and other staff to share their experiences, skills, cultures and beliefs;
  - inviting community members to the centre to share their stories, songs, experiences, skills, cultures and beliefs;
  - Accessing and using a range of resources (including multi-cultural and multi-lingual resources) that reflect the diversity of children and families in the service and in the broader community.

• Children who have a disability will not be discriminated against and will be provided with a place whenever possible.

Inclusion Support Agencies
• The centre will access the pool of bicultural support workers to assist communication with families from non-English speaking backgrounds and/or telephone translation services when required and provide brochures/information on aspects of the service in languages that are spoken in the local community.

• The centre will access additional support, assistance and resources for children with additional needs including children with high ongoing support needs (including disabilities).

• Caregivers are aware that children in child care settings may become slowly excluded because they do not develop at the same rate as their peers. Therefore when caregivers observe developmental delays in individual children they will talk to the child’s parents about their concerns and offer the family links to other support services within the community such as Inclusion Support Agencies; Community Health Services etc.

The program is an equal opportunity employer.

Approved by the College Principal:__________________________
Date: 1st February 2010
The effectiveness of the policy’s operation is subject to review every 12 months
Policy Document No: ELC08  
Category: Early Learning  
Topic: Bullying, Violence and Harassment Policy

Date issued: January 2005  

Considerations:

Philosophy: Caring, inclusive, peace loving environment in which tolerance and diversity is valued.

Children's needs: Creative play encouraged; personal space; to be educated/ informed to know the difference between real and fantasy; their play respected; guidance in appropriate play; the right to self expression; the right to self initiate play; not to feel frightened or intimidated; to have clear guidelines and play monitored; to be aware of how their behaviour effects others; to be educated re tolerance of other cultures.

Parents need: Their children and play areas to be safe; their children not to feel intimidated by other children’s play; clear guidelines; communication; opportunities to input into policy. Any concerns to be addressed appropriately by staff and management

Staff need: Clear guidelines and policies; support and open communication with parents; training on how to implement the policy. Any concerns to be addressed appropriately by management with input from the school psychologist.

Management Needs: Support of staff and parents in promoting peaceful play.

Background and Legislation:
Children's Services Regulations 2009, regulation 41e.  
QIAS Quality Practices Guide – Principles: 1.1, 1.2, 1.3, 1.4, 1.5, 2.3, 4.2  
Early Childhood Australia website www.earlychildhoodaustralia.org.au

Policy Statement:

All children who attend Mount Scopus Memorial College Early Learning Centre’s have the right to participate in the program and enjoy their play and friendships within a supportive environment among people who are caring and co-operative.  
The centre staff will encourage children to speak up about any concerns they may have, and will ensure the program reflects and encourages core values such as friendliness, acceptance, respect, kindness, tolerance and co-operation. Staff will always listen and respond to children and parents when incidents of bullying, violence or harassment are reported or have been observed. Staff will act to eliminate such incidents within the service.
How the policy will be implemented - Specific Practices & Procedures:

Violence & Superhero Play

- It is accepted that children will often be exposed to television and internet coverage of violence and war activities, and shows or computer programs involving Superheros, and through this exposure may be familiar with guns and warfare activities. This may then be displayed through children’s play. Centre staff will promote positive, peaceful, caring and inclusive interactions within the child care environment, and respect and tolerance for others.

- Children who engage in Superhero play will be reminded of the need to respect and care for other people and their environment, and that they have no special rights because of being a Superhero. Superhero costumes are to be discouraged for dress-up days.

- Staff will help all children to understand how their behaviour affects others and will ensure children’s self initiated play:
  - Does not make any other child feel frightened or intimidated
  - Respects the rights and feelings of others
  - Is not overly boisterous or loud
  - Is valued and supported.

- Staff will always model behaviour that encourages inclusion, a sense of fairness, empathy and co-operation with others.

- The centres actively discourage the making of guns or other weapons for fantasy play within the child care environment. Toy guns or other weapons are not to be brought to the centre, or purchased as equipment.

- Staff will discuss any concerns or observations they may have in regard to children’s fantasy play, with parents, and decide with parents how any antisocial or warlike behaviour exhibited during play is managed.

Bullying

- 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.
For bullies, the plan would involve specific programs to modify their behaviour, including increased supervision, anger management skills, praise and recognition for their efforts towards non-violent responsible behaviour. This program of behaviour will be discussed with parents/guardians of the child to promote a collaborative approach to a solution. If incidents of bullying are very serious or repeated and cannot be resolved, and the bully endangers the safety and enjoyment of other children or staff at the program, they may be suspended on a temporary or permanent basis.

- 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: 11th August 2010

The effectiveness of the policy’s operation is subject to review every 12 months.
Policy Document No: ELC09
Category: Early Learning
Topic: Child Abuse or Neglect Policy

Date Issued: January 2005

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 need: To feel assured every effort has been made to ensure their child is not in danger of abuse.

Staff needs: Clear Guidelines and Support in the event of reporting/witnessing abuse.

Management Needs: Clear guidelines and lines of support from Department of Community Development if abuse is suspected.

Background and Legislation:
Children’s Services Regulations 2009– Regulation 105.2a.
Children, Youth and Families Act 2005
QIAS Quality Practices Guide – Principles 5.1

Policy Statement:

The Centre believes it has a responsibility to all children attending the centre 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 “Responding to child abuse” document, when dealing with any allegations of abuse or neglect of children, to ensure the protection of all children attending the Centre. The Program also follows the College policy on Mandatory Reporting.

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

This policy is to be used in conjunction with the College's policy on Mandatory Reporting (2009).

The centre believes it also has a responsibility to its employees to defend their right to confidentiality unless allegations of abuse against them are substantiated.
**How the policy will be implemented - Specific practices and procedures**

Strategies for creating a child protective environment will be adopted and followed at the Centre.

- 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 1) 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 centre 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 centre’s policies, procedures, and confidentiality requirements in regard to child protection and issues are discussed at staff meetings.

Approved by the College Principal: [Signature]

Date: 1st July 2010

The effectiveness of the policy’s operation is subject to review every 12 months
Appendix 1 - Recognising signs of abuse or neglect, “Responding to Child Abuse”, Victorian Government Publishing Service, 200

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>
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<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>
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<tr>
<td>• The child tells you he or she is being hurt.</td>
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<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>
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<tr>
<td>• Is startled or cringes when carer moves suddenly or unexpectedly.</td>
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<tr>
<td>• Difficulty in sleeping - nightmares.</td>
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<tr>
<td><strong>EMOTIONAL ABUSE</strong></td>
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<tr>
<td>• Has low self esteem</td>
</tr>
<tr>
<td>• Becomes withdrawn or unresponsive</td>
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<tr>
<td>• Has difficulty making friends or relating to their peers and/or adults.</td>
</tr>
<tr>
<td>• Speech disorders.</td>
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<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>
</tr>
<tr>
<td>• Self destructive behaviour.</td>
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<tr>
<td>• Disclosure of involvement in sexual activity.</td>
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<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>
Policy Document No: ELC 10  
Category: Early Learning 
Topic: Food and Nutrition Policy

Date of Issue: 1st February 2006  
Revised Date: November 2007, February 2009, June 2009, August 2010

Considerations:

Philosophy: To provide a warm, caring and secure environment.

Children’s needs: Children need sufficient nutritious food to grow and develop appropriately. Children’s special diets need to be followed and staff will ensure that any child with allergies is not exposed to known possible allergens.

Parent’s needs: MSMC promotes healthy eating and recommends parents provide nutritious, healthy food for their child. Any food provided by the school will be nourishing and wholesome and will meet the individual needs of the children. MSMC will ensure children are not exposed to any allergens.

Staff needs: Staff require the suitable resources and facilities to provide each child's daily nutritional needs in a hygienic and inviting manner. Staff also require the opportunity to access appropriate professional development.

Management needs: To be informed of any issues in relation to food provision that may impact on the management of the service.

Legislation and Sources:
Children’s Services Act 1996
Children’s Services Regulations 2009 regulations 78, 79, 80, 104.
Health Act 1990
“Dietary Guidelines for Australians – A guide to healthy living”
Safety Centre, RCH, Parkville, Melbourne
QIAS Principles – 1.1, 2.2, 4.6, 5.2, 6.1, 6.2, 6.3, 7.2

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.

How the policy will be implemented - Specific practices and procedures:
- Water will be available at all times during the inside and outside program. Milk will only be offered to all children at morning tea.
- A variety of seasonal fruit and vegetables will be provided for morning tea. On an occasional basis, the centres will provide food that has been produced through food related activities involving the children or in celebration of chagim.
Responsibilities

Management:

- To provide up-to-date information to the parents/guardians on the safe food provision for their children.
- To ensure staff are informed of current information relating to nutrition and food safety.
- To monitor staff compliance with food safety practices. (See appendix 1)
- To implement a cleaning schedule for the kitchen areas.
- To provide a calibrated thermometer, suitable for food preparation area, to monitor temperature of the fridge/freezer.
- To educate staff, parents, guardians and other members of the centre community in the prevention of scalds and burns from hot drinks.

Staff:

- Will provide a container for dairy food each morning to be refrigerated.
- Will check and record the fridge temperature daily in accordance with the Food Safety Program
- Will provide a pleasant and attractive place for meals and snack times, providing an environment for social learning and cultural interaction.
- Will educate children and parents about healthy food and healthy eating habits.
- Will ensure the nutritional needs and/or dietary requirements of children are appropriately catered for whilst they are attending the Centres.
- Will ensure that hand basins are only used for washing hands.
- Will familiarise themselves with the list of children with food allergies and acting according to Anaphylaxis Policy and Procedures when required.
- Will provide posters above washbasins with information about correct hand washing procedures.
- Will ensure soap and hand towels are provided to children on a daily basis.
- Will dispose of any eating or drinking utensils that are chipped, broken or cracked and informing the management of any items which need replacement.
- Will restrict the food preparation area for that purpose only.
- Will include discussions on nutrition and food safety in the children’s program to increase awareness and understanding of the reasons for good practice.
- Will be role models of acceptable social behaviour at snack and meals times.
- Will ensure children have access to water at all times
- Will ensure persons suffering from diseases which are likely to be transmitted through food are not involved in food handling
- Will provide guidelines and ensure parents are aware of appropriate foods for their child to bring to the centre.
- Will Comply with all legislative requirements
• Will Comply with the hot drinks guidelines (see appendix 2)

**When involving children in cooking**
- Complying with the *Dietary Guidelines for Children and Adolescents* April 2003
- Ensuring adequate supervision is available for the planned experience.
- Ensuring long hair is tied up.
- Choosing age-appropriate cooking experiences with regards to size and texture of food.
- Providing children with clean protective aprons or smocks.
- Respecting cultural and personal food differences
- Ensuring children wash their hands before participating in cooking experiences
- Cleaning up immediately any food dropped on the floor.
- Catering for children who have special dietary requirements (including allergies) for health, medical or cultural reasons.

**When handling food**
- Using utensils such as tongs, spoons and spatulas for cooked or ready-to-eat foods.
- Washing hands before putting on gloves.
- Keeping all perishable foods provided by parents for children’s lunches/snacks in the fridge
- Checking the operating temperature of fridges/freezers and reporting malfunctioning equipment to the management.
- Ensuring any items placed in the fridge/freezer are covered with a lid, foil or plastic film.
- Using paper towels to clean up spills.

**Parents/guardians:**
*MSMC believe that a service operates best when parents and staff work together to provide the highest quality care, parents can assist staff by complying with the following procedures:*
- Providing details of specific nutritional requirements (including allergies) on their child’s enrolment form and discussing these with the qualified staff member prior to the child commencing at the centre and whenever these requirements change.
- Providing nutritional food and drinks for snacks, lunch as required
- Putting all perishable food items (e.g. yogurts, cheese sticks) into clearly labelled plastic bags to be kept in the fridge
- Washing hands if participating in food preparation
- Complying with the hot drinks guidelines (see appendix 2)

**Dental Care**
*MSMC believe that educating the children about dental care and hygiene can be achieved by:*
- Seeking advice from health authorities and dental professionals on how to best organise dental care at the centre.
- Occasionally organising guest speakers to discuss dental care with the children.
- Encouraging children to drink water after meals to help rinse their mouth.
- Discussing with the children the importance of a healthy diet for maintaining healthy teeth – reducing the amount of sugary foods and drinks, drinking water rather than cordial, fruit juice and soft drinks.
- Including discussions on the importance of dental care in the children’s program to encourage good practices.

Approved by the College Principal:  
Date: 12th August 2010

The effectiveness of the policy’s operation is subject to review every 12 months.
Appendix 1 - Food Safety Program

Possible hazards

The kitchen is predominately used for the preparation of fruit and vegetables. However, it is important that staff follow all food and safety guidelines to ensure there are no food hazards. Food poisoning can occur with bacteria found in fruit, vegetables and milk so it is important to be vigilant with the food safety guidelines.

Evaluating and controlling Hazards.

It is important to minimise the risk of potential hazards by -

- Checking the condition of food and drink being delivered.
- Ensuring food and drink is refrigerated within 2 hours.
- Assessing the temperature of the fridge on a daily basis, and re-adjusting if necessary.

Human Error is one of many factors when considering what could go wrong… – All Staff must be familiar with our current practices and standards.

Reporting to appropriate people

In case of a suspected food poisoning outbreak staff must notify the head of Campus who will then notify the correct Health Authorities.

Fridge Temperature Log

Is to be checked and recorded daily on the sheets next to the fridge.

(See attached log.)
<table>
<thead>
<tr>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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<td>staff day</td>
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<td>4</td>
<td>h</td>
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<td>staff day</td>
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<td>9</td>
<td>labour day</td>
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<td>8</td>
<td>queens b'day</td>
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Days in grey, staff not at school. If the fridge is not checked within the 'safe' range, please ensure head of campus is notified.
Appendix 2 - Hot Drinks guidelines

The guidelines outline the provision of a safe environment for the children attending our services and the procedures to minimise the risk of scalds and burns from hot drinks while complying with all the relevant legislative requirements. The guidelines promote the practice of excluding hot drinks from being consumed in areas accessed by children as they do not support the implementation of safe practices.

Procedures

General guidelines for the preparation of hot drinks:
- Hot drinks are to be prepared in the kitchen
- Hot drinks can be consumed in the kitchen, office or staffroom. All care is to be taken when transporting hot drinks from the preparation area to the office or staffroom.
- Hot drinks are not to be consumed in the children’s rooms, outdoor areas or any other area’s accessible to children whilst children are in attendance.

Staff are responsible for the implementation of these guidelines by:
- Ensuring parents, students, volunteers and relief staff aware of, and follow the guidelines.
- Ensuring children do not have access to the kitchen area.
- Ensuring alternative drinks are provided for social events (father’s day breakfast/mother’s day afternoon tea). For example water, juice, iced coffee.

Management are responsible for these guidelines by:
- Ensuring staff comply with these guidelines
- Dealing with any questions/concerns that arise from these guidelines
- Reviewing and approving any changes to the guidelines
Policy Document No: ELC11
Category: Early Learning
Topic: Sleep and Rest Policy

Date of issue: April 2007

Considerations:

Philosophy: Children’s health and wellbeing is fundamental to their development.

Children’s needs: A safe and caring environment in which children’s need for sleep, rest and comfort is met.

Families’ needs: Their child’s health wellbeing and safety are of utmost importance and their routines for sleep and rest which are in place at home are carried through to child care whenever possible; cultural needs recognised

Staff needs: A comfortable, safe sleep environment for children which meets each child’s individual needs; information on latest research and best practices that reduce the risk of SIDS; strategies to monitor care during sleep and rest times

Management: Ensure all equipment provided meets Australian Standards; needs: ensure staff have up to date information on best practice

Background and Legislation:
Children’s Services Regulations 2009, regulations 93, 103
SIDS and Kids Child Care Kit
SIDS and Kids Victoria Safe sleeping Guide
SIDS and Kids Victoria flyer and newsletters

Policy Statement:

Staff will consult with families at all times in regard to their child’s sleeping/rest patterns and will develop procedures to ensure each child’s individual needs are met. Sleep procedures and sleep equipment will take into account current health and safety advice from recognized health and safety authorities. There will be a comfortable place provided for children at all times.

How the policy will be implemented: specific practices & procedures

- Staff will provide an opportunity for children to sleep /rest within the centre’s routine.
- Staff will encourage children to rest in order to meet their individual developmental needs.
- Children will not be forced to sleep at any time. Quiet activities will be made available for children to experience whilst other children sleep.
• Sleep / rest times will be regarded as a positive, pleasant experience within the centre and staff will make every effort to provide a relaxing and comfortable sleep environment for all children.

• Staff will ensure children are dressed appropriately for the room temperature and supervised appropriately (direct sight and sound) whilst sleeping.

• Comforters and/or security toys may be brought in for sleep / rest periods, however such items must not impact on the safety of children whilst sleeping. In accordance with SIDS and Kids recommendations, no doonas, large pillows and large soft toys will be allowed at the centre during sleep/ rest periods.

• Each child will have their own bedding which will be washed at home at least once a fortnight or after soiling.

• Staff will create a safe sleep/rest environment by ensuring that:
  o Room is free from smoke and fumes.
  o There are no dangling cords or strings.
  o Beds are placed away from heaters or electrical appliances (SIDS and Kids Victoria Sleeping Guide).

• Sleeping equipment at the centre will adhere to Australian Standards and current Health and Safety advice from recognized authorities.

• The centre will provide information for parents on current safe sleeping practices.

Approved by the College Principal: ________________________________
Date: 12th August 2010

The effectiveness of the policy’s operation is subject to review every 12 months.
Policy Document No: ELC12
Category: Early Learning
Topic: Sun Protection Policy

Date of Issue: January 2005

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 requirements and 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
Children’s Services Regulations 2009, regulation 97c.
Worksafe website: www.safetyline.wa.gov.au
www.sunsmart.com.au

Policy Statement:
Our Sun Protection Policy has been developed to ensure that all children, employees and visitors attending this Centre are protected from skin damage caused by the harmful ultraviolet radiation (UVR) from the sun.

How the policy will be implemented – Specific Practices and procedures:

- The Centre will require children and staff to wear an appropriate hat that protects the face, neck and ears while they are outside, and the UV index is expected to be above 3.

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

- Children without hats 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 Centre 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

- As of July 13th 2009, all children (including kinder) will be required to have a Scopus hat for outdoor play. In accordance with recommendations from the Victorian Cancer Council (Sunsmart), strings will cut off hats to avoid potential hazards.

- Children will be encouraged to use available areas of shade for outdoor play activity. Planned outdoor play and activities will be set up in shady areas. Areas used for focused play i.e. sandpits, fixed play equipment, will be provided with shade throughout the year. (Children & Community Services (Child Care) Regulations 2006 – Regulation 34).

- Management will ensure there are a sufficient number of shelters and trees providing shade in the Centre 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 Centre 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 15 minutes before going outside. It should be reapplied according to the directions on individual packaging. 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 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.

**When enrolling their child, parents will be:**
- Informed of the Sun Protection Policy.
- Asked to buy a Scopus wide brimmed hat, and remove any strings.
- Asked to provide SPF 30+ broad spectrum water resistant sunscreen for their child’s use.
- Required to give authority and directive for staff to administer sunscreen to their child.
- Encouraged to practise sun protective behaviours themselves.

Approved by the College Principal: ________________________________

Date: 1st July 2010

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

Philosophy: Providing a safe, caring environment.

Children’s needs: Protection from infection, clean hygienic environment, instruction about personal hygiene, without exposure to harsh chemical cleaning agents.

Parents needs: To feel confident that their child’s health and well being & development is assured.

Staff needs: Clean and hygienic environment; appropriate equipment to ensure high level of hygiene is maintained and clear guidelines are provided in relation to their duty of care.

Management Needs: Staff to maintain appropriate levels of hygiene and cleanliness to meet the required standards.

Legislation and Sources

Children’s Services Act 1996
Staying Healthy in Child Care 4th Edition.
Health Act 1958 (VIC)
“Sure Protection against Infection”– Department of Human Services, 2000
QIAS Principle – 5.3.14

Policy Statement

Mount Scopus Memorial College believes that cleaning is an important element of infection control in our service. Cleaning is a form of disinfection as it removes all surface dirt. Thorough cleaning reduces contamination to such a degree that healthy children are not at risk of contracting disease. Our service is committed to ensuring high levels of cleanliness and hygiene whilst reducing staff and children’s exposure to chemical cleaning agents.
How the policy will be implemented – practices and procedures:

- **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. Any piece of children’s equipment that is mouthed during the day is to be placed in container provided in each room to be cleaned thoroughly at the end of the day.

- **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: 26th August 2010

The effectiveness of the policy’s operation is subject to review every 12 months.
Appendix 1 – Colour Coded Cloth System

Colour coded cloth system – to be displayed near any cleaning preparation area in every room.

Chux usage

**Green** – Tables after activities

**Blue** – Floor spills

**Yellow** – Food service areas

Paper towel to be used and disposed after any bathroom cleaning
Appendix 2 – Disinfectant Usage

(v) General Cleaning
• Work areas need to be kept clean at all times.
• Routine cleaning with hot or warm water and detergent is sufficient to keep areas clean.
• Floors—should be cleaned using detergent and hot water with a mop. Mop heads and brushes should be washed and dried before reuse.
• Bathrooms—wash tap handles, toilet seats, toilet handles and door knobs with detergent and warm water. Check the bathroom during the day and clean as necessary.
• Walls and ceiling—should be cleaned as necessary with warm water and detergent to prevent accumulation of dirt.
• Beds—should be kept clean.
• Surfaces (bench tops, taps, and tables)—should be cleaned regularly with detergent and warm water.
• Mops and cleaning cloths need to be well dried after use. Drying is an important part of the cleaning process as moisture may provide conditions in which germs may grow. Sunlight is excellent.

Disinfectants
• Disinfection is only required where contamination with blood and body fluids is likely to have occurred or when there is an outbreak of an easily transmitted disease. Using disinfectants should never replace good cleaning.

Rules to Follow When Using Disinfectants
1. Always wear gloves when handling disinfectants.
2. It is important to clean surfaces before applying disinfectant.
3. Measure the disinfectant then add it to the right amount of clean water according to manufacturer’s instruction.
4. Always use freshly diluted disinfectants as disinfectants gradually deteriorate after dilution.
5. All disinfectants take time to work.
6. Do not mix different solutions.
7. Store bulk supplies of disinfectant in a suitably labeled closed container in a cool, dry place off the floor and use before expiry date.
8. Remember that disinfectants are easily contaminated, and if handled carelessly will spread infection.

Cleaning Blood and other Body Fluids

It is important to treat all blood and body fluids as potentially infectious. Disposable gloves should be worn whenever contact with blood or body fluids is likely to occur. Care should also be taken to prevent splashing of blood and other body fluids on to mucous membranes such as eyes and mouth.

Procedures for Cleaning Blood Spills
When cleaning spills with bleach:
• Where possible, isolate the area.
• Wear gloves.
• Apply absorbent paper to soak up substance and discard.
• Cover area with freshly prepared bleach for ten minutes (use 1 part hospital grade bleach to 10 parts water).
• Wipe area with bleach.
• Wipe with warm water and detergent.
• Dry area so that it is not slippery.
• Place gloves and all disposable paper towels in plastic bag.
• Seal bag and dispose of in rubbish bin in residential facility – for hospitals or training centres place in bags appropriately labeled and dispose of in line with Environment Protection Authority (EPA) regulations.
• Wash hands thoroughly.

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<th>Remember</th>
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<tr>
<td>Hot water will make blood stick to the surface it is on. For this reason, cold water should always be used for the first contact with blood or blood stained articles.</td>
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If a spill occurs on carpeted or soft areas and you are concerned about discoloring the carpet you may use detergent, but make sure the area is cleaned and dried thoroughly before allowing other people to come into contact with the area.

**Procedures for Cleaning Spills of Other Body Fluids**

Body fluid spills (for example faeces or urine) can be cleaned with detergent unless blood is visible.

When cleaning spills with detergent:
• Wear gloves.
• Apply absorbent paper to soak up substance and discard.
• Clean surface with detergent and warm to hot water.
• Dry area so that it is not slippery.
• Place gloves and all disposable towels in plastic bag, seal bag and dispose of (refer to section Handling Infectious Waste).
• Wash and dry hands thoroughly.

| Soiled clothes are to be sealed in a plastic bag and sent home to be washed. |
Appendix 3 - Handwashing

How to wash hands
• Use liquid soap and running water
• Wash your hands thoroughly while counting slowly from 1 to 10
• Rinse your hands while slowly counting from 1 to 10
• Turn off the tap with paper towel
• Dry hands well with new paper towel

When to wash hands
• On arrival (this reduces new germs being introduced to the centre)
• Before handling food, including a baby's bottle
• Before eating
• Before and after changing a nappy
• After removing gloves
• After going to the toilet
• After cleaning up blood, faeces or vomit
• After wiping a nose
• Before giving medication
• After handling garbage
• After playing outside
• Before going home (this prevents taking germs home)

Washing and rinsing your hands should take about as long as singing ‘Happy Birthday’ twice.
Policy Document No: ELC14
Category: Early Learning
Topic: Children’s Clothing

Date of Issue: August 2007
Revised Date: February 2009, July 2010

Considerations:

Philosophy: Children’s safety, health and wellbeing are fundamental to their development.

Children’s needs: A safe and caring environment in which children’s needs and comfort is met.

Families’ needs: Their child’s health wellbeing, comfort and safety are met; cultural needs recognised and individual parenting styles respected.

Staff needs: Children to be dressed appropriately for play; co-operative parents that understand children’s clothing needs.

Management needs: Staff knowledge includes up to date information on best practice; staff role model appropriate dress standards.

Legislation and Sources:
QIAS Quality Practices Guide – principle 6.5
Staying Healthy in Child Care by Australian Government, Canberra
Early Childhood Australia website – www.earlychildhoodaustralia.org.au
Children, Youth & Women’s Health Service – Child & Youth Health – www.cyh.com

Policy Statement:
It is the aim of the College to ensure the safety and comfort of all children by providing appropriate clothing guidelines for children, parents and staff utilising or working in the early learning centres. Children being clothed appropriately enables them to play without risk of sunburn and serious injury caused by inappropriate footwear or clothing. Children are more at ease, reassured, satisfied and less anxious when they are: dressed for warmth during winter or not over-dressed during summer, or wearing safe footwear when climbing outdoor play equipment or participating in sport.

- Effective clothing strategies, including sun protection clothing, are important factors in ensuring a child feels safe and secure in our Early Learning Centres.
- The service endeavours to consult with families about their child’s individual needs and to be aware of the different values and parenting beliefs, cultural or otherwise that are associated with clothing and footwear.
- Staff will consider children’s comfort and safety at all times, and adjust each child’s clothing throughout the day when necessary.
How the policy will be implemented – Specific practices and procedures:

- Staff will ensure children are dressed appropriately in relation to
  - weather conditions
  - children’s activities
  - children’s age and mobility

- Children will be required to wear clothing that will provide protection from harmful UV rays in the warmer months. (Refer to Sun Protection Policy.)

- Children will be encouraged to remove jumpers for sleep time, while staff will monitor the temperature of the room to ensure comfort for all.

- Staff will encourage children’s independence in dressing and undressing and allow sufficient time for children to practice and master these skills within the daily routines of the centre.

- Staff will discuss the most appropriate clothing with children in relation to the weather, the seasons, different activities, indoor and outdoor play etc.

- The parents will be encouraged to supply sufficient spare clothing to ensure children are kept comfortable and dry at all times.

- Soiled/wet clothing will be rinsed and placed in plastic bags to be returned to the parent when they arrive to collect their child.

- Parents are asked to name each piece of their child’s clothing and shoes, to avoid loss or any mix-up in clothing.

- The centre will provide protective clothing to be worn during messy activities.

- Children will be required to wear their shoes at all times whilst outdoors, to avoid injury or insect stings.

- Children are required to wear appropriate footwear. ‘Crocs’ and thongs are not allowed at kinder.

- Staff will role model appropriate clothing at all times – including sun hats during summer.

Approved by the College Principal:  

Date: 28th July 2010

The effectiveness of this policy’s operation is subject to review every 12 months
Policy Document No: ELC15
Category: Early Learning
Topic: Conditions of Employment

Date of Issue: August 2007
Review Dates: March 2009, July 2009, August 2010

Considerations:

Philosophy: ensure that the rights of staff are recognised & observed.

Children's needs: Consistent staff.

Parent needs: To know staff are treated fairly and equitably.

Staff needs: Secure employment, fair working conditions, clear policies re: appraisal, grievance procedures, discipline and dismissal; that their family responsibilities are respected and considered.

Management Needs: To encourage good staff to stay in their employment.

Background and Legislation:

MSMC & GBH Teaching Staff Agreement 2005 or its successor.
MSMC & GBH Ancillary Staff Agreement 2005 or its successor.
Victorian Independent Schools Early Childhood Teachers Award 2004
Victorian Independent Schools School Assistants Award 1998
Children Services (Victoria) Award 2005
Children's Services Regulations 2009, regulation 60
Equal Opportunity Act 1984
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)
QIAG Quality Practices Guide – Principles 1.6; 7.2; 7.3
Work Choices website – www.workchoices.gov.au
WorkSafe website – www.safetyline.wa.gov.au
Australian Tax Office website – www.ato.gov.au

Policy Statement:

The Szalmuk Family Early Learning Centre and Fink Karp Ivany Early Learning Centre ensure that staff conditions are in concurrence with Equal Opportunity Act, Income Tax Assessment Act 1936 (Cth), Superannuation Guarantee Charge Act 1992 (Cth), Occupational Safety & Health Act 2004 (Vic) and applicable Award/Industrial Agreement conditions. In addition to these conditions the centres will where possible provide a flexible and harmonious work environment for staff within the operational requirements of the service.
How the Policy will be implemented - Specific Practices & 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 services expectations of them, and thereafter at least every 12 months.

- Grievance procedures are detailed under Staff Grievance Procedures Policy. and are to be read in conjunction with provisions within relevant awards and the College’s certified agreements.

- Staff break times will be on a flexible basis to suit the daily needs of programs, provided the proper staff: child ratios are always maintained.

- Staff will have access to the designated staffroom (or separate area away from the children) for respite, lunchbreaks and other non-contact time agreed between the employer and the employee. (Children’s Services Regulations)

- All staff are required to maintain a high level of Confidentiality.

- Staff may accept or make local brief personal telephone calls during their regular break or at times agreed as convenient by the Convenor.

- 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 school premises or within sight of the children.

- Wages will be paid fortnightly by direct banking.

- All staff are required to attend staff meetings that will be held weekly directly after the Centre is closed for the day.

- Staff are requested to inform the Convenor as early in the day as possible if they are unable to report to work, so that relief staff can be arranged. If the Convenor is absent then the senior staff person must be informed.

- 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 working with Children’s check 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.

Approved by the College Principal: ____________________________

Date: 28th August 2010

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

Philosophy- Mount Scopus Memorial College promote equal opportunities for all.

Children’s needs- Equal access and rights regardless of gender, race, religion, impairment, family status, age.

Parent’s needs- Equal access and rights for children regardless of gender, race, religion, impairment, marital status, political conviction, pregnancy, family responsibility, family status.

Staff needs- Staff require equal employment opportunities regardless of gender, marital status, pregnancy, race, religion, political conviction, impairment, family responsibility, family status and age; and 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 recognising individual rights of staff, children, parents and management.

Background and Legislation:

QIAS Quality Practices Guide – Principles 1.3; 1.4; 1.5; 1.6; 2.1; 2.2; 2.3; 3.1; 3.3; 4.3; 7.3
Family Assistance Act 1999.

Policy Statement:

Szalmuk Family Early Learning Centre and Fink Ivany Early Learning centre are 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, marital status, political conviction, pregnancy, family responsibility or family status. The centre will actively promote the positive aspects of diversity and encourage acceptance and appreciation of individual differences. Child care will be made available to the community using the Commonwealth "Priority of Access Guidelines” foremost, followed by the Mount Scopus Memorial College Admissions Criteria.

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

- Parents and staff will be given clear instructions about the Commonwealth “Priority of Access Guidelines”. (See Appendix 1).

- Equal Opportunity principles will be an integral part of the centre’s daily programs and routines. Children will be given positive experiences which encourage equal opportunity. Programs will actively include opportunities for the children to experience diversity of culture, gender roles etc.
Staff will treat individual children and their families with respect. They will take into account individual differences in language, attitudes, abilities, assumptions and expectations.

The Centre will have up to date information regarding Equal Opportunities Legislation.

Children who have a disability will not be discriminated against and will be afforded access to the centre where:
- A place exists.
- They meet the required priority of access.
- The centre’s resources are able to adequately care for the child.

All staff will be selected and employed according to equal opportunity guidelines.

Applicants with disabilities who apply for advertised positions will be assessed according to the selection criteria and will not be discriminated against because of their disability.

During orientation the centre will provide relevant information to staff concerning procedures to be followed in the event of harassment or discrimination in the workplace. All employees will be provided with information which defines the range of behaviours that constitute harassment.

Clear guidelines on Grievance Procedures will be developed in accordance with the state and Federal Equal Opportunity Legislation and are to be read in conjunction with the Disputes Resolution provisions within the College’s certified agreements. These procedures will be made available to staff.

Staff members with pre-school aged children will not be discriminated against in relation to their employment at the centre.

Management will endeavour to:
- identify discriminatory and harassing conduct;
- publicise Equal Opportunity policy and complaints procedures to all staff;
- train all staff on steps as to reporting current complaints;
- Investigate and document complaints.

No child, parent, staff member or potential staff member will be excluded from the centre due to living with HIV/AIDS.

Information about a child, parent or staff member living with HIV/AIDS will be kept strictly confidential at all times.

Staff will follow universal hygiene procedures to eliminate any risk of HIV/AIDS transmission in the centre.

Approved by the College Principal: 

Date: 28th July 2010

The effectiveness of the policy’s operation is subject to review every 12 months
Appendix 1 - Priority of Access Guidelines


First Priority:
A child at risk of serious abuse or neglect.

Second Priority:
A child of a single parent who satisfies, or parents who both satisfy, the work/training/study test under section 14 of the Family Assistance Act.

Third Priority:
Any other child.

Within each category the following children are to be given priority:
- Children in Aboriginal and Torres Strait Islander families.
- Children in families, which include a disabled person.
- Children in families with a non-English speaking background.
- Children in socially isolated families.
- Children of single parents.

According to the legislation services are to follow the guidelines when they are filling vacancies (unless they are a work based service in which case children of employees can be given top priority) and, when there are no vacancies, they may require a child who is third priority to leave the child care service, or alter their days, in order to provide a place for a higher priority child.

This provision however only applies if:

- The person liable to pay child care fees for that child was notified on enrolment that the service followed this policy; and

- The service gives that person at least 14 days notice of the requirement for the child to leave the child care service.
Policy Document No: ELC17
Category: Early Learning
Topic: Parent Involvement Policy

Date of issue: January 2008
Review Dates: March 2009, July 2009, August 2010

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 service, to feel a valued member of the centre.

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

Parent's needs: To feel welcome by the services staff 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: Families and staff prepared to work collaboratively to achieve the best results for the children enrolled in this service.

Background and Legislation:

- Children’s Services Act 1996
- Children’s Services Regulations 2009, regulation 71.
- Children, Youth and Families Act 2005
- QIAS 2.1; 2.2; 2.3.

Policy Statement

The centre will provide a quality child care service and will operate according to all legal requirements. It 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 the Policy will be implemented – specific practices and procedures.

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 the children.
Partnerships in action occur when:

- Parents spend time at the centre to gain a deeper understanding of the teaching and learning environment. By doing this parents can feel confident to contribute their ideas so the teacher can consider them in curriculum decision making.
- Parents participate in social and fundraising events and build a real sense of community around the centre and feel enriched by the experience.
- Parents serve on the Parents’ Association and are actively involved in decisions on management and all aspects of the centre. This kind of involvement allows parents to be part of the long-term planning of the centre.
- Parents are involved in a diverse range of review processes during the year. Parents are encouraged to fill out questionnaires and surveys regarding the orientation and induction process, parents are invited to be a part of the policy review process and feedback on the program is invited all year round.

Orientation

- The centre will provide options for orientation to the service for families which will include:
  - An orientation evening/meeting for new families to meet one another and the staff in a relaxed atmosphere outside normal service hours.
  - Inviting new families to visit the service with their child at times that suit them, to familiarise families with the centre prior to the child’s attendance.
  - Providing all new families with a conducted tour of the premises which includes introductions to other staff, children and families at the centre, 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.
  - Giving family members the opportunity to stay with their child during the settling in process.
  - 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 centre.

- When children first attend the centre the needs of both parents and children will be respected. Parents will be encouraged to remain with their child when delivering or collecting them for as long a period as the parent and/or staff feel may be necessary to ensure the child’s well being. The parent may telephone the centre during the day for reassurance that their child has settled in. Staff will make a special point of discussing the child's day with the parent.

- The centre will always consider the feelings and time constraints that families may have in regard to participating in orientation processes and aim to make the experience a positive and welcoming introduction to the service.

Approved by the College Principal: __________________________

Date: 20th August 2010

The effectiveness of the policy’s operation is subject to review every 12 months
Policy Document No: ELC18
Category: Early Learning
Topic: Grievances and complaints Policy and Procedures

Date of Issue: August 2005

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.

Parent’s needs - Ability to voice concerns in a positive and confidential manner.

Staff needs - Open communication with parents; positive outcomes to parent concerns. A harmonious, warm and positive working environment. Staff require management to address all grievances promptly using positive team management strategies.

Management Needs - Effective grievance policy in place in order to make informed decisions, to deal with grievances in a positive manner.

Background and Legislation:

Children’s Services Regulations 2009, regulation 105 (1, 2)
QIAS Quality Practices Guide – Principles 2.1; 7.1

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 Human Resources policies on

1. Communication with Parents and
2. Dealing with Parental Complaints

The aim of this policy is to assist the staff and parents in working together in harmony. It gives the service 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 that impact or affect the day to day well being of the centre in a fair, prompt and positive manner.
How the Policy will be implemented - Specific Practices and 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 service 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.

- Each parent is provided with clear written guidelines detailing the grievance procedures. The grievance procedure is included in the Parent Handbook and displayed on the noticeboard in the foyer.

- 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 a professional colleague 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, once the matter is finalised, the process will be used to assist in future policy revision.

- Management follows through to determine that complaints and grievances have been successfully resolved to everyone’s satisfaction.

- The name address and phone number of the Child Care Licensing and Standards Unit is included in the Parent Handbook and displayed on the noticeboard in the foyer.

Parent grievances and complaints resolution procedure:

Centre level resolution

Parents contact the class teacher or other relevant staff member to discuss the complaint. Parents can make a formal appointment time to discuss any issues with the staff member. Pick-up and Drop-off time is not an appropriate time to discuss any complaints. The staff will work with the parent to resolve the problem. The discussion will be documented and a copy of the interview minutes will go to the Head of Campus.
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 Department of Education and Early Childhood (formally Department of Human Services) for assistance in resolving the issue. This will involve an independent review of the situation and may include mediation.

The Children’s Services Adviser can be contacted on Tel: 90969595, or parents can write to:

Department of Education and Early Childhood Development

280 Thomas Street,

Dandenong, Vic., 3175

Staff grievances and complaints resolution procedure:

This procedure is to be read in conjunction with the Disputes Resolution provisions within the College’s certified agreements. These procedures will be made available to staff.

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.

- Every employee is provided with clear written guidelines detailing grievance procedures.
- All confidential conversations/discussions will take place in a quiet area away from children, parents and other staff.
- Staff names remain confidential. The option to remain anonymous will be at the discretion of each staff member.
• In the case of wrongful allegations, all records pertaining to these allegations will be taken from the staff member’s file and destroyed.

• Whenever a grievance is addressed the process will be analysed to determine whether policy revision or development is required.

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 Head of Campus. Should the Head of Campus 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 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 1, 2 and 3 fail to resolve the matter, it must be referred to the Principal.

Approved by the College Principal:  
Date: 27 July 2010

The effectiveness of the policy’s operation is subject to review every 12 months.
Policy Document No: ELC19
Category: Early Learning
Topic: Policy of Exclusion – Infectious Diseases

Date of Issue: August 2007
Review dates: March 2009, July 2009, August 2010

Considerations:

Philosophy: Providing a safe and healthy environment.

Children’s needs: Protection from infection, clean hygienic environment, instruction about personal hygiene

Parent’s needs: To feel confident concerning their child's health and well being.

Staff needs: Protection from infection; clean hygienic environment; appropriate equipment to ensure high level of hygiene; clear guidelines in relation to their duty of care.

Management needs: Staff to maintain appropriate levels of hygiene and cleanliness to comply with all legislative requirements.

Legislation and Sources

Children’s Services Act 1996

Children’s Services Regulations 2009, regulation 89


Policy Statement:

It is the intention of this policy to provide staff and families with the appropriate course of action in the event of a confirmed case or outbreak of an infectious disease.

Specific Responsibilities and Procedures for Vaccine Preventable Diseases

- On prior commencement to our service all students attending are required to present an Immunisation Status Certificate. These will be held in the student’s personal file at Gandel Besen House and Fink Karp Ivany Campuses. A hard copy will also be stored according to date of birth at the Gandel Campus. The Immunisation status will also be stored on the data base, at the Gandel Besen and Gandel Campuses.

Staff responsibilities:

- Display ‘Minimum Period of Exclusion from Schools, Communicable Diseases Poster’ (see appendix 1) in a prominent position within the Early Learning Centre.
- Adhere to the exclusion requirements for infectious diseases, as set out in the ‘Minimum Period of Exclusion from Schools’ table (see appendix 1).
- Notify parent/guardians of any outbreak of an infectious disease within the service.
- Staff are to minimise the chance of an infectious disease outbreak by ensuring they follow all the appropriate procedures to reduce the spread of infection, see Infectious Disease regulations 2001 (appendix 2), Health (Infectious Diseases) (Amendment) Regulations 2008 (appendix 3), Infectious Diseases Standard and Additional precautions (appendix 4) and for further information, ‘Staying Healthy in Child Care; Preventing Infectious Diseases in Child Care 4th edition (appendix 6)
- During an outbreak of any excludable infectious disease (see appendix 1), any student not fully immunised will be excluded from school until there are no more occurrences of the disease and the exclusion period has ceased.

Parent responsibilities:

- A parent is required to notify the school if their child has an infectious disease.
- A parent is required to notify the service if the child has been in contact with a person who is infected with an infectious disease.
- A child suspected of having a vaccine preventable disease, is to be taken to the doctor for a medical diagnosis
- Comply with the recommendations of minimum exclusion periods as set out by the ‘Minimum period of Exclusion from School, Communicable Diseases’ table (see appendix 1).
- Provide accurate and current information regarding the immunisation status of their child/children when they enrol and any subsequent changes to this while they are attending the service.
Management responsibilities:

- Regulation 13(2) of the Health (Infectious Diseases) Regulations 2001 (see appendix 5) requires the person in charge of the service to notify the Department of Human Services (DHS) on 1300 651 160 if they suspect; or have been notified a child has a vaccine preventable disease.

- Ensure parents are familiar with the exclusion policy (see appendix 1) and immunisation schedule. (see appendix 7.)

- Staff will advise parents on enrolment that during an outbreak of any excludable infectious disease, any student not fully immunised will be excluded from school until there are no more occurrences of the disease and the exclusion period has ceased.

- Ensure staff complies with the hygiene policy, cleaning procedures and effective hand washing

- Ensure there are appropriate cleaning supplies kept in stock.

Appendix:

1. Minimum Period of Exclusion From Schools and Children’s Services Centres Table
<table>
<thead>
<tr>
<th>Disease or Condition</th>
<th>Exclusion of Cases</th>
<th>Exclusion of Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoebiasis (Entamoeba histolytica)</td>
<td>Exclude until diarrhoea has ceased.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>Exclude until diarrhoea has ceased.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Exclude until fully recovered or for at least 5 days after the eruption first appears. Note that some remaining scabs are not a reason for continued exclusion.</td>
<td>Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.</td>
</tr>
<tr>
<td>Conjunctivitis (Acute infectious)</td>
<td>Exclude until discharge from eyes has ceased.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Exclude until diarrhoea has ceased or until medical certificate of recovery is produced.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.</td>
<td>Exclude family/household contacts until cleared to return by the Secretary.</td>
</tr>
<tr>
<td>Haemophilus type b (Hib)</td>
<td>Exclude until medical certificate of recovery is received.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Hand, Foot and Mouth disease</td>
<td>Until all blisters have dried</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Herpes (&quot;cold sores&quot;)</td>
<td>Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Human immuno-deficiency virus infection (HIV/AIDS)</td>
<td>Exclusion is not necessary unless the child has a secondary infection</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Influenza and influenza like illnesses</td>
<td>Exclude until well.</td>
<td>Not excluded unless considered necessary by the Secretary.</td>
</tr>
<tr>
<td>Leprosy</td>
<td>Exclude until approval to return has been given by the Secretary</td>
<td>Not excluded.</td>
</tr>
</tbody>
</table>
| Measles | Exclude until at least 4 days after the onset of rash. | Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of
<table>
<thead>
<tr>
<th>Condition</th>
<th>Exclusion Guidelines</th>
<th>Not Excluded Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningitis (bacteria)</td>
<td>Exclude until well.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Meningococcal infection</td>
<td>Exclude until adequate carrier eradication therapy has been completed.</td>
<td>Not excluded if receiving carrier eradication therapy.</td>
</tr>
<tr>
<td>Mumps</td>
<td>Exclude for 9 days or until swelling goes down (whichever is sooner).</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Ringworm, scabies, pediculosis (head lice)</td>
<td>Re-admit the day after appropriate treatment has commenced.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>Exclude until fully recovered or for at least four days after the onset of rash.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Salmonella, Shigella</td>
<td>Exclude until diarrhoea ceases</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
<td>Exclude until medical certificate of recovery is produced.</td>
<td>Not excluded unless considered necessary by the Secretary.</td>
</tr>
<tr>
<td>Streptococcal infection (including scarlet fever)</td>
<td>Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Trachoma</td>
<td>Re-admit the day after appropriate treatment has commenced.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Typhoid (including paratyphoid fever)</td>
<td>Exclude until approval to return has been given by the Secretary.</td>
<td>Not excluded unless considered necessary by the Secretary.</td>
</tr>
<tr>
<td>Verotoxin producing <em>Escherichia coli</em> (VTEC)</td>
<td>Exclude if required by the Secretary and only for the period specified by the Secretary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>Exclude the child for 5 days after starting antibiotic treatment.</td>
<td>Exclude unimmunised household contacts aged less than 7 years and close child care contacts for 14 days after the last exposure to infection or until they have taken 5 days of a 10 day course of antibiotics.</td>
</tr>
<tr>
<td>Worms (Intestinal)</td>
<td>Exclude if diarrhoea present.</td>
<td>Not excluded.</td>
</tr>
</tbody>
</table>
2. Health (Infectious Diseases) Regulations 2001 Version No.012 including amendments as at 21 September 2008, Division 3 - ‘Prevention of Infection through Schools and Children’s Services’
   (then go to Statutory Rules No. 41, Division 3, Numbers 13. Provision of Information; 14. Exclusion; and 15. Outbreak of Infectious Disease)

3. Health (Infectious Diseases) (Amendment) Regulations 2008

4. Infectious Diseases Standard and Additional precautions

5. Advice to schools and children’s services centres regarding exclusion of children with infectious diseases (Department of Human Services)


7. National Immunisation Program Schedule

**Routine schedule of vaccines**

<table>
<thead>
<tr>
<th>Age</th>
<th>Diseases</th>
<th>Brand name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>• Hepatitis B</td>
<td>• HB VaxII Paediatric</td>
</tr>
<tr>
<td>2 months</td>
<td>• Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <em>Haemophilus influenzae</em> type b</td>
<td>• Infanrix hexa</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal</td>
<td>• Prevenar</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus</td>
<td>• RotaTeq</td>
</tr>
<tr>
<td>4 months</td>
<td>• Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <em>Haemophilus influenzae</em> type b</td>
<td>• Infanrix hexa</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal</td>
<td>• Prevenar</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus</td>
<td>• RotaTeq</td>
</tr>
<tr>
<td>6 months</td>
<td>• Diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, <em>Haemophilus influenzae</em> type b</td>
<td>• Infanrix hexa</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal</td>
<td>• Prevenar</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus</td>
<td>• RotaTeq</td>
</tr>
<tr>
<td>12 months</td>
<td>• Measles/mumps/rubella</td>
<td>• Priorix</td>
</tr>
<tr>
<td></td>
<td>• <em>Haemophilus influenzae</em> type b</td>
<td>• Hiberix</td>
</tr>
<tr>
<td></td>
<td>• Meningococcal C</td>
<td>• NeisVacC</td>
</tr>
<tr>
<td>Age Group</td>
<td>Vaccines</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>18 months</td>
<td>• Chickenpox</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Varilrix</td>
<td></td>
</tr>
<tr>
<td>4 years</td>
<td>• Diphtheria/tetanus/pertussis/polio</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Measles/mumps/rubella</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Infanrix IPV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Priorix</td>
<td></td>
</tr>
<tr>
<td>Year 7 Secondary School</td>
<td>• Hepatitis B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Chickenpox</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Human papillomavirus (girls only)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• HB VaxII Adult</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Varilrix</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Gardasil</td>
<td></td>
</tr>
<tr>
<td>Year 10 Secondary School</td>
<td>• Diphtheria/tetanus/pertussis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Boostrix</td>
<td></td>
</tr>
<tr>
<td>Non-immune women planning pregnancy or shortly after delivery</td>
<td>• Measles/mumps/rubella</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Priorix</td>
<td></td>
</tr>
<tr>
<td>50 years</td>
<td>• Diphtheria/tetanus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ADT Booster</td>
<td></td>
</tr>
<tr>
<td>Over 50 years (Aboriginal &amp; Torres Strait Islander people)</td>
<td>• Influenza</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Influenza</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pneumovax 23</td>
<td></td>
</tr>
<tr>
<td>Over 65 years</td>
<td>• Influenza</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Influenza</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pneumovax 23</td>
<td></td>
</tr>
</tbody>
</table>

Exclusion of cases and contacts is **not** required for Cytomegalovirus Infection, Glandular fever (mononucleosis), Hepatitis B or C, Hookworm, Cytomegalovirus Infection, Molluscum contagiosum, or, Parvovirus (erythema infectiosum fifth disease). Last updated: 22 October, 2008

Approved by the College Principal:

Date: 27 August 2010

The effectiveness of the policy’s operation is subject to review every 12 months.
Policy Document No: ELC20
Category: Early Learning
Topic: Establishing a Protective Environment

Date of issue: November 2006

Considerations:

Philosophy: Protecting children and staff; caring supportive environment.

Children's needs: Children to feel safe.

Parent's needs: Families to be informed of protective procedures and why they are necessary; reassurance of their child's safety; confidentiality maintained.

Staff needs: Training in providing a protective environment, what to do in the event of identified abuse, and current trends & issues; protection from the risk of allegations being made against themselves; their concerns to be heard and acted upon; two way communication with families and management; debriefing/counselling related to specific incidents; discussions and evaluations at staff meetings re protective practices; confidentiality maintained; knowing where to go for advice and support.

Management: Appropriate policies implemented; training on the issues and appropriate protective practices; support for staff to implement policies; feedback from staff; clear understanding of management responsibilities and liabilities; confidentiality maintained; knowing where to go for advice and support; knowledge that all staff have National Police Certificates.

Background and Legislation:

Children's Services Act 1996 Part 4
Laws of Negligence;
Industrial Relations Act 19 (Cth);
Privacy Act 1988 (Cth);
QIAS Quality Practices Guide – Principles: 1.2, 1.3, 5.1, 5.2
Children’s Services Regulations 2009, regulations 50, 69, 71, 72

Policy Statement:

Mount Scopus Memorial College aims to create an environment that minimizes the risk of children being harmed in any way whilst in the care of the centre, and to protect staff from the possibility that allegations of child maltreatment could be falsely made against them, as a result of their work at the centre.
How the policy will be implemented – specific practices and procedures:

- The centre will ensure clear observation of child occupied areas through the following means:
  - Reviewing overall staff supervision within the service to ensure all child occupied areas can be viewed by more than one staff member at all times.
  - Ensuring furniture/equipment is positioned in a way that all areas are visible.
  - Placement of reflective mirrors and video monitoring systems to assist in supervision.

- Visitors/trades people will be screened when entering the centre to ensure they have a valid reason to be on site. This will be implemented using the following strategies:
  - The front gate will be watched by security guards at all times, all people entering the premises will be identified as they enter.
  - Staff members will wear identification badges.
  - Parents and staff will be educated in regard to not allowing unauthorized access to others, as they enter or leave the premises.

Ensuring validity of visitor

- Unauthorized people will be asked to provide identification, preferably photo ID.
- Appointments will only be made with people who have a valid reason for being in the centre.
- All people who perform duties at the centre, (paid or unpaid), will if required by the relevant legislation, provide a current criminal record check or assessment notice in accordance with the Working with Children (Criminal Record Checking) Act 2004, before being allowed on the premises. (i.e. student assessor; trades persons; volunteers; students, staff etc.)

Recruitment and employment of staff

- The service will ensure staff working with children do not have a criminal history, outstanding charges pending, or outstanding warrant in relation to offences which may place children in their care at risk of physical or sexual harm. To this end all new and current staff must provide a criminal record check or current assessment notice under the Working with Children (Criminal Record Checking) Act 2004, in accordance with the Children’s Services Regulations 1998.

- All information obtained through criminal record screening will be treated in strict confidence and only used to determine suitability for employment by the service.

- Within the staff recruitment process the applicant’s knowledge and experience of child protection issues will be determined.

- All new employees will be orientated to the service’s child protection policies and procedures. Whenever possible new employees will have a period of time to work alongside current staff to familiarise themselves with the children, parents, other staff and centre procedures, prior to taking up their new responsibilities in a full capacity.

Supervision of children

Children will be supervised at a level appropriate to the age and needs of the children, the program, the time of day and associated risks and in accordance with the Children’s Services Regulations 1998.

- When contact staff members are on duty they are responsible for the direct supervision of children. If there is only one staff member outside, the responsible staff member must be actively (not sitting, moving around to ensure supervision is of all children) supervising the
children at all times. Staff will arrange play areas to ensure children can be effectively supervised, and will communicate effectively with each other about the supervision of children i.e. inform each other before leaving the room.

- Staff members actively engaged in the supervision of children must not engage in cleaning, administrative or other duties, except where this involves undertaking minor incidental duties such as marking the roll for a care session, or carrying out minor cleaning duties arising directly from the care of an enrolled child.

- Staff will be alert to and aware of potential hazards and risk of injury to children and will use their knowledge of each child to ensure children are adequately supervised at all times.

- Staff members will position themselves to ensure effective supervision of all children under their care at all times. Levels of supervision will be adapted in relation to:
  - size of group
  - number of staff supervising
  - experience of staff and their personal knowledge of the children
  - individual characteristics, developmental level, and age range of the group of children
  - types of activities taking place
  - size of, and potential hazards within the play area
  - Transitions from one activity to another i.e. are children hyped up; excited; tired; just awakening from sleep etc.

- Staff will foster children’s independence and competence by supporting children to undertake some activities that involve risk taking. However, staff will always intervene to prevent harm, whenever this is necessary.

- Staffing arrangements will allow flexibility within daily routines and supervision of individuals or small groups of children during meal-time and sleep or rest times etc.

- Supervision of children away from the main play areas (i.e. bathrooms, toilets, cubbies, tunnels, quiet areas, sleep areas etc.) will be carefully monitored.

- Staff will regularly evaluate supervisory practices, and especially after accidents or incidents, excursions, or the introduction of new activities.

- Rosters are planned to ensure appropriate supervision of children is maintained and staff on non-contact duties are replaced in order to ensure appropriate staff : child ratios are maintained in accordance with the requirements of Children’s Services Regulations 1998

**Individual children will only be released from the centre to authorised people.**

- staff will ensure that only authorized people (parents and emergency contacts) will collect the children at the end of the day.

**Supervision and support of staff**

- All staff members will be asked to thoroughly familiarise themselves with the Mount Scopus Memorial College Duty of Care Manual and act in accordance with the practices and procedures outlined there.

- Child protection issues will be discussed regularly at staff meetings. Staff will be encouraged to share any observations or concerns in regard to child and staff protection risks. Resolutions will be sought to eliminate risks, and management will be advised of the issues and current strategies to resolve them.
The centre’s staff performance management system will address staff performance in relation to child protection.

Staff will support each other to limit the time they are left alone with children.

Volunteers, students and other visitors or trades people will not be left alone with children at any time.

Casual relief staff will be rostered on to a middle shift where possible, to ensure someone is working with them at all times. When this is not possible strategies will be implemented to minimise times when the relief person is working alone with any group of children.

**Staff Training on Protection Issues**

The centre requires all staff to participate in training on child protection by relevant authorities. This training should cover:
- Protective Behaviours Program;
- signs and symptoms of child maltreatment;
- how to respond if a child discloses sexual abuse;
- how to observe and record children’s behaviour;
- process of reporting child maltreatment to Child Protection and Family Services;

A guide to recognising signs of abuse or neglect (see attachment) will be made available to all staff who have attended relevant training, 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 centre 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 centre’s policies, procedures, and confidentiality requirements in regard to child protection and issues are discussed at staff meetings.

**Children’s Education**

Staff will foster children’s self esteem and positive self image through their interactions with children.

The centre’s behaviour management policy will be followed to positively guide children’s appropriate behaviour.

Staff will encourage children to be assertive (ie. Learn when to stand up for themselves and say no when appropriate), and to communicate their needs and concerns. This may be done through role play, modeling, storytelling, puppets etc.

Staff will talk with children about ways to keep themselves safe and encourage children to believe they have a right to feel safe at all times. Strategies will include:
- Inviting community support services ie. police, fire service, health nurse, doctor, dentist etc. to the centre to talk to the children;
- Going out into the community and applying safety skills ie. How to cross a road safely etc.
Staff will build relationships with all children based on trust, so that children know that it is safe to talk to staff about any concern/issue they may have, and that the staff will listen to them. Children should be encouraged to keep telling people until they feel they are heard.

Staff will convey to children that there is nothing that will happen to them that is so awful that they cannot talk about it to someone they trust.

Children are naturally curious about their bodies and will occasionally explore and compare while interacting through everyday play experiences. These behaviours are a normal part of a child’s development.

Staff will provide information about sexuality in an age appropriate way.

Staff will inform parents of the particular occurrence and environment in which the behaviour was displayed, during their normal daily communication exchange with the parent.

**Information for parents**

- The centre will make available to all parents information on establishing a protective environment, and the Protective Behaviours Program.
- Staff will be available to discuss any issues with parents.
- The centre will keep parents up to date with any changes and seek their input.
- The centre’s policy on establishing a protective environment will be made available to parents.
- Parents will be informed about relevant training undertaken by staff in the centre newsletter.

Approved by the College Principal: [Signature]

Date: 28th July 2010

The effectiveness of the policy’s operation is subject to review every 12 months
Policy Document No: ELC21
Category: Early Learning
Topic: Occupational Health and Safety Policy

Date Issued: May 2003

Considerations:

Philosophy - Mount Scopus promote the need for a safe and healthy environment for all children and staff.

Children’s needs - Children require a safe and healthy environment in which to play and learn.

Parents needs - Reassurance that health and safety standards are maintained at the centre 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:

Managing OHS in Children’s Services – A model for implementing an OHS Management System in your Children’s Service – Lady Gowrie Child Centre, Sydney
Worksafe website: www.worksafe.vic.gov.au
QIAS Quality Practices Guide 2005 – Principles 5.3; 5.4; 5.5; 6.6; 7.2; 7.4
Children’s Services Regulations 1998
Staying Healthy in Child Care by National Health and Medical Research Council

Policy Statement:

It is the objective of the Management of Mount Scopus Memorial College (MSMC) to provide and maintain a safe and healthy working environment for its employees and anyone entering its premises.

How the policy will be implemented - Specific Practices and Procedures:

- A Health and Safety policy and procedure handbook concerning the Occupational Safety & Health (OSH) of the occupants and users of the Centre will be produced and followed. All staff and management will be provided with a copy of the handbook.

- The Operator will ensure that information about the Occupational Safety and Health Act, Regulations, Codes of practice and guidelines are made available to staff and parents of children attending the centre.
Employee and Employer responsibilities for Occupational Safety and Health are included in the Occupational Safety & Health 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 centre’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.

Every reasonable effort will be made by the centre to promote accident prevention, fire prevention and health preservation.

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.

Staff must report all incidents leading to risk of injury including those leading to high stress levels, and positive steps will be taken to remove hazards and understand and minimise stress suffered by individual staff members.

Play areas and equipment will be checked daily by the staff to ensure they are in a hygienic, clean and safe condition and do not pose a hazard to children; and that soft fall surfaces under and around outdoor play equipment are adequate and evenly spread.

Staff will notify the SHR or Safety Officer of any equipment and/or area that is not clean or in a safe condition, and will write details on an OSH Incident/Accident Report.

Staff will record their daily checks on a Daily Safety Checklist.

All new equipment will be checked against Australian Standards.

Management will ensure that furnishings and equipment are provided that will limit risk of injury or ill health in the workplace i.e. adult size chairs for staff, appropriate storage systems, safe electrical appliances and circuit breakers installed etc.

Management will ensure that health and safety practices followed in the centre comply with the Children’s Services regulations, Health Regulations, Australian Standards & Occupational Health and Safety Act 2004 and will allocate sufficient resources in the annual budget to ensure a healthy and safe environment. This will cover direct costs such as provision of safety equipment, maintenance of buildings, fittings and equipment, purchase of safety and health advice, training and resources.

Staff will record all injuries or illness (to children and adults) in the centre’s Accident/Illness Record. Details entered will include: date, time, place of incident, injury or condition, brief description of events, adult witnesses, any anticipated treatment or outcome.
• Injuries or illness to staff must be recorded on an Employee Incident/Accident Report.

• Staff will record all incidents with the potential to cause injury or illness on a Hazard Report Form.

• All work related injuries and diseases or ‘near misses’ will be investigated to determine the causes, and action taken to prevent similar events in the future.

• OSH issues and incidents will regularly be discussed at staff meetings.

• Management will ensure that appropriate workers compensation cover is available to all employees of the service, and that employees understand the importance of reporting injuries or illness which may occur during the course of their work. Employees will also be informed about the time deadlines for completing workers compensation forms, and be provided with information about what can be compensated.

• Management will ensure that injured employees are provided with appropriate rehabilitation and health care services and that a flexible rehabilitation program is implemented in the centre until they are fully recovered.

• The centre is a non-smoking area. This includes all indoor and outdoor play areas and anywhere that is within sight of the children.

Szalmuk Family and Fink Karp Ivany Early Learning Centres follow the Mount Scopus College Emergency Management Plan. The 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. Emergency procedure is determined in consultation with the College Head Security Officer.

• The service Evacuation Plan includes:
  - The determination of a safe assembly area, away from the building and access areas for emergency services, and it’s own escape route.
  - Unobstructed routes for leaving the building which are suitable to the ages and abilities of the children (Special consideration must be given to the evacuation of children with disabilities).
  - The setting up of an emergency pack which is stored in an easily accessible place and includes items such as blankets, first aid kit etc.
  - Nominating who will collect the attendance roll, parents emergency contact numbers and staff roster and once at the assembly area check the roll and roster to ensure that all children and staff are present.
  - Maintaining a current list of emergency services contact numbers and nominating who will be responsible for phoning the relevant service.
  - Determining who will check the building is empty and close all doors and windows to contain the spread of fire.
  - How the children will be supervised at the assembly area.

**Emergency Drills**

• Safety drills involving staff and children will be practised randomly without warning and at different times of the day.

• *An evacuation drill shall be carried out once a term.*

• A record of each drill of emergency procedures will be made on an ‘Evaluation of Emergency Evacuation Drills’ form, and retained for a period of 3 years from the day on which the record was made.

• Parents will be provided with a copy of the emergency evacuation procedures on request.
• Each staff member will be provided with a copy of the emergency procedures.

**Evacuation into the Centre**

In some instances it may be decided to instigate a lockdown rather than an evacuation. If there is an ongoing external threat, or it is felt that there is an additional risk in evacuating, a lockdown, or evacuation into the centre, will be instigated, meaning that all children and staff are kept secure within the Centre. In this case, a lockdown instruction will be given over P.A. system. Evacuation into the centre may be for a variety of reasons including but not limited to bee swarm, rioting, snake, threatening person.

Where a situation arises which requires the bringing of the children into the centre in order to secure their safety, staff will:

- Gather children together into the building, in a safe and non-hurried manner and collect attendance roll, parent’s emergency contact phone numbers, and staff roster. Once everyone is together, staff will check the roll and roster to ensure that all staff and children are present;

- staff will quietly and quickly walk around and lock doors and windows to secure the building;

- The senior staff member present will contact the police to advise them of the situation, including information about any missing children or staff.

**First Aid**

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

- A fully equipped and properly maintained first aid kit will be kept at the centre 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 staff holding appropriate first aid qualifications in the event of minor accidents or to stabilise the victim until expert assistance arrives. (See appendix 1 – Accident plan)

- 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.

**Fire**

- The centre will comply with relevant fire safety requirements of the Fire and Emergency Services Authority of Victoria.

- Fire extinguishers will be installed and maintained in accordance with Australian Standard 2444.

- Staff will be instructed in the operation of fire extinguishers. Staff will only attempt to extinguish fires when all of the following is assured:
  - The children have been evacuated from the room.
  - The fire is very small.
  - There is no danger to the person who will operate the extinguisher.
  - The operator is well trained and confident in the use of the extinguisher.
• Smoke detectors will be fitted in accordance with the manufacturer’s instructions and will be placed to provide adequate warning of smoke and so that staff will hear the alarm from anywhere within the child care premises. The Licensee will ensure that these devices are maintained in working order. A maintenance schedule will be kept to confirm regular checks occur.

• When the emergency services arrive the security staff will inform the officer in charge of the nature and location of the emergency and of any missing children or staff.

• No-one will re-enter the building until advised it is safe to do so by the officer in charge.

Storage of Potentially Dangerous Products

• All staff will be made aware of which products may pose a danger to children in the centre and will do their best to minimise the use of these products without jeopardising the hygiene of the children or themselves.

• The centre will purchase and use less toxic substances whenever possible.

• The centre will maintain a register of all hazardous substances kept on the child care premises.

• All potentially dangerous products will be clearly labelled and stored in their original labelled containers with the relevant Material Safety Data Sheet (MSDS) for that product, out of reach of all children, or unauthorised adults. Storage areas will be clearly labelled to assist relief staff.

• All hazardous products are used in accordance with the manufacturer’s written instructions and specific workplace procedures, and dangerous chemicals are only used when children are not present at the centre.

• Flammable materials are stored separately from anything that constitutes or is likely to constitute a fire hazard.

• Staff will discuss the dangers of certain products with the children.

• Information about the safe storage of potentially dangerous products in the home will be displayed in the reception area and drawn to the attention of all parents/guardians on a regular basis.

Maintenance of Buildings, Equipment and Outdoor areas

• The child care premises will comply with the Children’s Services Regulations 1998.

• All perimeter fences and gates will be a minimum height of 1500mm. Gates that offer access to a hazard shall be equipped with an efficient self locking mechanism or lock. All fences and gates will be appropriately maintained to ensure the safety of children, staff and visitors to the service.

• All requirements for electrical installations will be met. Power points will be to an approved safety standard and will be out of reach of all children, or fitted with approved safety shutters or with an earth leakage circuit breaker.

• Electrical appliances and cords will be kept out of reach of all children.
• The Centre will meet standards for glazing in public buildings set down in the Building Code of Australia and that windows when opened do not create a hazard to children.

• The Centre will ensure that hot water taps to which a child has access will be thermostatically controlled at less than 42 C or will be fitted with a device which prevents the operation of the tap by a child.

• The Centre will ensure that adequate furniture is available to meet the physical and developmental needs of children attending the service.

• Staff members who become aware of faulty or broken equipment will remove this equipment from use and advise the Convenor or head of campus of the need for its replacement or repair. All such incidents will be noted on a Hazard Report Form.

• The Centre will ensure that outdoor equipment does not pose a hazard to children because of its design, manufacture, installation or use. Staff will do a daily check of soft fall surfaces under climbing equipment to ensure it is adequate and evenly spread.

• Sandpits will be covered at night and raked regularly to dispose of any animal faeces, other contaminants or potentially dangerous objects.

• The outside playing area will be checked regularly to ensure poisonous vegetation is not accessible to children.

This Early Learning Centre Specific policy is to be used in conjunction with the College’s occupational health and safety policies and the Mount Scopus Memorial College Emergency Management Plan.

Approved by the College Principal: ______________________

Date: 27th August 2010

The effectiveness of the policy’s operation is subject to review every 12 months
Appendix 1 - Accident Plan

**Accident**

Qualified first Aid staff to assess

Administrate first aid

**Minor Injury**

- Contact Parent/Emergency Contact

- Write any necessary reports, and ensure they are signed by parents/emergency contact.

**Major Injury**

- Call Ambulance
  - A familiar staff member is to accompany the child.

- Notify parent/emergency Contact

- Write any necessary reports, and ensure they are signed by parents/emergency contact.

**Please note** – any injury or trauma needing further medical attention from a registered medical practitioner, sustained at kinder must be reported to the Department of Education and Early Childhood Development (DEECD) as soon as practical.
Policy Document No: ELC22
Category: Early Learning
Topic: Equipment Policy

Date Issued: May 2007
Review Dates: March 2009, July 2009, July 2010

Considerations:

Philosophy - Mount Scopus Memorial College promote the need of a safe environment.

Children’s needs - Children require safe, enjoyable, age appropriate equipment that fosters learning and positive interactions.

Parent’s needs - Parents need to know that the children are safe within the kinder environment; that they have access to trying and learning new things, the equipment is culturally inclusive and appropriate, suitable for different ages & levels of development; children taught to care for things.

Staff needs - Staff need suitable equipment to run their program of inquiry that is easy to maintain in good repair, easy to store and access.

Management - Needs
Management need quality equipment within budgetary guidelines.

Equipment that is durable and easy to maintain in good repair; storage space available.

Background and Legislation:

- QIAS Quality Practices Guide – Principles: 4.1, 4.3, 4.5, 4.6, 5.4
- Children’s Services Regulations 2009 – Regulation 93.

Policy Statement:
The centres 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 the policy will be implemented - Specific Practices & Procedures:

- All equipment & toys purchased for the centres 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 centre'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.
• Equipment and materials needed for the provision of the children’s program will be identified as part of the planning process and provided by the service for the carrying out of programs.

• The Supervising Officer/Licensee 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.

• Staff will check soft surfaces under and around outdoor play equipment to ensure it is evenly spread, on a daily basis.

• In consultation with staff, management will determine which equipment is most appropriate taking into account durability, easy maintenance, cost, and benefit to the children's program. If large/expensive items of equipment are requested the Operator will determine the centre's budget limitations.

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

• Staff input on compiling a prioritised list of items of equipment will be sought at least twice a year.

• Staff purchasing new equipment, are to source the item/s from appropriate order books or suppliers, complete an order form and gain authorisation from the appropriate head of campus.

• 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.

Approved by the College Principal: ____________________________

Date: 1st July 2010

The effectiveness of the policy’s operation is subject to review every 12 months
Date Issued: November 2007

Considerations

Philosophy - Mount Scopus Memorial College respects the right of all people associated with our services to have their personal information protected.

Children's needs - Children require communication regarding their health, learning, behaviour and any other sensitive issue to be kept confidential.

Parents needs - Parents require the assurance that private information given to the centre regarding income, family arrangements or any other personal details are kept confidential. Parents need the opportunity to speak to staff regarding confidential matters that may impact their child’s care. They need to be provided with an opportunity to access their personal records on request.

Staff needs - Staff require clear guidelines regarding what they should and shouldn’t disclose about children and families, how families may access their personal records, freedom to raise personal issues that impact on the workplace. (See appendix 2) Staff personal records, details and appraisals are treated confidentially.

Management - Needs: Ensure staff compliance with the privacy policy. Obtain and store relevant personal details from families and staff.

Legislation and Sources:
Privacy Act 1998 (Cth),
The Health Records Act 2001 (Vic)
The Information Privacy Act 2000 (Vic).
National Privacy Principles
Children’s Services Regulations 2009, regulation 35.
QIAS Quality Practices Guide – Principles 2.1; 3.2; 5.1

Policy Statement
We believe your privacy is important.
We have put in place a Privacy Policy which illustrates how we collect, use, disclose, manage and transfer personal information including health information. This policy is available on request.

Our service is, in some of its activities, bound by privacy legislation. If we need to collect health information we are subject to the Health Records Act (Vic). If we have collected information as a service provider to the state government, we are covered by the information Privacy Act (Vic). Otherwise, for all other transactions involving personal information, we are not covered by privacy legislation, and our Privacy Policy may not apply.

This policy is to be used in conjunction with the Mount Scopus Memorial College Privacy Policy.
How the policy will be implemented – Specific practices and procedures:

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

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

- The type of information collected and held includes, but is not limited to, 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 (CRN) 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.

- 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.

Information in relation to Children:

- Staff will keep individual records on all children enrolled in our Early Learning Services. These records will be stored appropriately to guard from unauthorised access.

- Some of the children’s confidential records will be stored in the child’s room, these include, but are not limited to, learning portfolios, accident and medication files. These files will include a reminder to parents to only access their own child’s folder.

- Staff will be made aware of the need for sensitivity and confidentiality in handling information regarding child protection issues.

- Children’s photos will be collected throughout the year, and each child shall receive a disk with a collection of individual and group photos. Any parent opposed to their child appearing on a classmates disk, needs to inform staff upon enrolment.

- Reports, notes and observations about children will be accurate and free from biased comments and negative labelling of children.

- In accordance with the Health Records Act 2001 (Vic), 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. (See appendix 1)

Information in relation to Parents and Families:

- Confidential conversations that staff may have with parents will be conducted in a quiet area away from other children, parents and staff. Such conversations are to be minuted and stored in a confidential folder.

Information in relation to Staff:

- Staff will protect the privacy and confidentiality of other staff members by not relating personal information about another staff member to anyone either within or outside the centre.
Staff's individual files will be stored in an appropriate office space in a lockable filing cabinet.

Management and security of information

- In order to protect personal information from misuse, loss or unauthorised access, staff will ensure that in relation to all 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.
  - Individuals will be provided with access to their personal information and may request that their information be up-dated or changed where it is not current or correct. *(National Privacy Principle 6 – Privacy Act 1988).*

- We may disclose personal information held about an individual to Government departments or agencies as part of our legal and funding obligations. These include (but are not limited to):
  - local government in relation to enrolment details for planning or funding purposes;
  - organisations providing services related to staff entitlements and employment;
  - insurance providers in relation to a 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.
  - 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.

Approved by the College Principal: ___________________________________________________________________

Date: 27th August 2010

The effectiveness of the policy's operation is subject to review every 12 months
Appendix 1 - Privacy Statement

The Szalmuk Family Early Learning Centre of 15 Mayfield Street, East St Kilda, and Fink Karp Ivany Early Learning Centre of 1 Feodore St, Caulfield South are required to collect personal and health information from or about families within the following forms:

- Centre Enrolment Form
- Attendance Register
- Accident/Illness Reports
- Authorisations to Give Medication
- Medical Certificates
- Statement of Child Care Usage Forms
- Family Assistance Office Assessment Forms

This information is required to ensure the health and safety of your child whilst in our care, and to meet legislative requirements set down in:
- Children and Community Services Act 2004
- Children and Community Services (Child Care) Regulations 2006
- Child Care Service Handbook (Child Care Act 1972)

The information you give is used by those Centre staff that need to access the information to meet the above requirements, and may also be disclosed to the following authorities:
- Child Care Licensing Officers (Children and Community Services Act 2004)
- Department of Families, Community Services & Indigenous Affairs Officers (Child Care Act 1972)
- Department for Community Development Officers (Children and Community Services Act 2004)
- Family Assistance Office Review Officers (Child Care Benefit)

All personal information is kept in a secure place to protect it from unauthorised access, modification or disclosure.

You are entitled to access personal and private information kept about you and your family on request, and may ask for inaccurate information to be updated or corrected.

Failure to provide the required information will result in non-acceptance of your child’s enrolment.
Appendix 2 - Confidentiality Statement For staff

- Staff, students, the centre management will respect the rights to privacy of: enrolled children and their families; other staff, students, the owner and other committee members and their families, and agree to comply with the National Privacy Principles, included in the Privacy Act.

- Information pertaining to children and their families, or staff, students, the management and their families is not discussed with, or made available to, any person who has not been authorised by the individual family, or staff, student, except in circumstances involving an authorised officer of the Licensing Unit or from other government departments covered by legislation.

- Information about individual children or their families is only discussed with persons within the Centre. All discussions relating to individual children and their families by staff, students the owner or management committee members will be on a confidential professional basis.

- Information about a staff member and their family is not discussed with other staff at the centre, or with any person or persons within or outside the Centre, without the staff member’s consent.

- Information pertaining to the Centre’s confidential business transactions is not discussed with any person or persons within or outside the Centre, except where this is within the staff or management’s professional work at the Centre.

I agree to abide by the above Statement.

Name: _____________________________________ (Please print)

Signature: ___________________________ Date: __________________
Date Issued: December 2007
Review Dates: March 2009; July 2009, July 2010

Considerations:

Philosophy - Create warm, caring environment.
Ensure rights of staff are recognised & observed.

Children's needs - Continuity of staff - warm & caring staff - staff with appropriate knowledge to provide appropriate programs & routines.

Parents needs - Parents also require continuity of staff, warm & caring staff, and staff with professional knowledge to provide appropriate programs, routines and advice.

Staff needs - Fair selection procedures, secure employment, fair conditions, and colleagues prepared to work as a part of a team.

Management - The best person available for the position advertised.
Needs - To attract staff & encourage them to stay.

Legislation and Sources:
Children's Services Regulations 2009, part 5, regulations 50, 52, 53, 60.
Equal Opportunity Commission
Work Choices website – www.workchoices.gov.au
Work Safe website – www.safetyline.gov.au

Policy Statement:

Staff selection at Mount Scopus Memorial College will be conducted in a fair and consistent manner which reflects Equal Opportunity Legislation and aims to employ the best person available for the position advertised.

Our Early Learning centres employ teachers who have a university degree or diploma in child development and education. Early Years education is highly specialised. It requires teachers trained in observation of the fine interplay of motor, intellectual and emotional processes at work during play. They can interpret play and assess skills and learning to extend and stimulate each child towards further development. Our assistants are either qualified, have had training or are experienced in Early Childhood. Trained or experienced staff to cover lunch breaks and we are well in excess of the recommended Department of Education and Early Childhood Development Child/Staff ratio. From time to time, when teachers are absent, they are replaced by suitably trained and experienced staff.

How the Policy will be implemented - Specific Practices and Procedures:

- The Operator will ensure that the Centre is appropriately staffed at all times to meet all requirements of the Children’s Services Regulations.
• The Operator will employ sufficient staff to implement the centre’s Supervision Policy in line with Children’s Services Regulations.

• All staff positions will be advertised according to Equal Opportunity Legislation (refer Equal Opportunity Policy) and will request applications in writing that address the selection criteria for the position and include the names and contact numbers of two referees. Applicants will be asked to contact the centre for an Application Kit which will include:
  ▪ Information about the service
  ▪ Information about the selection process, reference checks etc.
  ▪ Job description
  ▪ Selection criteria
  ▪ Award or enterprise agreement information – level of position
  ▪ Contractual information
  ▪ Name and contact details for further information
  ▪ Closing date
  ▪ Address for applications

The Operator will ensure that the job description & selection criteria:
  ▪ Reflect the centres philosophy of creating a warm and caring environment.
  ▪ Include a requirement for good communication skills.
  ▪ Include appropriate knowledge to meet the children’s needs.
  ▪ Ensure listed qualifications meet Regulation requirements.
  ▪ Are current and pertinent to the position.
  ▪ Include information about police clearance and working with children’s check requirements.

• A selection panel will be formed comprising of at least two people.

• The selection panel will evaluate each application in accordance with the selection criteria, short list those applicants who meet the selection criteria, and develop interview questions which address each selection criteria. The same questions will be asked to each applicant. Each applicant will be treated fairly, courteously and equally.

• The selection panel will inform all non-short listed applicants either directly or within the initial advertisement i.e. “Only successful applicants will be notified”.

• The short listed applicants will be invited for interview. Each applicant will be asked the same questions and their responses noted by the panel. Applicants will be provided with information about their conditions of employment and given opportunities to raise their own questions.

• After the interviews the panel will determine which applicant most fully meets the selection criteria. The applicant’s referees will be contacted to verify the information given at the interview, gain additional information about the applicant’s behaviour and performance at work, and confirm their suitability for the position offered. The panel recommendation will then be made to the Operator and after approval from the Operator the applicant will be offered the position.

Approved by the College Principal: ____________________________________________
Date: 1st July 2010

The effectiveness of the policy’s operation is subject to review every 12 months
Policy Document No: ELC25
Category: Early Learning
Topic: Admissions Policy

Date Issued: March 2007
Review Dates: March 2009; July 2009, April 2011

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 needs** - Require access to any records to fulfil management tasks; confidentiality.

**Background and Legislation:**
QIAS Quality Practices Guide – Principles 2.1; 2.2; 2.3; 5.2; 7.2

**Policy Statement:**
Access for families and children to the Centre will not discriminate against families, will ensure the safety and care of children at the centre, and will protect the rights of parents &/or guardians. Enrolments will be subject to Commonwealth Government priority of access guidelines. Other members of the community, professionals and students will be provided access to the centre where it enhances the quality of the program, protects the welfare and rights of children and staff and provides training and experience to members of the children's services field.

**How the policy will be implemented - Specific Practices and Procedures**
- Equal Opportunity principles will be observed in relation to access to the centre for children, parents & staff.

**Enrolments**
- Enrolments will be accepted according to the Commonwealth Government ‘Priority of Access’ (See appendix 1) and criteria set in line with College. An enrolment form must be completed for each child. Where enrolling parents are not fluent in English the enrolment interview will wherever possible be conducted in their primary language. On commencement parents will be given a “Parent Handbook”
• If a place is not immediately available at the centre the family may be put onto a waiting list. Details about priority of access eligibility, age of child and care requirements will be required at this stage. When a place becomes available the family will be contacted by the Registrar and enrolment may proceed.

• It is the family’s responsibility to notify the service of any changes to their circumstances or details 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 Centre 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 Centre 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 1998)

• It is a requirement of the Children’s Services Regulations that the child care service be connected to a telephone.

**Attendance Records**

• Accurate attendance records will be kept and checked each day.

• The enrolling parent/guardian or authorised person who brings the child to the service or collects the child from the service must sign/initial the child’s times of arrival and departure.

• 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 Collection**

• The names and contact numbers of all persons authorised to collect children from the Centre 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 Centre, they must contact the Centre to advise of this arrangement and confirm who will collect the child.

• If the centre has not been notified and someone other than the enrolling parent arrives to collect the child the Supervising Officer or Senior Staff Member 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 centre, 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.

**Child Care Fees**

• Parents will be billed four times per year. There will be an option of paying the full year’s fees, with a discount of 4%. The discount is not applicable to all items on the fee statement - please contact the accounts department for further information. Once the family is approved by the FAO, it will advise us and begin to pay us a benefit on the family’s behalf, which we will rebate off the fees in the next statement.

**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 advice 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 centre and the child has not been collected 10 minutes after the negotiated collection time, the centre 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. (See appendix 2)

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 Centre. Parents/guardians will be given a copy of the centre’s procedure for dealing with parents concerns at the time of enrolment. These procedures will also be displayed in the foyer.

Parents/guardians may visit the centre at any reasonable time whilst their child is in care. However they are requested to give due consideration to the time of day in relation to the children’s program i.e. rest time would be inconvenient and could disturb other children.

Parents/guardians may bring other relatives to visit at convenient times that have been organised with the child’s teacher.

Where a child attending the centre is not living with both parents/guardians, or where disputes arise in relation to responsibility for the child the following will apply:

- Parental responsibility remains with both parents/guardians jointly and individually except where it is altered by an order of the Family Court of Australia. In the absence of such an order the child will be released to either parent/guardian who is an authorised person to collect the child on the enrolment form.
- Where a non-enrolling parent cites an Order of the Family Court giving him/herself lawful access to the child, the Supervising Officer will contact the enrolling parent to confirm the existence of the order and seek their direction on how to respond to the non-enrolling parent. Staff will not try to interpret or act on any court order without the approval of the enrolling parent.
- The child will only be released into the care of the enrolling parent/guardian, or other person specifically authorised by the enrolling parent/guardian.
- In the case of a parent/guardian with parental responsibility for the child arriving at the centre to collect their child in a visibly intoxicated or unfit state to drive the parent/guardian will be encouraged to contact an alternative adult to drive them and their child home or the centre will offer to call a taxi. If the parent/guardian insists on taking their child, the police will be informed.
- Where human life is at risk any part of the above may not be able to be complied with and in such circumstances the police will be immediately informed. In such circumstances the centre staff will follow the centre’s emergency action plan.
Visitors

- Visitors may be invited into the centre as part of the children's program i.e.
  - Members of the Fire Brigade, Police Department, medical or nursing profession, community people with a skill, art or experience from which the children will gain experience or enjoyment.

- The centre will offer student placements to:
  - High school students who wish to gain work experience as part of their school program provided that the school has initiated the placement and the students are studying early childhood or family studies.
  - Students attending early childhood or child care training at college or university.

All placements will be negotiated through the Head of Campus and classroom teacher. Students will be provided with clear guidelines in relation to their responsibilities and code of conduct whilst at the centre and will be closely supervised by regular staff at all times.

- Volunteers will be accepted for work experience when there are no students on placement at the centre and there is evidence of a genuine interest in the work involved. Potential volunteers will be interviewed by the Head of Campus to determine their suitability. All volunteers will be given clear guidelines in relation to their responsibilities and code of conduct whilst at the centre.

- All volunteers and students must provide the appropriate police clearances.

- Volunteers and students are supplementary to staff requirements and will not be used to replace absent staff unless they are on the centre's payroll.

- All other visitors to the centre must make an appointment with the Head of Campus.

- Any unwelcome, violent or abusive visitor or intruder (including anyone adversely affected by alcohol or drugs) will be calmly asked to leave the Centre. Refusal to leave will necessitate the Convenor or Senior Staff calling the local police for the removal of the unwelcome visitor. Staff will not at any time try to physically remove an unwelcome visitor. The centre will establish a plan to manage critical incidents that will isolate children and staff from a violent or abusive visitor or intruder, until such a time as the police arrive to take control of the situation. The plan will include a warning signal that will alert all staff to the danger of the situation.

- Professional access to the Centre will be at the discretion of the Operator and (if involving the children) with the parent's written consent. The only exception to this would be in the case of children at risk.

Approved by the College Principal: ____________________________

Date: 6th April 2011

The effectiveness of the policy's operation is subject to review every 12 months
Appendix 1 - Priority of Access Guidelines

It is a condition of continued approval that centre based long day care services undertake that they provide child care places according to the Priority of Access Guidelines. Refer to Child Care Service Handbook – www.facs.gov.au/childcarehandbook

First Priority:
A child at risk of serious abuse or neglect.

Second Priority:
A child of a single parent who satisfies, or parents who both satisfy, the work/training/study test under section 14 of the Family Assistance Act.

Third Priority:
Any other child.

Within each category the following children are to be given priority:

- Children in Aboriginal and Torres Strait Islander families.
- Children in families, which include a disabled person.
- Children in families with a non-English speaking background.
- Children in socially isolated families.
- Children of single parents.

According to the legislation, services are to follow the guidelines when they are filling vacancies (unless they are a work based service in which case children of employees can be given top priority) and, when there are no vacancies, they may require a child who is third priority to leave the child care service, or alter their days, in order to provide a place for a higher priority child.

This provision however only applies if:

- The person liable to pay child care fees for that child was notified on enrolment that the service followed this policy; and
- The service gives that person at least 14 days notice of the requirement for the child to leave the child care service.
Appendix 2 - 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.

<table>
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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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<tr>
<td>3.00pm – 6.00pm</td>
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<tr>
<td><strong>Friday (summer)</strong></td>
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<tr>
<td>12noon – 5pm</td>
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<tr>
<td><strong>Friday (winter)</strong></td>
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<tr>
<td>12 noon – 4pm</td>
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</table>

Staff will keep a log of all attempted calls to parents and emergency contacts.

- Staff will begin attempts to contact the parents 15 minutes after the expected departure time.
- Staff will begin to call the child’s parents 15 minutes prior to closing.
- If the child’s parent’s can not 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
### Policy Review schedule

<table>
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<tr>
<th>Policy</th>
<th>Reviewed</th>
<th>due for review</th>
<th>staff</th>
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<th>Reviewed</th>
<th>Reviewed</th>
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<tr>
<td>Philosophy and Mission Statement</td>
<td>Jan-08</td>
<td>Jan-09</td>
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<td>Feb-09</td>
<td>March-11</td>
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<tr>
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<td>July-09</td>
<td>Feb-10</td>
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<tr>
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All policies will be due for review between February and September 2011.
Policy Document No: ELC26
Category: Early Learning
Topic: Asthma Policy

Date Issued: July 2006
Review Date: March 2007, June 2009, July 2010

Implementation Details
The actions required to implement this policy are as follows
- All parents/guardians of children enrolled at the Early Learning Centre 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 Early Learning Centre.
- 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 on August 2010.

3. Scope
   This policy applies to children enrolled at the Early Learning Centre, 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 Children’s Services Act 1996
- The Children’s Services Regulations 1998
- 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*: 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 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 Learning Centre 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 Early Learning Centre 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 Early Learning Centre.

7. Procedures

**The Registered Nurse and Enrolment Director**

- 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 Enrolment Director at Gandel Campus 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.

• 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 at the Early Learning Centres, for example, in the children’s room, bathroom and kitchen.

• 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.

• Ensure that asthma components are included in the First Aid Kit taken on any activities outside the Early Learning Centres.

• 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.

• Identify and, where possible, minimise asthma triggers as defined in the definition section of the policy or in children’s Asthma Action Plans.

• 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.

• 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.

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 contact the registered nurse at G.B.H. or the Level 2 first aider at F.K.I. then 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):

<table>
<thead>
<tr>
<th>Step</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.</td>
</tr>
<tr>
<td>2.</td>
<td>Wash devices thoroughly in hot water and kitchen detergent.</td>
</tr>
<tr>
<td>3.</td>
<td>Do <strong>not</strong> rinse.</td>
</tr>
<tr>
<td>4.</td>
<td>Allow devices to ‘air dry’. Do not rub dry.</td>
</tr>
<tr>
<td>5.</td>
<td>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.</td>
</tr>
<tr>
<td>6.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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 Early Learning Centre 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: 1st July 2010

The effectiveness of the policy’s operation is subject to review every 12 months
Policy Document No: MC 1
Category: Health Centre
Topic: Practices & Procedures

Date of Issue: August 2001
Revised Date: August 2009
August 2010

Honorary Physicians: Dr. G.R.Segal
Dr. P.Boltin

Staff: Sr. Michelle Jackson, RN Div 1 (Burwood)
Sr. Helen White RN Div 1 (Burwood)
Sr. Cathy Canestra RN Div 1 (Burwood)
Sr. Jenna Baker-Kaldor RN Div1 (Gandel Besen House)
Sr. Robyn Adamson RN Div 1 (Gandel Besen House)
Mrs. Michelle Bergman First Aid Level 2 (Fink Karp Ivany)

Hours of operation at Burwood:
Monday to Thursday: 8:15am – 4:15pm
Friday: Summer 8:15am – 3:30pm, Winter 3:15pm

Hours of Operation at G.B.H. & F.K.I:
Monday to Thursday: 8:30am – 3:30pm
Friday: Summer 8:30am – 3:30pm, Winter 3:00pm

The above Hours of Operation only apply during school days as per the school calendar.

Purpose: To provide relevant information regarding practices and procedures specifically for the Health Centre to guide and determine decisions made by Health Centre staff.

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2.0 Practices
3.0 Procedures
4.0 Equipment
5.0 Emergency Evacuation

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6.20.4 Notification of Infectious Disease
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1.0 Policy Statement

The Health Centre at Mount Scopus Memorial College Gandel Campus and Gandel Besen House are facilities which are available to students, staff and those visiting the College, who require immediate medical treatment and will receive attention in accordance with the policies and procedures.

The Centres provide first aid, maintenance of health care, health education and integral to this is effective communication with patient’s parents/guardians or significant others.

Staff of the Health Centres also has an awareness of and supports the particular requirements of the Jewish culture and its traditions.

Registered Nurses Division 1, who observes practices according to the Australian Nursing Council, staffs the Health Centre. – see appendix 6.1, 6.2, 6.3

A Level 2 qualified person who delivers 1st aid only, and is responsible to the Health Centre staff at Gandel Campus provides first aid at Fink Karp Ivancampus.

2.0 Practices

2.1 Confidentiality of records – see Privacy Policy PA1 Policy Manual see appendix 6.4

2.2 Client Visits

2.2.1 All visits by patients to the Health Centres MUST be recorded accurately and on the day of the consultation. This record must include;

- Date, time and length of consultation
- name of staff member treating the patient
- history, observations and treatment
- any referral to doctor/other external or internal agency
- any parent/guardian contact

2.2.2 All known existing medical conditions should be recorded by the nursing staff, on individual files on the database kept in the Health Centre for that sole purpose.

2.2.3 At the end of each month, the level 2 First Aider at F.K.I. is to send a copy of all student/staff visits to Matron in Charge at Burwood for record keeping and reporting.

2.3 Record Keeping – as per Health Records Act 2002. (see appendix 6.5)

2.3.1 Files – students and staff are requested to provide information regarding any existing condition on enrolment/commencement of employment. This information should be updated as necessary. Records must be

- accurate
- up to date
- complete
- not misleading

2.3.2 Files are retained after students/staff leave school for 21 years. WorkCover files are not to be discarded.
2.3.3 Daily running sheets are to be kept at F.K.I. and passed onto Matron in Charge at the end of each month. At Burwood and G.B.H. all files will be entered onto a database daily. Only nursing staff will have access to these files and they will be secured with a password.

2.4 Accident/Incident reports

2.4.1 Anything which requires further action either internally or externally must be documented on the Incident Report Form and/or entered into the WorkCover register (staff only). All workcover forms from G.B.H. and F.K.I. are to be sent to Matron in Charge at Gandel Campus.

2.4.2 The Incident Report Form (see appendix 6.6.1) is a document used internally within Mount Scopus Memorial College. Information required on this form is to be completed (keeping in mind the Privacy Policy) and distributed to the Principal, Head of Campus, Level Coordinator and other relevant people (e.g. Sports Coordinator if sporting injury, or OH & S Officer if a safety issue around the school), as soon as practicable after the incident.

2.4.3 Self Harm Policy see appendix 6.6.2

2.5 Work Cover reports

All WorkCover reports are to be recorded in the WorkCover register located in the First Aid and Nursing Centres. The completed form and any medical certificates or other documents relating to a claim are to be passed onto the Nurse in Charge at Gandel Campus who is to then pass them on to the OH & S Manager at the end of each month.

3.0 Procedures

In all circumstances consideration must be given to the advisability of seeking further professional advice. Contacting parents/guardians regarding their child's health/welfare is a priority.

3.1.1 First aid and emergency care

First Aid/Emergency care will be triaged on a case-by-case basis, with priority given to the most urgent case.

3.1.2 Anaphylaxis

Refer to the Anaphylaxis Policy (see appendix 6.7.1)
Also to Nut Policy specific to G.B.H. (see appendix 6.7.2) and Anaphylaxis Guidelines (see appendix 6.7.3)

3.1.3 Asthma

Refer to 'The Victorian Schools Asthma Policy' (see appendix 6.8.1)
And Asthma Request Form (see appendix 6.8.2)

3.1.4 Bites and Stings

Remove sting, wash area, ice and apply 'Stingose' or appropriate soothing lotion as per Royal Children's Hospital recommendation. Severe allergies may need further treatment as per parents/guardians instructions.
3.1.5 **Burns**

Cool running water, S.S.D., burn treatments and dressings as appropriate – anything other than “minor” burns should be referred to doctor or hospital as appropriate.

3.1.6 **Coughs and Colds**

Check temperature, & throat. Treat as per symptoms. Gargle and lozenges for local relief.

3.1.7 **Diabetics**

Individual information will be kept on file. Glucodin/jelly beans/glucose solution is to be made available. Each student is to provide a glucagon injection and glucometer. It is desirable that students having a hypoglycaemic reaction be escorted and treated in the Health Centre.

3.1.8 **Epilepsy**

First aid treatment as recommended by the Epilepsy Foundation. (See appendix 6.9)

3.1.9 **Eye Injuries**

To be treated with the utmost caution. Almost always refer to doctor.

3.1.10 **General Malaise**

Record temperature, colour, Treat according to symptoms. Refer to parents if necessary.

3.1.11 **Head Injury**

Treatment is dictated by severity of injury.

Minor Bump - initial observations, ice, rest. Review if necessary. Refer to parents if necessary.

Moderate – 15 minute neurological observations for 1 hour (complete head injury observation sheet see appendix 6.10) Follow head injury instruction sheet (see appendix 6.11) Ice, rest, parent notification, head injury information to parents. Request parents to collect student from Health Centre and refer to doctor if necessary, analgesic if required after all observations normal.

Major (e.g.unconscious/ altered state of consciousness) – Ambulance, parent/doctor contact, emergency treatment as necessary.

3.1.12 **Head Lice**

Refer to Pediculosis policy (see appendix 6.12)

3.1.13 **Penetrating wounds/bites (from humans)**

With possible contamination associated with blood/saliva.
Appropriate First aid – contact parent/doctor if further intervention required.
A notice to parents is to be sent home (see appendix 6.13)

3.1.14 Poisons

See medication storage 3.6
Poisonous plants (see appendix 6.15)
For all concerns re suspected poisoning, attempt to identify poison and ring the Poisons Centre on 13 11 26

3.1.15 Sporting Injuries

Rest
Ice
Compression
Elevation
Referral if necessary

3.1.16 Wounds

Preferred treatment for wound care is thorough cleansing with water/saline/antiseptic/soap and dressings as appropriate.

3.2 Immunisation programs/Infectious diseases

3.2.1 Immunisations programs are the responsibility of the local Council. Visits are to be facilitated and coordinated by the Health Centre staff. All students will be actively encouraged to participate in the program via notices in the newsletters and individual letters sent with the immunisation cards. The school will comply with “Victorian’s Immunisation Policy (see appendix 6.16)

3.2.2 Pre-school immunisation certificates are to be requested and provided by parents when a student begins preschool.
School Entry Certificates and Kindergarten Immunisation Status are required as per the Department of Education’s guidelines. The school Enrolment Director will send out a request for the Immunisation Certificate along with the students enrolment form. This information is be entered on each individuals file in the database and copies to be sent to F.K.I and G.B.H., to be stored in paper format with the student’s medical details. The originals will be held at the Gandel campus where they will be collated by date of birth and stored in the Health Centre files.

3.2.3 The Nurse in Charge will liaise with the local council regarding all new immunisations and any changes in the immunisation schedules on a six monthly basis, or as advised by the school’s local council. This will then be communicated to the other school nursing staff by email. Parents will be advised via the weekly newsletter.

3.2.4 No vaccination will be offered, organised or administered to adults on school premises without prior approval of the College Administration. Nursing staff are to encourage members of staff to discuss with their own Medical Practitioner the benefits of immunisation and which immunisations they require for their particular workplace.
This is to be discussed with staff individually and also written in the staff handbook at the beginning of each school year. Flu vaccinations will be offered to staff annually.

3.3 **Infectious Diseases**

Procedure for an outbreak or a suspected outbreak of an infectious disease.

3.3.1 Gandel Campus, G.B.H. and F.K.I. Health Centres and kindergartens, will display a ‘Minimum Period of Exclusion from Schools Communicable Diseases Poster (see appendix 6.17 Most recent update – September 2008).

3.3.2 Health (Infectious Diseases) Regulations 2001 Version No. 012 including amendment as at 21 September 2008, Division 3 – Prevention of Infection through Schools and Children’s Services’. 

(then go to Statutory Rules No. 41, Division 3, Numbers 13. Provision of Information; 14. Exclusion; and 15. Outbreak of Infectious Disease)

Health (Infectious Diseases) (Amendment) Regulations 2008

Infectious Diseases Standard and Additional precautions

All campuses will also follow the ‘Infectious Disease Regulations 2001 (see appendix 6.18.1) and Infectious Diseases Standard and Additional Precautions (see appendix 6.18.2)

3.3.3 Slapped Cheek (Fifth Disease) see appendix 6.19.1
A notification notice must be placed in each staffroom (see appendix 6.19.2)

3.3.4 In the case of an outbreak of a vaccine preventable disease, the Nurse in Charge is to be informed and will comply with the letter written by Dr Rosemary Lester, Assistant Director, Public Health Branch, Communicable Disease Control Unit (phone number 1300 651 160). Advice to schools and children’s services centres regarding exclusion of children with infectious diseases (Department of Human Services)


The Nurse in Charge will also advise the Honorary Physicians and Principals of each campus. (see appendix Notifying Cases of Infectious Disease in Victoria 6.20.1, What to Notify 6.20.2, How to Notify 6.20.3 and Notification of Infectious Disease 6.20.4)

3.3.5 Families will be advised of the exclusion policy in the Parent Handbook, which is updated yearly.

3.3.6 In the event of a pandemic, the school’s pandemic policy will be implemented (see appendix 6.20.5)
3.4 **Gastroenteritis (Diarrhoea and Vomiting) and Fever**

As a general rule, it is recommended any student or staff member who has diarrhoea, vomiting or a high fever be kept home/stay at home for 24 hours after the last symptom.

*It is recommended students and staff do not swim in the school pool until two weeks after the last bout of diarrhoea.*

3.5 **Infection Control.**

See also Needlestick and Blood Accidents - by the Australian National Council on Aids (see appendix 6.21.1)

3.6 **Storage and Administration of Medication.**

3.6.1 At the Mount Scopus Memorial College Gandel Campus and Gandel Besen House Health Centres, only Registered Nurses Division 1 may administer any prescribed medications.

3.6.2 Paracetamol may be used at the Registered Nurse Division 1’s discretion; however any other medications are to have the approval of parents/guardian.

3.6.3 All medications shall be stored in a locked cupboard, which is solely for this purpose. It shall be kept locked when not in use. The keys to this cupboard shall be kept by the Registered Nurse on duty, who is the only person authorised to have access to this drug cupboard.

3.6.4 Medications for students must be:

- Clearly labelled with the student’s name, medication name and dosage.
- Accompanied by a letter detailing the reasons why it is to be administered during normal school hours. A parent/guardian or the student’s doctor must sign this letter. A ‘Request for Medication During School Hours’ form is found at the rear of the student’s diary. (see appendix 6.22)
- Given to the nursing staff to be placed in the locked medication cupboard.
- Recorded on the students file. Details to include medication name; dose required; date received and date(s)/time dispensed. (see appendix 6.23)

3.6.5 The College retains the absolute right and discretion, in consultation with the Honorary Medical Officer(s), to decide whether or not to administer a medication in school hours.

3.6.6 Personal medications will be stored and administered according to points 3.6 and unless specifically authorised, are not to be kept in a student’s personal care.

3.7 **Contact with Parents/Guardians.**

Circumstances under which parents are to be contacted:-

3.7.1 Injury/Illness of a significant nature

3.7.2 Medication concerns

3.7.3 Medical conditions

3.7.4 Welfare

3.7.5 If advised of change of custodial parent for the purpose of verification
3.7.6 If unable to contact parents, emergency contact name and number is to be provided on medical update. In absolute emergencies, the medical condition will decide the appropriate action. All care must be taken regarding legal custodial care and confidentiality.

3.8 Leaving School due to Illness/Injury.

It is strongly recommended students be supervised on arrival at home.

3.8.1 Any student wishing to leave school due to illness/injury must first report to the Health Centre.

3.8.2 If a student is to leave school due to illness/injury, nursing staff will contact a parent or if unavailable, an emergency contact.

3.8.3 Permission to leave passes will be issued only after contact has been made with the parent/emergency contact.

3.8.4 Security is then to be emailed or phoned indicating the name of the student and the name of the person collecting the student.

3.8.4.1 All sick students must be collected from the First Aid & Nursing Centre.

3.8.4.2 The exception to 3.8.4.1 is preschool children. After being considered unwell by nursing/first aid staff, they are to remain with their teacher till collected by the parent/guardian/emergency contact.

3.8.5 No student is permitted to leave school due to illness/injury unaccompanied by an adult, unless at the express wish and direction of a parent/guardian or nominated custodian. Any such direction must be clearly documented in the student's notes. Travelling alone and on public transport is not acceptable. No student below Year 7 level may travel in a taxi unless accompanied by a nominated adult. Any variation of this policy will be at the discretion of the school Principal in consultation with a parent/guardian. In this instance the taxi number must be recorded as well as time of departure which is to be conveyed to the parent/guardian. Security must be advised by email or phone that the student is being collected by taxi. Cab charges are available from reception if necessary. Taxis are to be booked via reception.

3.8.6 An ambulance may be booked from either the Health Centre on 000 or via reception (dial 9). Security and reception must be notified of booking.

3.9 Examinations and Screenings.

3.9.1 Medical Examinations/Screenings

All Prep year students are invited to participate in this free program, which is staffed by medical practitioners drawn from the college community. They are held yearly and are coordinated by the nursing staff. Any students found to have medical conditions are then referred to their local medical doctor for further assessment, via a letter to the parent. All information is recorded on the database.
3.9.2 Physiotherapist Screenings

All year 7 girls and year 8 boys are offered screening by volunteer physiotherapists from the community. Any student found to have a condition is then referred to their local doctor/physiotherapist via a letter to the parent. All information recorded on the database.

3.9.3 Vision Screenings

All year 8 students are screened for visual acuity and colour perception by nursing staff. Where referrals are necessary, parents are contacted via letter, and recorded on the database.

3.10 Monthly and Annual Reports.

The Nurse in Charge is responsible for the collation and statistical analysis of attendance at the Health Centre. A monthly de-identified aggregated report is to be provided to the Head of Operating Services and the Honorary Physicians. A term report is to be provided to the Principal, Head of Primary Campuses (Burwood, G.B.H. and F.K.I.), Head of Secondary, Head of Jewish Studies, Honorary Physicians and Head of Operating Services. An annual report is submitted to all of the above and available to the Executive and the College Council.

3.11 Professional Development.

The college will actively support essential ongoing professional development and thus ensure the First Aid and Nursing Staff maintain the highest possible standard. Meetings with the college Honorary Physicians will take place not less than twice yearly. Communication and support from and with the Physicians is seen as an important priority, which helps maintain a professional and proficient Health Centre.

3.12 Uniforms.

The Health Centre is a highly professional unit and as such, a professional manner and attitude is desirable. In keeping with this the staff will wear a uniform. This is to be navy and white in colour and a College logo is to be worn on the shirt/jumper/cardigan.

3.13 Maintenance of Stock and Equipment.

All stock and equipment are regularly and continually checked, updated and maintained.

3.13.1 Nebulisers and Oxygen cylinders are serviced yearly. Oxy vivas are also checked at this time.

3.13.2 All use by dates on medications is to be assessed each term.

3.13.3 Other equipment, e.g. crutches, sphygmomanometer, thermometers etc. are checked as they are used and replaced as necessary. Sphygmomanometers need to be serviced and calibrated annually (at end of Term 4).
3.14 **Networks.**

Integral to running the Health Centre is the use of internal and external networks.

- Honorary Physicians
- School/Campus Nurses Special Interest Group
- Health Department
- Royal Children’s Hospital
- Health & Community Services
- Anti Cancer Council
- Asthma Foundation
- Diabetes Australia
- Anaphylaxis Australia
- Library
- Department of Human Services
- Other regulatory or statutory bodies.
- SEDSNL
- Via the Web

3.15 **Camps, Excursions and Sporting Events.**

- All staff should be aware of participants with particular medical conditions such as asthma, diabetes, epilepsy and allergies; and should take appropriate precautions.
- First aid kits are to be collected from the Health Centres prior to camp/excursion/sport.
- Staff accompanying school groups to camp/excursion/sport is to discuss with nursing staff any students with special needs/requirements prior to the event.
- Any epipens/diabetic kits are also to be collected prior to the event & signed out. (see appendix 6.24)
- All events are to have a qualified level 2 first-aid officer present and in charge of 1st aid.

**First Aid:**

3.15.1 **Requiring Hospitalisation:**

Treat student.
Call ambulance/parents/guardian and if necessary accompany student.
Contact the Health Centre and inform staff of:
1. Name and form of student
2. Description of injury
3. Treatment given
4. Name of hospital if relevant
5. Contact parent/guardian

3.15.2 **Requiring treatment by a doctor:**

Treat student and contact doctor/parents/guardian.
Contact the Health Centre and inform staff of:
1. Name and form of student
2. Description of injury
3. Treatment given

3.15.3 Requiring First Aid Treatment:

Treat and record injury
On return to school have student report to Health Centre
3.15.4 The Health Centre is responsible for providing first aid equipment and supplies. Contents of first aid kits should include:

- Ventolin and spacer
- Stingose/SOOV/Paxxyl
- Wound dressings/bandages
- Slings
- Scissors
- Eye wash/saline
- Students personal Medication e.g. Epipen and antihistamine

3.15.5 Sports staff is responsible for taking ice packs (kept in the Physical Education Department fridge) and first aid kits to sporting venues (available from the Health Centre). A student's personal medication is also to be taken with them, e.g. epipen.

3.15.6 All injuries must be reported to the Health Centre and the Sports Coordinator as soon as possible. Accident/Incident Report must be completed and lodged with the Health Centre. (see appendix 6.6.1)

3.15.7 A minimum of two staff members is required on any sporting venue or excursion. Additional staffing requirements will need to be assessed according to the risk involved in the activity.

3.15.8 The Honorary Physicians, along with staff at the Health Centre strongly recommend one staff member is in attendance and responsible for health, welfare and first aid for the duration of a camp.

4.0 Equipment

4.1 Crutches, wheelchair, Jordan lifting frame, and stretcher are kept a storeroom, which is to be lockable. Air viva, oxygen, student's personal epipens, antihistamines and asthma equipment are to be kept in easy access at all times.

4.2 Access to upper and lower level (secondary) is via lift at reception or stairs.

4.3 Wheelchair access is via Rose Hall foyer.

5.0 Emergency Evacuation

5.1 Two fully equipped Emergency Evacuation Bags plus mobile phone is stored in the Health Centre at Burwood.

5.2 An emergency evacuation bag is kept at the front desk at GBH & in the Health centre at F.K.I.

5.3 Nursing staff will follow the Mount Scopus Memorial School Evacuation Plan

This report is to be updated annually. Review date August 2010

Approved by College Principal:

Dated: June 2009
Policy Document No: MC4  
Category: Health Centre  
Topic: Anaphylaxis Management Policy

DATE OF ISSUE: 21 FEBRUARY 2006
Review Dates: June 2008, June 2009, March 2010

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 Principal, 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.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrols.

The individual anaphylaxis management 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 school staff, for in-school and out of school settings including camps and 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, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction;
  - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
  - includes an up to date photograph of the student as provided by the parent or from the school data base.

The student’s individual management plan will be reviewed, in consultation with the student’s parents/guardians:
• Annually on expiry of current EpiPen
• On transfer from one campus to another
• If the student’s medical condition changes
• Immediately after a student has an anaphylactic reaction at school

The school nurse/Level 2 First Aider 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 EpiPen 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 EpiPen has expired, the school reserves the right to discard the EpiPen.
• Provide the emergency procedures plan (ASCIA Action Plan)
• Inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)

Please Note: A student who is diagnosed as anaphylactic may be declined the right to attend school if they have not provided the school with an up to date EpiPen, Antihistamine and Action 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, on school camps and special event days

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by:

• Daily Organiser (Gandel Secondary)
• P.A. to Head of Primary (Gandel Primary)
• Level Convenor (Gandel Besen House)
• Class Teacher (Fink Karp Ivany)

All staff will be briefed once each semester by the school nurse or staff member who has up to date anaphylaxis management training 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 autoadrenaline 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 should be 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
should 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**

Teachers and other school staff who conduct classes which students at risk of anaphylaxis
attend, or give instruction to students at risk of anaphylaxis must have up to date training in
an anaphylaxis management course.

At other times while a student is under care or supervision of the school, including excursions,
yard duty, camps and special event days, the principal must ensure there is a sufficient
number of staff present who has up to date training in an anaphylaxis management training
course.

The School nurses in conjunction with the Head of School will identify the school staff to be
trained based on a risk assessment.

Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the students first day at school. Were this is
not possible; an interim plan will be developed in consultation with the parents.

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.

**Teacher’s Responsibility**

All teachers in charge of anaphylactic students are to read the students action and
management plans.

The teacher is responsible for the safe transport and administration of the EpiPen on
excursions/camps or if the school nurse is not present.

Staff must know where EpiPens are kept.

- The EpiPens are kept in red pencil cases at each Gandel, GBH and FKI campus,
  along with the students action plan and antihistamine. The pencil case is kept in the
  unlocked Health Centres and the kindergarten rooms at each campus.

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

**Food in the Classroom**

- Liase with parents/guardians about food related activities ahead of time.
- Use non food treats where possible, but if food treats are used in class, it is
  recommended that parents provide treat boxes which are labelled and only handled
  by the student.
- Be aware of hidden allergens in cooking, science & art classes (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.

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

For special occasions, organising teachers should consult parents/guardians in advance re
the menu and if necessary, provide a treat box from home for the anaphylactic student.

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.

**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.

Be wary of contamination of other foods when preparing, handling or displaying food. Remember, some students may be anaphylactic to egg, dairy or fish.

Make sure that tables and surfaces are wiped down regularly.

**Yard**

**Gandel Campus**

Teachers on yard duty are to take the first aid bum bag from the primary and secondary offices with them on duty. Inside is a walkie talkie (which is in contact with the school nurse), and a list of all anaphylactic and diabetic students as well as other medically alert students.

Teachers should not leave a student who is experiencing an anaphylactic reaction unattended. The teacher must use the walkie talkie to direct the school nurse to bring the EpiPen, indicating the name and location of the anaphylactic student.

The school nurse will bring the EpiPen to the student, administer the EpiPen, call the ambulance via a mobile phone and call the students parents.

**GBH**

Teachers on yard duty are to take the first aid bum bag, which contains alert runner cards. This is to be taken to the school nurse who will return with the EpiPen.

The school nurse will bring the EpiPen to the student, administer the EpiPen, call the ambulance via a mobile phone and call the students parents.

**Field Trips, Excursions**

The teacher must be aware of any anaphylactic students on the trip.

The students red pencil case with antihistamine, EpiPen and ASCIA Action Plan inside must be taken on the trip and be signed out and in by the teacher.

The teacher must carry a mobile phone. If they don’t have one of their own there is one available from Reception.

The EpiPen must remain close to the student e.g. in first aid kit with teacher or in bum bag on student if going off in small groups etc. Staff must remember they still have a duty of care to the student even if students are carrying their own EpiPen.

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.

Staff should consider potential exposure to allergens when consuming food on buses.
Camps

All parents will be asked to supply the school with their students ‘home’ EpiPen as a backup on camp.

The teacher/nominated level 2 first aider is to supply the school nurse with the names of all students on a particular camp. The school nurse will then identify anaphylactic students and send the school provided EpiPen along with the first aid kit to the camp which the teacher/level 2 first aider will sign out, and be responsible for it’s safe transportation & return following the camp.

All staff on the camp needs to be aware of any anaphylactic student.

The camp staff must be aware of local emergency services in the area, how to access them, and liaise with them before camp.

The EpiPen must remain close to the student e.g. in first aid kit with teacher or in bum bag on student if out on walks etc. Staff must remember they still have a duty of care to the student even if students are carrying their own EpiPen.

Students with anaphylactic responses to insects should always wear closed shoes and long sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

Staff should consider potential exposure to allergens when consuming food on buses and in cabins.

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.

The teacher must carry a mobile phone. If they don’t have one of their own there is one available from Reception.

Approved by College Principal:

Updated: 10 March 2010
In addressing the perennial problem of head lice (pediculosis), all three campuses will be guided by State Government; Public Health and Wellbeing Regulations 2009.

Pediculosis is NOT a notifiable condition and head lice do not transmit any infectious diseases. Head lice are transmitted by having head to head contact with someone who has head lice as happens frequently in families, schools and childcare centres.

Whilst parents have the primary responsibility for the detection and treatment of head lice our school community will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

While head lice is not considered an agent for infectious disease they are included om the school exclusion table.

This school policy draws on information obtained from the Information Pamphlet and Management Guidelines ‘Scratching for Answers’ (www.health.vic.gov.au/headlice)

1. Parents/Guardians responsibilities:
   • Your children’s hair is to be checked for head lice on a weekly basis, at home, using the recommended conditioner/combing detection method.
   • That your child does not attend school with untreated head lice (in accordance with the Public Health and Wellbeing Regulations 2009
   • Regularly inspect all household members and treat if necessary.
   • Parents/Guardians will notify the school if their child is found to have live lice and advise when appropriate treatment was commenced.
   • Children with long hair will attend school with their hair tied back.
   • Use only safe and recommended practices to treat head lice.
   • Notify the parents or carers of your child’s friends so they have an early opportunity to detect and treat their children if necessary.
   • Maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures.
   • Act responsibly and respectfully when dealing with members of the school and broader community especially around issues of head lice.

2. To support parents/guardians and the broader school community to achieve a consistent, collaborative approach to head lice management the school will undertake to:
   • Distribute up to date and accurate information on the detection, treatment and control of head lice to parents and staff as frequently as required.
   • Include information about head lice management for new families/staff attending school.
   • Include information and updates in school newsletters.
   • Provide practical advice and maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures.
• Abide by the recommendations of the School Exclusion Policy of Health (Infectious Diseases) Regulations 2001 in that the responsibility to exclude a child from the school rests with the School Nurse or Principal.

The exclusion criteria for head lice should be interpreted as:

*At the conclusion of the school day, provide the child with a note to take home to inform their parents that they have head lice. Children may return to school after treatment has commenced.*

• Accept the advice of parents that appropriate treatment has commenced.
• Encourage children to learn about head lice so as to help remove any stigma or ‘bullying’ associated with the issue.
• Be aware of real difficulties some parents may encounter and seek extra support if required.
• Review the head lice policy annually.

Also to be noted:
Pediculosis is not a notifiable condition.

There is no requirement for a clearance certificate to be issued when a child is returning after treatment.

A child with head lice can be treated and returned to school the next day even if there are some eggs present.

There is no legal requirement (under the Health Act 1958 or Health (Infectious Diseases) Regulations 2001) to obtain consent for head lice inspections.

Students will be inspected by staff on a case by case basis. No mass inspections will be conducted.

Successful control of head lice depends on a community approach, both in notification & treatment.

Advice regarding current recommendations for treatment is available from both the Health Centres & the Department of Human Services. Matron at Burwood also has a short video on head lice, which may be useful and is able to be borrowed.

You may contact the Gandel Campus direct on 9834 0163, G.B.H. direct on 99004614 and the Public Health Nurse, General Surveillance and Control Communicable Diseases Section, Department of Human Services on 9637 4141 if you would like more information or support.


Approved by College Principal:

Date: 10 March 2010