

Policy Area 2: Health and safety

"Every child's health and wellbeing is safeguarded and promoted (NQS, 2009)".

2.1 Worker health and safety

Reviewed: 7/3/18

National Quality Standard 7.1.2

Systems are in place to manage risk and enable the effective management and operation of a quality service.

The Blue Mountains Occasional Child Care Service (BMOCCS) worker health and safety policy has been developed to supplement the Mountains Outreach Community Service (MOCS) worker health and safety policy. We aim to ensure the health and safety of all employees, children, parents and visitors to BMOCCS. In fulfilling this responsibility we recognise that the employer/employee has a duty to provide and maintain a working environment that is safe and where risk to health is kept as low as reasonably practicable.

BMOCCS educators and MOCS management are responsible for:

- ✿ Providing and maintaining safe systems of work.
- ✿ Maintaining the work place in a safe and healthy condition.
- ✿ Providing information, training and supervision for all employees enabling them to work in a safe and healthy manner.
- ✿ Maintain information and records relating to employee's health and safety.

WHS Officer (Coordinator) is responsible for:

- ✿ Regular equipment checks.
- ✿ Regular chemical compliance checks.
- ✿ Monitoring staff manual handling procedures.
- ✿ Maintaining first aid boxes.
- ✿ Reviewing cleaning and disinfecting procedures.

BMOCCS educators are responsible for:

- ✿ Ensuring that children, parents and visitors to BMOCCS are not exposed to any risks to health or safety and are free from harm.
- ✿ Implementing and fulfilling their responsibilities under the 'Worker Health and Safety Act 2011'.
- ✿ Taking all reasonably practical steps for their own health and safety and of others affected by their actions at work.
- ✿ Ensuring work areas are safe and help reduce the chance of accidents to them-selves and others.
- ✿ Following correct record keeping procedures observing and recording the information as required by BMOCCS and MOCS (forms) and follow through with the required action and time frames.
- ✿ Reporting any potential and actual hazards in the work place to the Coordinator and in writing.
- ✿ Reporting any incidences and accidents in the work place to the Coordinator and in writing.
- ✿ Checking children's equipment regularly, remove equipment that needs fixing/ dispose of equipment that is broken.
- ✿ Supervising children at all times.
- ✿ Storing all chemicals appropriately i.e. within latched cupboards or when in use kept up high out of reach to children in locked, labelled cleaning supplies boxes.
- ✿ Keeping children out of kitchen areas
- ✿ Ensuring all power points have safety plugs.
- ✿ Hot drinks are to be in non-spill cups and kept out of reach of children. No staff member will consume hot drinks whilst working with children.
- ✿ Shutting and lock all gates behind you and immediately after visitors arrive and depart (as needed).
- ✿ Cleaning up all spills immediately (to prevent slipping).
- ✿ Displaying and follow manual handling recommendations.
- ✿ Completing the venue checklist before the opening of the service each day.
- ✿ Educators record and keep a WHS register of:

1. Hazards
2. Risks
3. Incidents
4. Near misses

- ✿ The WHS register is followed up at each meeting and WHS issues are always on the agenda at each educators meeting.
- ✿ Educators conduct a risk assessment each time there is a significant change to the work and play environment.
Example: new fences or climbing equipment installed.

2.1 Attachment – procedures for reporting WHS issues and assessing risks

Educators record any WHS issues into the BMOCCS WHS duplicate record book as per the example below. It is then taken to the MOCS team meeting:

1. Educators Name:
2. Supervisor:
3. Date:
4. Detail concern and identify it as a: Hazard/ Risk/ Incident or Near miss:
5. Rating level:
6. Any immediate action taken – how has it been managed:

Likelihood Severity	Rare	Remote	Occasional	Frequent	Almost Certain
Catastrophic	Medium	Medium	High	High	High
Major	Medium	Medium	Medium	High	High
Moderate	Low	Medium	Medium	Medium	High
Minor	Low	Medium	Medium	Medium	Medium
Negligible	Low	Low	Low	Medium	Medium

Risk level	Acceptability	Recommended Actions
Low Risk	Acceptable	<ul style="list-style-type: none"> No additional risk control measures may be needed. Frequent review and monitoring of hazards are required to ensure that the risk level assigned is accurate and does not increase over time.
Medium Risk	Tolerable	<ul style="list-style-type: none"> A careful evaluation of the hazards should be carried out to ensure that the risk level is reduced to as low as reasonably practicable within a defined time period. Interim risk control measures, such as administrative controls or PPE, may be implemented while longer term measures are being established. Management attention is required.
High Risk	Not Acceptable	<ul style="list-style-type: none"> High Risk level must be reduced to at least Medium Risk before work commences. There should not be any interim risk control measures. Risk control measures should not be overly dependent on PPE or appliances. If practicable, the hazard should be eliminated before work commences. Management review is required before work commences.

2.1 Attachment – manual handling

Manual handling tips

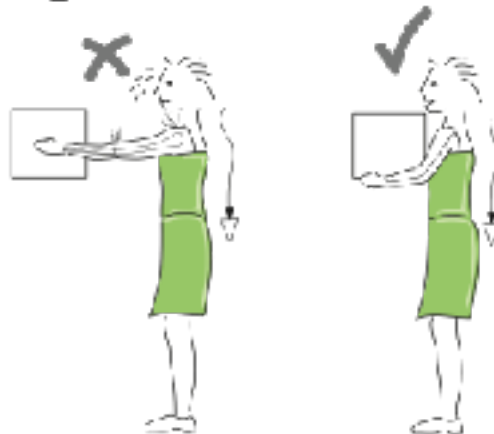


Tips for manual handling!

1. **Plan** – assess the load and determine if you need assistance

2. **Clear** the path

3. **Move** in close to the load



4. **Place** your feet shoulder width apart

5. **Secure** your grip and hold the load close to your body

6. **Maintain** normal curves of the spine

7. **Hold** your head upright

8. **Power** the lift with legs and body weight



9. **Don't** twist

10. **Use** smooth, controlled movements

Manual Handling 03/1

For further information, contact the
Safety & Wellbeing Branch on x1325 or
visit www.safetyandwellbeing.quts.edu.au

2.1 Attachment – venue safety checklist

Quality Standard 3.1.1 Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.

Venue: Blaxland • Lawson • Blackheath (circle)

Date: / / Completed by (initial): Name: Cathryn • Cate • Simone

Description	Good	Problem	Action
Indoor check – mark as indicated	✓	×	Managed how?
Venue clean and tidy with no slip or trip hazards			
Electrical power points covered			
No potentially dangerous protruding objects or corners			
Entry/exit doors latched (as appropriate)			
No chairs/equipment stacked and toys safe and clean			
Hot water tap covered (Lawson craft sink)			
Tables/surfaces cleaned			
Signs/notices up – welcome (open time, venues, no nuts/anaphylaxis), emergency exits, nappy change, hand-washing, sleep area, permanent educators, bottle prep, wipe hands on arrival, asthma first aid, licence, policies, program, attendance sheet.			
Allergy list displayed in kitchen (for Anaphylaxis) available in enrolment folder for all other intolerances/asthma			
Fridge clean and working.			
First aid box in kitchen, kept high and ice pack is in freezer			
Hot urn turned off (and covered at Lawson)			
Child safe gate to toilets (Lawson and Blaxland)			
Child safe gate to kitchen (Blackheath)			
Cleaning agents labelled and stored safely			
Fire extinguishers in position/working			
Toilets – clean, toilet paper, hand soap, hand towel, gloves, wipes and bin. (Hand- washing sign).			
Hygiene set available – gloves, wipes, hand towel, tissues (kitchen, main room, outdoors).			
Bush fire notice displayed on danger days and staff briefed. Fire Rating recorded during Fire Season. T1 , and T4, if rating is Severe - Extreme then consult 'Fires Near Me' app . Monitored again during the day.			
Bins have liners and lids			
Outdoor check – mark as indicated	✓	×	Managed how?
Yard and perimeter check – no broken glass, rubbish or dangerous items. Berries or fungi removed			
All outdoor gates, doors locked/latched			
Equipment in shade, no water hazards (empty tubs when not directly supervised), equipment positioned safely			

Trip hazards, pipes, protruding objects and vents managed			
Sandpit safe,raked, clean, no spiders/insects or other, sandpit cover stored safely			
UV index checked, record, staff advised of sunscreen/ sun protection advice for the day.			
All educators/students have signed in			

V3 18/1/17

2.1.2 Rest, sleep, clothing and comfort

Reviewed: 7/3/18

Quality Standards

2.1.2 Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

5.1.2 The dignity and rights of every child are maintained.

2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

MOCS, the Coordinator and educators of Blue Mountains Occasional Child Care Service (BMOCCS), have a duty of care to ensure children are provided with a high level of safety when sleeping and resting, and every reasonable precaution is taken to protect them from harm and hazard.

The wellbeing of children is of the highest priority at BMOCCS, we work with each child's individual needs for sleep, rest and comfort. We encourage parents to complete our BMOCCS Supplementary Enrolment Forms outlining their child's individual routine requirement and sleep needs, and are encouraged to use on a daily basis, the parent's message book to note details such as daily sleep needs. This is the approach that we feel fits the occasional care characteristics of the service. BMOCCS will consult with families about their child's individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest. If a family's beliefs and requests are in conflict with current recommended evidence-based guidelines, the service will need to determine if there are exceptional circumstances that allow for alternate practices. For example, with some rare medical conditions, it may be necessary for a baby to sleep on his or her stomach or side, which is contrary to Red Nose recommendations. It is expected that in this scenario BMOCCS will only endorse the practice, with the written support of the baby's medical practitioner. BMOCCS adopts the Red Nose recommendations for sleep and rest practises.

Requirements:

- * We provide infants and toddlers with the opportunity to sleep or rest as needed; however, due to our operating hours this is sometimes not needed.
- * Children are not required to sleep or rest at BMOCCS against their will.
- * Outdoor play (in the shade) and quiet activities are encouraged for active children, while others sleep.
- * Infants and Toddlers who show signs of tiredness are provided with a reclined pram or porta-cot. Parents should provide comfort toys or soothers if needed.
- * Preschoolers are not expected to sleep due to our short hours; however, one mattress is available. Please let us know if you think your preschooler may need to sleep.
- * Children who sleep are placed in a quiet area, in the main playroom, or near the play area currently being used.
- * The lights in the main play area can be dimmed to provide for more comfort.
- * Children are kept in sight of educators at all times and are closely monitored every 15 minutes, checking breathing, colour, and warmth.
- * We keep one portable cot at each venue and ensure that it complies with the AS/NZS2195:2010 safety requirements.
- * Parents are required to bring a change of clean clothes for their child/ren each day.
- * BMOCCS can provide spare clothing; however, we only keep a small pool of clothing. Parents need to wash and return any borrowed clothes.
- * Parents are required to bring at least 2 nappies for their child/ren if they are not using the toilet competently. BMOCCS have spare disposable nappies.
- * Parents are required to bring disposable nappies or disposable pull-ups.
- * Children can bring a special comfort toy, dummy, blanket or other comfort item to BMOCCS. This can aid with the transition from home to care and can provide comfort, familiarity and can support secure feelings.
- * Children are provided with comfortable furniture and furnishings as well as soft cosy areas to sit, read, socialise and relax at BMOCCS.

Blue Mountains Occasional Care

Sleep and Rest Procedures.

Quality Standard 2.1.1

Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

Objective:

Children have individual sleep and rest requirements that change according to their development, past activities, and age. It is important to consider children's preferences, levels of activity, as well as each child's family and cultural contexts.

Staff of BMOCCS will ensure:

1. Sleeping and rest information is gathered, monitored and reviewed in consultation with families to support each child's individual needs, and to ensure sleep times are responsive to the child's individual needs and requests of their family.
2. Adequate supervision is maintained while children are sleeping, resting or relaxing.
3. The physical environment is conducive to sleep and rest, and supports opportunities for children to engage in rest and or quiet, passive experiences.
4. Safe sleep practices at BMOCCS are informed by current research and recommendations from the National Red Nose.

Parents and the BMOCCS Coordinator will be responsible for sharing information about children's sleep patterns and rest requirements prior to commencing at the service, and when these requirements change. This will be done by the Parent/Guardian completing the supplementary enrolment forms on the child's routines and need for children under 36 months.

Implementation:

To ensure children's individual sleep and rest requirements and routines are respected, educators will:

- Allow for an educator who is familiar to the child and with the child's sleep routine, to help the child settle down for their sleep.
- Children will be asked if they feel that they may need a sleep, and encouraged to do so, if looking tired, or yawning. Children will be informed that their parent has told staff that they will need a sleep at about this time.
- No child will be forced to sleep if resistant to the suggestion. Very young children may be unsettled for a short period of time, but if this continues longer than 10 minutes, then the educator will allow the child to return to play, and an attempt made to resettle them at a later time.
- Sleeping children will be placed in a visible part of the venue, with the stroller facing toward staff. The "Shhh, Baby Sleeping Area" sign will be displayed close to the stroller in which the child is sleeping. Children will be secured into the stroller using the safety buckles. Faces will be uncovered
- Check sleeping children every 15 minutes to ensure that they are either warm enough or not in danger of over heating. Staff will regulate either the environment, or bed clothing, to maintain safe temperature levels. Staff will assess the sleeping child's breathing, and colour of their skin. Staff will consider each child's individual risk factors, based on age, medical conditions, individual needs and history of health and/or sleep issues, when considering sleep needs and requirements.
- Support children to regulate their own sleep patterns, allowing children to wake when they are ready, and allow them time to either resettle or wake at their own pace.
- Soothers provided by parents will not be put back into a sleeping child's mouth, amber bead necklaces will be removed whilst the child is sleeping.
- Provide a quiet environment for older children that is conducive to rest and relaxation with the provision of books and quiet learning experiences.
- Parents will be informed of the time and length of sleep their child has at the end of the day, either by direct conversation with staff, or by reading the parent communication book, situated near the sign in/out sheets.

2.2 Attachment – Red Nose (SIDS) Safe Sleeping

How to Sleep your Baby Safely:

- Sleep baby on the back from birth, not on the tummy or side
- Put baby's feet at the bottom of the cot.
- Tuck in bedclothes securely so bedding is not loose
- Sleep baby with face uncovered
(no doonas, pillows, lambs wool, bumpers or soft toys)
- Avoid exposing babies to tobacco smoke before and after birth.
- Provide a safe sleeping environment (safe cot, safe mattress, safe bedding)
- Ensure quilts, doonas, duvets, pillows and cot bumpers are not in the cot.

Note - Portable or 'porta' cots

Use the firm, clean, well-fitting mattress that is supplied with the portable cot. Don't add additional padding under the mattress as baby can get trapped face down in gaps created between the mattress and the cot wall. There is a separate Australian Standard that is used for all portable cots. The portable cot Australian Standard is AS 2195 and portable cots that meet the standard carry a label to say so.

Remember:

Always look for the Australian Standard for Cots before you buy a cot. If you are planning to use a secondhand cot, check that it meets the standard. For a guide to cot and nursery furniture safety, visit the Consumer Affairs website at www.consumer.gov.au for the publication 'Keeping Baby Safe'.

Note - Prams

Always do up the restraints when baby is in a pram, stroller, bouncer or any other baby/toddler equipment. It can be dangerous if baby becomes tangled in loose restraints. Also, restraints will not be the safety measure they should be if they are not done up the way they are supposed to be. Make sure the footrest on the stroller is strong and secure. A weak footrest may give way and cause baby to become trapped.



2.2.1 Child supervision

Reviewed: 7/3/18

Quality Standards

2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

6.2.1 Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.

Supervision is perhaps one of the key requirements in the prevention of accidents and injury. Educators require the skills to be able to assess potential risks during supervision and be able to implement changes to supervision to avoid accident or injury. New and relief educators are informed of potential supervisory risks according to the group and each individual child in a confidential and sensitive way.

Parents will:

- * Hand children over to a educators member on arrival and ensure a educators is informed when departing.
- * Inform educators in writing or over the phone if someone other an authorised person is to collect their child.
- * Ensure that the 'authorised to collect person' is up to date on enrolments.
- * Inform educators of any current or pending court orders affecting the child and provide the centre with a photocopy of the court order to be kept with the child's enrolment form.
- * Adhere to correct sign in and out procedures.
- * Ensure that front gates/doors and playground gates are closed after entry or exit.

Educators will:

- * Never leave a child unattended on the nappy change table/mat.
- * Ensure infants are securely buckled into prams.
- * Never leave a child unattended to eat or drink (choking is often silent).
- * Ensure that all children are within sight and/or hearing of educators at all times.
- * Ensure that all areas are supervised during indoor/outdoor play (number of educators in any one area matches the size of the group with consideration for the age of the children).
- * Position themselves (not sitting with back to the children) and arrange equipment, furniture and activities with supervision in mind.
- * Communicate effectively by informing other educators if they are leaving an area.
- * Be aware of the BMOCCS policy for the 'delivery and collection of children' and ensure children are only released to authorised people.
- * Be flexible to allow for small groups of children who may require supervision e.g. A group of children who are still eating their lunch.
- * Be aware of the cultural and individual supervision needs of each child e.g. A child may require private space but will still need to be supervised.
- * Ensure younger children's safety is not compromised in mixed age groups.
- * Regularly evaluate their supervisory practices through educators meetings, discussions and at other times when required.
- * Do regular head counts of children in their care.
- * Be aware of where every child is at all times.
- * Supervision should be active and interactive with the children.
- * Educators and students should always aim be "facilitators of play" not a "play mate to children", thus scaffolding children to play with their peers.
- * Ensure educators: child ratios are correct.
- * Question any stranger to the service in a friendly way e.g. "Hello, can I help you?" (and observe the persons actions).
- * Ensure an educator is allocated to supervise water play (a water trough must be emptied before leaving the playground).
- * Ensure supervision of excursions adheres to regulation guidelines.
- * Ensure front gates and playground gates are closed after entry and exit.

Management will:

- ✿ Support educators in developing a plan for improving facilities and correcting problems if effective supervision is difficult due to the design of buildings/ grounds or other factor.
- ✿ Maintain current records relating to authorised people to collect each child, court orders and custody issues.

2.2.1 Water Safety

Quality Standards

2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Educators will:

- ✿ Ensure water troughs are filled to a safe level and are supervised at all times. Containers or troughs will be emptied onto the garden area after use. Children will be discouraged from drinking from these water activities
- ✿ Water play will only be in the specifically designed water trough on wheels, and above the standing level of toddlers and babies.
- ✿ Ensure that the lid is secure on the overflow bucket of the outside handwashing tub at Blaxland, and ensure that it is emptied onto the garden before leaving the playground unsupervised.
- ✿ Buckets used for water play will be supervised, and emptied when not in use.
- ✿ BMOCCS does not plan any excursion that will be near or beside a water body such as a lake or river. Wading pools or similar will not be utilised for any activity.

Staff: Please read and sign our service specific Supervision Plan attached and in our Staff Orientation Folder.

2.2.3 Child protection

Reviewed: 7/3/18

National Quality Standards

2.2.3 Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

7.3.1 Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

Links

Children and Young Persons (Care & Protection) Act 1998

Child Protection Helpline: 132 111

NSW Online Mandatory Reporters Guide www.keepthemsafe.nsw.gov.au/reporting_concerns/mandatory_reporter_guide

MOCS Child Protection Policy

Ombudsman Act 1974

Education & Care Services National Law Act 2010

The BMOCCS child protection policy has been developed to supplement the MOCS child protection policy. The BMOCCS policy aims to assist BMOCCS educators in taking the appropriate steps when assessing and reporting child protection issues.

As Mandatory Reporters we have a responsibility to defend children's rights to care and protection, to ensure their safety, welfare and wellbeing, and a responsibility to report any children at significant risk of harm.

Requirements:

- * The Coordinator/ Authorised Supervisor, and Manager/Approved Provider will have DEC ECEC approved formal training in child protection and all permanent educators are encouraged and supported to continually update their Child Protection training.
- * Educators and families are made aware of the Service's policy for child protection.
- * Educators and families are made aware of services in the community that can provide support for social issues experienced by families.
- * Capacity building can start with information disseminated in newsletters and flyers at the Service, and through verbal communication between the Coordinator/Intervention Specialists liaising with families. We aim to identify a range of support services and parenting information courses available to families.
- * The Service is also committed to implementing best practice plans and learning strategies for children via individual and group experiences. The service aims to empower children to speak out or disclose information through awareness programs that encourage children and adults to discuss what is 'safe' and who may be a 'safe' person to talk to. Educators monitor children's provisions for appropriate food, clean clothes, need for medical attention and parental supervision (while at the Service) and advise/guide parents in relation to this, both verbally and via information dissemination.
- * A code of ethics communicates to educators the expectations regarding attitudes, responsibilities, behaviours and partnerships.
- * Management identifies the selection criteria that maximises the protection of children and completes a 'working with children check' for all educators and volunteers.

The Management Committee, Manager, and Coordinator will:

- * Ensure that every adult working directly with children is made aware of the Children's & Young Persons (Care & Protection) Act 1998, 'Keep Them Safe: A shared approach to child wellbeing' website, and their obligations under law as Mandatory Reporters (Education and Care Services National Regulations) and will support staff in this role.
- * Ensure every adult working directly with children signs a Prohibited Employment Declaration Form and a Consent to a Working with Children Check, and ensure their clearance, prior to employment.

Educators and Staff will:

- * Develop trusting and secure relationships with all children at the service.
- * Make reports of current concerns for any child at risk of significant harm to the **Child Protection Helpline 132 111** for Mandatory Reporters
- * Make appropriate responses to all disclosures of abuse against staff members of the service.
- * Continue to respond to the needs of the child or young person even after a report to the **Child Protection Helpline** has been made.

- * Discuss any concerns with the Manager/Coordinator, document all concerns using BMOCCS
- * Attachment 2.4 - Child Protection Note; and ensure that this document and its details remain confidential.
- * Print and complete the decision report from the 'Keep Them Safe' website and ensure that it is filed with Attachment 2.4, as part of the child's record.
- * Follow the recommendations by the 'Keep Them Safe' decision tool as to report or continue observation, and advise the MOCS Manager/ BMOCCS Coordinator of this decision and staff action.

Reportable concerns include:

Current concerns for a child or young persons risk of 'Significant Harm' to a 'significant extent'. These include, but are not limited to -

- * Physical abuse
- * Neglect: supervision; shelter/environment; food; medical care; mental health care; education - not enrolled; education- habitual absence
- * Sexual abuse: child; young person; problematic sexual behaviour toward others
- * Psychological harm, including the presence of domestic violence and as a consequence, the child is at risk of serious physical or psychological harm.
- * Relinquishing care
- * Carer concern: substance abuse; mental health, domestic violence
- * Unborn child concerns,

Mandatory reporting action:

- * The Coordinator is responsible to follow up any reports made by educators in relation to suspected 'Risk of significant harm' and use of the 'Mandatory reporters guide' to determine if a report to the Child Protection Help Line needs to be made. Reports are kept on file and may provide evidence of an accumulation of acts. The term 'Significant' can refer to a single act or an accumulation of acts.
- * The educator member who makes a report to the Coordinator is required to put their report in writing to be kept as a file note. This educator member is also required to check if the report has been taken through step 1 and (if required) step 2. If not they are required to take the matter to management.

Upon Disclosure Staff will:

- React calmly to the child making the disclosure
- Listen attentively and later write down the child's **exact words**
- Provide comfort and care to the child.
- Reassure the child that :
 - It is not their fault, it was right to tell,
 - It is NOT OK for adults to harm children,
 - Explain what will happen next and
 - It is your job to tell people how can help them.
- Follow the steps for reporting as per the **Mandatory Reporting Guide**

Step 1 Assess 'Risk of Significant Harm'

The procedure for assessing 'Risk of Significant Harm' is for the Coordinator/ in conjunction with Educator to whom the disclosure was made, to use the Online 'Mandatory Reporters Guide'.

www.KeepThemSafe.nsw.gov.au/reporting_concerns/mandatory_reporter_guide

Step 2 Report 'Risk of Significant Harm'

If the 'Mandatory Reporter Guide' indicates there is 'Risk of Significant Harm', the Coordinator will contact the Child Protection Helpline directly on 132 111

BMOCCS Staff Action Plan For Responding to Child Protection Concerns v2 30/10/16



BMOCCS staff member has reasonable grounds to suspect that a child may be at risk of harm physically, emotionally, psychologically, sexually, or from neglect.

BMOCCS staff member to discuss concerns with BMOCCS Coordinator and/or MOCS Manager as designated Child Safety Contact Person (CSCP)

Coordinator/ CSCP/ and staff member will work together to assess whether the concern requires using the **Mandatory Reporter Guide** (MRG) using the website: www.ChildStory.net.au. *Use the 'How to' guidelines, or view video for more help.* If the MRG is used, print a copy of the decision report generated, and follow the detailed instructions on what to do next. Place this report in a confidential file, to be kept in locked filing cabinet in Coordinators office, for further details or actions.

If Report Required

If concern rates as reportable:
Staff member **MUST submit** report to

**Child Protection Helpline:
132 111**

If child is at risk of immediate harm call 000

Remember to print and file report.

If NO Report Required

If concerns are below reportable levels i.e. below risk of 'significant harm', or abuse is not current, staff should continue to monitor and record ongoing concerns, whilst supporting the family.

If further information increases the child's level of risk to 'significant harm', BMOCCS will repeat the reporting process and following reporting recommendations.

BMOCCS Coordinator/CSCP/ BMOCCS staff member will follow the recommendations of the Helpline to phone and report to:
Family and Community Services.
Documentation of conversations, recommendations, and actions will be recorded and kept in the child's confidential file, which will remain in the locked filing cabinet in the Coordinators office.

BMOCCS Coordinator/CSCP/ BMOCCS staff will discuss:

- Action to be taken to support the child and family, possible use of Patchwork.
- Possible referral options to support child and family
- Ongoing confidential documentation and observation of the child, and need to discuss the issue with the family.
- Staff will use 2.4 Attachment - BMOCCS Child Protection File Note.

Should the Child Protection issue concern another staff member using inappropriate conduct or interactions toward a child, or their own children, staff must immediately contact the BMOCCS Coordinator, or if the complaint involves the Coordinator, then immediate contact must be made to the MOCS Manager/ Child Safety Contact Person or Management Committee representative.
Staff will also refer to MOCS Child Protection Policy in conjunction with BMOCCS Child Protection Policy.

2.2.3 Attachment – child protection file note

Details of child or young person and family composition:

Child's Name:

DOB:

Address:

Phone:

Siblings:

Natural Mother:

Address:

Phone:

Natural Father:

Address:

Phone:

Date:

Report or Concern:

Reporter's details:

Name:

Address:

Position:

Phone:

Attach: 'Keep Them Safe' decision report

2.5 Sun smart

Reviewed: 20/3/18

National Quality Standard

2.1 Each child's health and physical activity is supported and promoted.

Sydney ultraviolet (UV) index forecast graph

www.bom.gov.au/nsw/uv/sydney.shtml

Sun Smart, Cancer Council

www.canceraction.com.au/sunsmart-program

Staying healthy in childcare

www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43.pdf

At Blue Mountains Occasional Child Care Service (BMOCCS), our interests are for children to have access to outdoor play while taking a variety of sun smart precautions. Our sun smart policy aims to protect children and educators from skin damage while ensuring that children are not restricted from outdoor play opportunities.

Recommendations:

Sun protection is observed all year and staff remain vigilant in regards to the current UV warnings each day, noting the highest level, and times of that warning, recording this on the Venue Safety Checklist which is completed each morning before the children arrive. Parents are alerted to the UV index each day via the 'Have You Applied Sunscreen Today' sheet, which is located on the children's welcome table.

This sheet gives the index ratings in terms of Low, Medium, High, Very High and Extreme.

Wearing hats and applying sunscreen is promoted from August to May.

From **August to May, between 11am and 3pm, UV radiation levels can be high to extreme.** The Cancer Council recognises that early childhood services have to manage a range of needs for all children. Their recommendation is to minimise both the frequency (how often you go outside) and duration (how long you stay outside) for outdoor activities between 11am and 3pm during these months. If children are outside, use shade and other sun protection measures (hats, clothing and sunscreen).

Outside these months when UV is sometimes 2 or less, children are less at risk of exposure, and therefore sunscreen is not applied, as research shows that Vitamin D levels are becoming of concern due to lack of exposure to the sun in cooler months.

Each day staff will make decisions on the safest time for outdoor play, and the length of time children will play outside based on the current UV levels and alerts.

Shade:

- ✿ Educators and children will be encouraged to use available shade when outdoors during the August to May period.
- ✿ During 'Extreme' days, children will only play outside during the early morning, usually 9.30 to 10.30 am
- ✿ The MOCS management will work to ensure there are shelters and trees providing adequate shade in the grounds of each venue, where possible.

Clothing:

- ✿ Children and educators will wear clothing that protects the skin.
- ✿ Children and educators will be expected to wear a hat outdoors.
- ✿ A broad-brimmed hat, legionnaire style hat, or bucket hat with a deep crown that provides sun protection for the face, neck and ears is recommended. Children not wearing a hat will be expected to play in the shade or use a hat from BMOCCS spares.
- ✿ Children and educators are encouraged, to wear t-shirts and longer style shorts/skirts. Singlet tops and shoe-string tied tops/dresses are not adequate for sun protection.

Sunscreen:

- ✿ Between **August to May** sun safe precautions will be observed and implemented.
- ✿ Parents are asked to apply sunscreen on arrival during the months of August, September, October, November, December, January, February, March and April.
- ✿ From **August to May** educators and parents are required to document their application of sunscreen at BMOCCS.
- ✿ Broad spectrum sunscreen with an SPF of 30+ will be applied to clean, dry skin, on arrival by parents/carers before children go outside. Sunscreen will be reapplied after lunch (which provides for 2 hour intervals).
- ✿ BMOCCS will provide a supply of sunscreen.
- ✿ Educators are to use individual applicators to apply sunscreen to each child.
- ✿ BMOCCS will notify all parents/carers about the use of sunscreen at the Service on enrolment, via newsletters and displays.
- ✿ Parents/carers will be required to notify BMOCCS in writing if their child is allergic to sunscreen or if they do not wish the services sunscreen to be applied to their child. Under these circumstance, parents are encouraged to apply their own suncream at home, and record this application on the Suncream checklist found on the children's welcome table.

Education:

- ✿ Reinforcing the Sun Smart message at BMOCCS is an important strategy in the adoption of skin protection behaviours.
- ✿ Educators will be encouraged to role model appropriate Sun Smart strategies.
- ✿ Educators will be encouraged to keep up to date with new information and resources through contact with the education service at The Cancer Council.

Excursions:

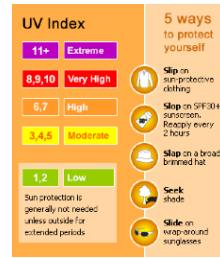
- ✿ All of the above will apply to children, educators and parents/carers when attending excursions.

UV Index:

- | | |
|----------|--|
| ■ 1 – 2 | Low – Wearing a hat is sufficient but not required. |
| ■ 3 – 5 | Moderate – Wearing a hat and sunscreen with SPF 30 is recommended. |
| ■ 6 – 7 | High – Wearing a hat and sunscreen with SPF 30 and staying in the shade is recommended. |
| ■ 8 - 10 | Very High - Minimise both the frequency (how often you go outside) and duration (how long you stay outside) for outdoor activities between 11am and 3pm. If children are outside, always use shade and other sun protection measures (hats, clothing and sunscreen). |
| ■ 11+ | Extreme |

Please see our 'Please Apply Suncream' checklist in the folder, found on the front table near the front door

Today's UV Rating Is:

[illegible]

2.1.2 Illness and medication

Reviewed: 13/3/18

National Quality Standard 2.1.2

Effective illness and injury management and hygiene practices are promoted and implemented.

Staying Healthy In Childcare 5th Edition

BMOCCS will care for the health and well being of all children in care. A child who is sick and may have an infectious illness must be excluded from care and will only be allowed to return to care on the advice of a qualified practitioner, or when the symptoms have disappeared.

Requirements:

- ✿ Parents are asked to make arrangements to pick up their child when sick.
- ✿ If a child is excluded from the service due to an infectious illness, it is the parent's responsibility to provide appropriate care for the child for the duration of the illness.
- ✿ When a child becomes ill at home, the parent should contact BMOCCS 24 hours before their booking or as soon as is practicable. If there is any possibility the child may be suffering from an infectious illness, the needs of the other children in care must be considered and the child will be excluded.
- ✿ If it is not clear from the condition of the child that exclusion is required, a diagnosis should be sought to help make the decision.
- ✿ If required, BMOCCS will be able to clarify exclusion periods for specific illnesses and other matters relating to health by referencing the Staying healthy in Child Care Guide.
- ✿ The Service will display a notice when an incident of a vaccine-preventable infectious disease occurs (NQS, page 30).
- ✿ A child will not be able to stay at BMOCCS if they are not well enough to cope throughout the day.

Administration of medication:

BMOCCS aims to provide care for children who require authorised medication, either on a short or long term basis. Parents will be required to provide separate written permission for the administration of any medication to their child. BMOCCS is only able to administer medication if the medication is in its original container with the dispensing label attached listing the child as the prescribed person and the dosage to be given. This applies to all medications, regardless of whether they are non-prescribed (such as teething gels, nappy creams, cough medicines etc). Pharmacies can provide dispensing labels for non-prescribed medication.

Parent/carer must give authority for administration of the medication, with:

- The date/s the medication is required.
- The name of the child.
- Dosage and time of administration together with the parent's signature.
- The time the parent administered the last dose.

Further Requirements:

- ✿ Parents will be informed of BMOCCS medication policy at the time of enrolment and at the time that medication is required.
- ✿ The medication record form held by BMOCCS is an acceptable authorising form for the parent to use, or in the absence of such a form, a letter is acceptable.
- ✿ When a medication record form is used, a separate page is required for each child to ensure confidentiality.
- ✿ The instructions of a qualified medical practitioner/pharmacy dispensing label printed on the

label of the medication container are considered sufficient authority, as long as the name of the child is clearly identified and the fact that the medication is current, is apparent.

- * All medications administered at BMOCCS must be checked by two educators.
- * Before giving medication, a check of parent's instructions against the qualified practitioner/dispensing pharmacist's instructions and then a double check of the instructions in relation to specific time and dosage should be made.
- * Educators must record details of any medication administered to a child on the medication record form or the letter completed by the parent. This must also include the dosage and time of treatment, confirmed by the care provider's signature.
- * Medication must be kept in a secure place and out of the reach of children.
- * The licensee will retain the medication record form and other records for a period of two years after the child has left the service.
- * It is the parents responsibility to hand medication to a educators member. Medication must not be left in the child's bag.
- * It is the parent's responsibility to collect medication on departure from the service.

Staff: Please see our Staff Orientation Folder to become familiar with our ACECQA approved 'Incident, Injury, Trauma, Illness' forms, and our ACECQA approved 'Medication' forms.

Please also become familiar with our High Temperature, and Illness procedures.

2.7 Anaphylaxis management

Reviewed: 09/12/16

EYLF

www.deewr.gov.au/earlychildhood/policy_agenda/quality/pages/earlyyearslearningframework.aspx

NQS - Quality area 2: Health and Safety

www.deewr.gov.au/Earlychildhood/Policy_Agenda/Quality/Pages/QualityStandards.aspx

Supplementary Regulation

www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care/regulatory-framework

www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43.pdf

Anaphylaxis Australia

www.allergyfacts.org.au

BMOCCS believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at BMOCCS.

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

BMOCCS recognises the need to adopt a range of procedures and risk minimising strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

The aim of this policy is to:

- ✿ Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service.
- ✿ Ensure that educators members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- ✿ Raise the service community's awareness of anaphylaxis and its management through education, notice displays and policy implementation.

Requirements:

- ✿ Parents/guardians will be required to alert BMOCCS of any allergies that their child may have, by noting it on the enrolment form with requirements for both prevention and treatment to be outlined.
- ✿ Parents/guardians will be required to complete an Anaphylaxis Action Plan with their consulting general practitioner's instructions including general practitioner's signature; if Anaphylaxis is an identified risk.
- ✿ The service will display a notice that a child at risk of Anaphylaxis attends the Service (NQS, page 30).

Child's Photo

Child's Name:

Venue:

DOB:

Mobile Contact No:

Known Allergies:

Reaction: Mild Moderate Severe

Child's Photo

Child's Name:

Venue:

DOB:

Mobile Contact No:

Known Allergies:

Reaction: Mild Moderate Severe

Child's Photo

Child's Name:

Venue:

DOB:

Mobile Contact No:

Known Allergies:

Child's Photo

Child's Name:

Venue:

DOB:

Mobile Contact No:

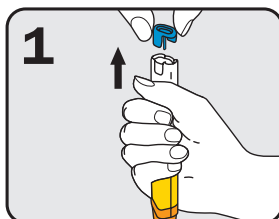
Known Allergies:

2.7 Attachment - anaphylaxis management

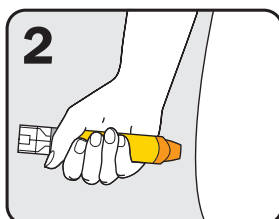
ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

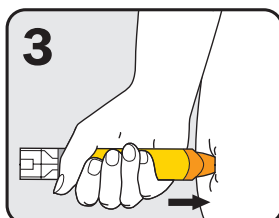
How to give EpiPen®



Form fist around EpiPen® and
PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE
END against outer mid-thigh
(with or without clothing)



PUSH DOWN HARD until a click is
heard or felt and hold in place for
10 seconds
REMOVE EpiPen® and gently massage
injection site for 10 seconds

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

EpiPen® is prescribed for children over 20kg and adults. EpiPen Jr® is prescribed for children 10-20kg

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Instructions are also on the device label

2.8 Attachment - anaphylaxis management

ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or
nurse practitioner:

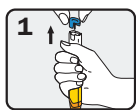
I hereby authorise medications specified on this
plan to be administered according to the plan

Signed: _____

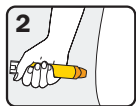
Date: _____

Action Plan due for review: _____

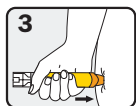
How to give EpiPen®



Form fist around EpiPen®
and PULL OFF BLUE
SAFETY RELEASE



Hold leg still and PLACE
ORANGE END against
outer mid-thigh (with or
without clothing)



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

REMOVE EpiPen® and
gently massage injection
site for 10 seconds

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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- Wheeze or persistent cough
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ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

Blue Mountains Occasional Care Service Risk Minimisation Plan

Coordinator	Will display any Allergy or Anaphylaxis plans in the Kitchen areas of all venues for all educators both permanent and casual to see, and become familiar with. These will be updated regularly, and children's plans will be discussed on a regular basis at Staff Meetings. Staff roles, should an emergency arise, will also be discussed at Staff meetings.
Action plans	Action plans will be colour coded being : RED for Anaphylactic Response (Severe), and Green for Allergic Response (mild to moderate) to known allergens. Photos of identified children will be attached to their plans.
	A current Allergy list will also be displayed in the kitchen area of each venue with identifying photos of children with known allergic responses, these will also be colour coded. Red for Severe, Green for Moderate.
	Any Allergy Action Plans, will also be kept in the relevant children's files, and the current Allergy photo list will be displayed in the Staff Orientation folder for both permanent and casual staff to read and become familiar with.
Permanent Staff	Core permanent educators will hold current Emergency Response - Anaphylaxis, and Emergency Response - Asthma qualifications. At any given time at least 1 permanent educator with these qualifications will be in direct supervision of the enrolled children, and at least 2 permanent staff members will have current training. Casual staff may be expected to obtain this training if likely to continue regular employment.
	Staff will familiarise themselves with the children identified as having known Allergic Responses by regularly reviewing their Action plans on display, and the Allergy lists, both displayed in the kitchen areas at each venue, or by reading the Staff Orientation folder.
	Staff will be familiar with identified children's Risk Minimisation Plans, and this Service Risk Minimisation Plan
Casual Staff	Will be expected to familiarise themselves with enrolment details of all children, but particularly those with Allergy or Asthma Plans, by reading the displayed plans and observing the photo identification posters. If a child with moderate to severe allergic reactions is enrolled at BMOCCS and will attend on the day a casual staff member is required, permanent staff engaging the casual will consider the need to choose a casual with current Emergency Anaphylaxis training.
Families	Families will regularly receive a reminder regarding BMOCCS Nut Free Policy, and be reminded to encourage their children not to share food. Families will be encouraged to read the packaging of products and be aware of products that may contain nuts, or traces of nuts. Parents will be reminded not to send or bake with nuts or nut products for lunch box items.
	Parents and children will be reminded via Newsletters, and signage, to wipe their hands upon arrival at the Service. This is prompted by the sign displayed on the children's welcome table which is next to a packet of wet wipes.
	Families will be reminded that BMOCCS is an Allergy Aware Zone, by a poster displayed on the venues front doors, or nearest possible glass window, asking families not to bring nuts or nut products.

	<p>Families who identify on their child's enrolment form that their child has a known allergy to food, medication, or insect bites, will be required to provide an Allergy Action Plan which has been developed and signed by their GP or Specialist.</p> <p>This will be provided to BMOCCS before the child is permitted to start.</p> <p>Any need for Antihistamines or Epipen, will be identified, and it is the Parents' responsibility to provide BMOCCS with these medications, ensuring that they remain 'in date', provided each day of the child's attendance, and collected at the end of every day.</p>
	<p>All Asthma or Allergy Plans will be reviewed every 12 months, or if any changes occur, which ever comes first.</p>

Food Allergy		Daily Procedures	
Meal times		<p>Children bring their own food and bottled water. Children are reminded not to share food, or their drink bottles.</p> <p>Staff will wash and wipe every table that will be used for eating before the children sit down to eat.</p> <p>Staff will check the contents of the children's lunch boxes to ensure that no nuts or nut products are included in a child's meal. If a staff member finds, or is uncertain of a product which may contain nuts, this food item will be removed to the kitchen area, bagged in a zip lock bag, and the Team Leader will return the food to a parent at home time, reminding them that BMOCCS is an Allergy Aware venue and as such encourages families not to bring nuts or nut products to the venue.</p> <p>Permanent staff, qualified with Emergency Anaphylactic Response will supervise meals.</p> <p>Children will be encouraged to wipe their hands with Wet Wipes or alternative, before they start to eat. Children with allergies to any ingredient of Wet Wipes will be given a wet paper towel.</p> <p>Children are encouraged to wipe their face and hands after eating, and before they leave the table, to reduce the risk of food being transferred to play equipment.</p> <p>Children are encouraged to drink an adequate amount of water from their drink bottles before leaving the table, firstly for dental hygiene, but also to reduce the risk of food being transferred to the play equipment.</p> <p>Children with a known moderate to severe Anaphylactic response should supply their own labelled cutlery. BMOCCS will have available 1 bowl, 1 cup, and separate cutlery for any child with known moderate to severe Anaphylactic response, that is labelled as such, and kept in a separate snap locking plastic box. Any piece of cutlery used by a child that belongs to BMOCCS is put into the sink and washed at the end of the day and replaced into this separate container.</p> <p>All children sit at the table, and younger babies are placed in a soft baby harness. These are washed regularly. No child will eat in a stroller as this creates the potential for food stuffs to be imbedded in the fabric, and creates an environment for bacteria.</p>	
Cooking And Craft with Children		<p>Cooking is an integral part of our planned program. Staff will consider whether any children have allergies to food, and will therefore plan both cooking and craft activities considering this. Food that is a known allergen will not be an ingredient of any cooking, and an alternative ingredient will be sought.</p> <p>Craft that may use egg cartons or other food related packaging or food ingredient will be modified to eliminate the use of these items.</p> <p>Children are required to wipe their hands with wet wipes or alternative, before they begin helping with a cooking activity. They are required to wash their hands after cooking to reduce the risk of food contamination onto play equipment.</p> <p>Where possible, each child will make a single serve of their cooking experience, and these will be labeled and only given to that child when the food is cooked.</p>	

Food Allergy		Daily Procedures	
Cleaning	<p>Tables are wiped before and after every meal, and at the beginning and end of every day. Tables are inspected at the beginning of the day to ensure their cleanliness, and are wiped when not.</p> <p>The Team Leader for the day will complete the Venue Safety Check, which includes an outdoor check. This includes identifying any rubbish left by other venue users. This is bagged and disposed of.</p> <p>Toys are cleaned regularly, and are steam cleaned every 6 months. This includes all stroller covers, toys, books, play equipment etc.</p> <p>Playdough will only be made with olive oil, and should a child enrol who identifies as having moderate to severe wheat allergies if coming in contact with these ingredients, an alternative will be sought.</p>		
Other Allergies			
Sunscreen	<p>Children who attend BMOCCS are required to wear sunscreen from August to May of any calendar year. BMOCCS provides Cancer Council Sunscreen for parents to apply to their children upon arrival. Parents are asked to give their permission for staff to reapply sunscreen during the day if necessary.</p> <p>If a child is identified as having allergies to any of the ingredients contained in the provided sunscreen, parents will be asked to supply their own from home. This will be labelled and stored in the medications box near the First Aid Kit, and is not to be left in the child’s bag.</p>		
Medications	<p>Parents are asked to identify any possible allergies that their children may have on the BMOCCS enrolment form. This includes any medications.</p> <p>If a child identifies as having an allergy to a specific medication, this will be identified on the Allergy List displayed in the kitchen area with the child’s photograph.</p> <p>Should a child require emergency medical treatment or attendance by an ambulance, the child’s enrolment forms will be taken with the child to the emergency medical centre.</p> <p>Should a child require prescribed medication whilst in the care of BMOCCS, an approved medication permission form will be filled in by the parent and signed by a staff member. Staff will follow the BMOCCS policy with regards to storage and administration of this medication.</p>		
Insect Bite Allergies	<p>Each day of operation staff will conduct an environment check. Any identified risks such as insect nests will be removed by professional pest control persons. Rubbish that may attract stinging insects will be removed, and children’s table top rubbish bins will have lids.</p> <p>Staff will consider the potential of attracting stinging insects, when choosing plants for any gardening experience.</p> <p>Children who are identified as having an allergy to insect stings, will be supervised in the outdoor play areas, and encouraged not to pick any flowers in bloom.</p> <p>Parents of children who are identified as having bee sting allergies will be encouraged to dress their children in closed shoes to avoid insect bites to the toes.</p>		
Latex Allergy	<p>BMOCCS does not order or purchase any Latex products, gloves are specifically Latex free.</p> <p>If a child who identifies as having a latex allergy is enrolled, staff will not plan any craft activity which uses balloons, or will source and purchase latex free balloons.</p> <p>Parents will be informed of this child’s allergy, and they will be asked not to bring balloons to BMOCCS as a birthday activity.</p>		

Other Allergies

Animal Allergy

Due to the nature of BMOCCS as a mobile service, the keeping of animals is not practical.

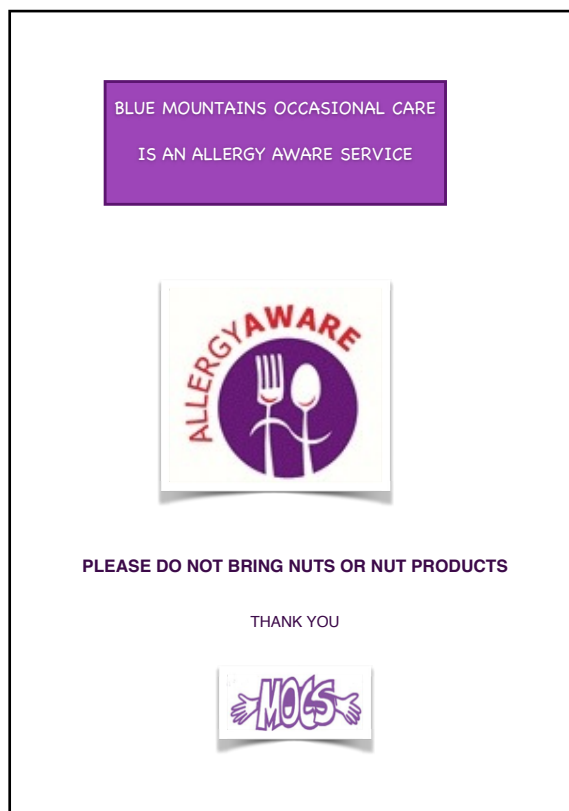
If there is a planned "Bring your Pet Day" or staff are planning to bring a pet to show the children, staff will review any Allergy Plans, to identify whether a child with animals allergies will be attending that day, and reschedule the pets visit for another day.

Children will be expected to wash their hands after handling pets.

Animal food such as bird seed which may contain nuts will not be permitted at BMOCCS.

This minimisation plan has been developed form the official ASCIA Allergy and Anaphylaxis Guidelines published March 2015

This poster must be displayed each day in a prominent position, usually on the front windows of each venue



In the Event of a Child Having an Anaphylactic Reaction

In the event that a child shows signs of an anaphylactic reaction the staff will follow the procedures below.

Staff 1 (First Aid Responder):

- When a child is discovered to be suffering from an allergic reaction; moderate, or severe, the staff member who identifies this reaction will either remain with this child in a quiet place until Medical Personnel arrive, or delegate this role to another staff member with current Emergency Anaphylactic First Aid. That staff member will be the designated **First Aid Responder**.
- The First Aid Responder will call for help from other staff close by and delegate them to collect either the child's Epipen or the centre's.
- The staff member remaining with the child will have current Emergency Anaphylaxis training, and will administer the Epipen. **DO NOT ALLOW THE CHILD TO STAND AFTER ADMINISTRATION**
- Should the Co ordinator be the person that discovers the emergency, then she will delegate another staff member to be the First Aid Responder.

Staff 2 (Children):

- This staff member will gather and reassure the remaining children, whilst the Co ordinator and First Aid Responder deal with the emergency situation.
- Children will be taken away from the emergency area, and encouraged to play elsewhere.

Coordinator:

As the Authorised Supervisor and Responsible Person, the Coordinator will delegate roles to other staff when necessary.

It will be the responsibility of the Co ordinator to:

- Ring 000 and ask for an ambulance.
- Ring the child's parents and inform them that their child is suffering an anaphylactic reaction, that an ambulance has been called, and tell them that they will be contacted upon arrival of the ambulance to inform them of the designated hospital to which the ambulance will transport their child. **DO NOT ALLOW THE CHILD TO STAND OR WALK TO THE AMBULANCE.**
- Confirm that the Epipen has been administered (if provided)
- Designate a First Aider to travel with the child in the ambulance, in the event that the parents have not arrived, and give the child's enrolment forms to the First Aider. Ensure they have a mobile phone to contact the Coordinator from the designated hospital, and remain in contact.
- Call MOCS Manager **0421 943 069** to inform her that the above emergency has taken place, and the actions taken.
- Organise relief staff to maintain child:staff ratios.

2.8 Asthma management

Reviewed: 21/3/17

Links

EYLF

www.deewr.gov.au/earlychildhood/policy_agenda/quality/pages/earlyyearslearningframework.aspx

NQS - Quality area 2: Health and Safety

www.deewr.gov.au/Earlychildhood/Policy_Agenda/Quality/Pages/QualityStandards.aspx

Supplementary Regulation

www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care/regulatory-framework

Staying healthy in childcare

www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43.pdf

National Asthma Council Australia

www.nationalasthma.org.au

This policy has been developed with guidance from the Asthma Foundation NSW's Asthma Friendly Children's Services Program. The aim of this policy is to document strategies for implementation of best practice asthma management within BMOCCS so that all children enrolled at the service who have asthma can receive appropriate attention as required. A service can respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing.

The Management will:

- * Identify children with asthma during the enrolment process.
- * Provide an Asthma Care Plan for Education and Care Services (see attached) to all families of children with asthma upon enrolment.
- * The completed Asthma Care Plan for Education and Care Services is to be returned promptly, reviewed annually and kept in the child's file.
- * Ensure that all educators are informed of the children with asthma in their care.

Educators will:

- * Ensure that they are aware of the children in their care with asthma.
- * In consultation with the family, optimise the health and safety of each child through supervised management of the child's asthma.
- * Ensure that all regular prescribed asthma medication is administered in accordance with the information on the Child's Asthma Record.
- * Administer emergency asthma medication if required according to the child's Asthma Care Plan for Education and Care Services. If no Asthma Record is available the Standard Asthma First Aid Plan should be followed.
- * Ensure that at least one Asthma First Aid poster is displayed in a key location.
- * Document the use of medication according to service policy and notify the parent/carer of the child.
- * Provide families with the contact details of the Asthma Foundation if further asthma advice is needed. P 1800 645 130 www.asthmafoundation.org.au

Families will:

- * Inform educators, either upon 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 Record as provided by the child's doctor.
- * Notify the educators, in writing, of any changes to the Asthma Record.
- * Ensure that the Asthma Emergency Kit contains a blue reliever puffer (e.g. Asmol, or Ventolin), a spacer device and child mask if necessary and concise written instructions on Asthma First Aid procedures.
- * Communicate all relevant information and concerns with educators as the need arises e.g. if asthma symptoms were present during the night.

Asthma care plan for education and care services

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

Photo of child
(optional)

Date of approval: July 2014
Approved by: CEO Asthma Australia
Date of review: July 2016

AA Care Plan for Ed-Care-Serv 0714
July 16, 2014 9:14 PM

PLEASE PRINT CLEARLY

Child's name

Date of birth

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

- ☐ Cough
☐ Wheeze
☐ Difficulty breathing
☐ Other (please describe)

Frequency and severity

- ☐ Daily/most days
☐ Frequently (more than 5 x per year)
☐ Occasionally (less than 5 x per year)
☐ Other (please describe)

Known triggers for this child's asthma (eg exercise, colds/flu, smoke) — please detail:*

- Does this child usually tell an adult if s/he is having trouble breathing? ☐ **Yes** ☐ **No**
Does this child need help to take asthma medication? ☐ **Yes** ☐ **No**
Does this child use a mask with a spacer? ☐ **Yes** ☐ **No**
*Does this child need a blue reliever puffer medication before exercise? ☐ **Yes** ☐ **No**

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor

Address

Phone

Signature

Date

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature

Date

Name

Emergency contact information

Contact name

Phone

Mobile

Email

First Aid for Asthma

1

Sit the person comfortably upright.
Be calm and reassuring.
Don't leave the person alone.

2

Give 4 puffs of a blue/grey reliever
(e.g. Ventolin, Asmol or Alacort)
Use a spacer, if available.
Have 1 puff at a time with a normal oral breath.
Use the person's own inhaler if possible.
If not, use Ventolin inhaler or Asmol or Alacort.

OR

Give 2 separate doses of a Bricanyl or Symbicort Inhaler.
If a puff is not available, you can use Asmol or Ventolin or Alacort.
If the person does not normally use these.

3

Wait 4 minutes.
If the person still cannot breathe normally, give 4 more puffs.

Wait 4 minutes.
If the person still cannot breathe normally, give 1 more dose.

4

If the person still cannot breathe normally:
CALL AN AMBULANCE IMMEDIATELY (DIAL 000)

Say that someone is having an asthma attack.

Keep giving reliever.

Give 4 puffs every 4 minutes until the ambulance arrives.

Children 4 puffs every 4 minutes or as advised.

Adults For a severe attack you can give up to 8 puffs every 4 minutes.

If the person still cannot breathe normally, **CALL AN AMBULANCE IMMEDIATELY (DIAL 000)** Say that someone is having an asthma attack.

Keep giving reliever while waiting for the ambulance:

For Bricanyl (Lignat) give every 4 minutes.

For Symbicort give 1 dose every 4 minutes up to 2 more doses.

HOW TO USE INHALER

WITH SPACER



- Assemble spacer
- Remove spacer cap and shake well
- Insert spacer in person's mouth
- Place mouthpiece between teeth and seal lips around it
- Press canister firmly on spacer to fire a dose into spacer
- Take 4 breaths in and out of spacer
- Sit or stand upright
- Repeat 1 puff at a time until 4 puffs taken - remove mouthpiece before each puff
- Replace cap

WITHOUT SPACER



- Remove cap and shake well
- Breathe in deeply through the mouth
- Place mouthpiece between teeth and seal lips around it
- Press canister firmly on spacer while breathing in slowly and deeply
- Stop puff out of mouth
- Hold breath for a second or so
- Breathe out slowly through the mouth
- Repeat 1 puff at a time until 4 puffs taken - remove mouthpiece before each puff
- Replace cap

BRICANYL OR SYMBICORT



- Remove cap and shake well
- Hold inhaler upright and put grip around and then back
- Breathe out fully from spacer
- Place mouthpiece between teeth and seal lips around it
- Breathe in forcefully and deeply
- Sit or stand upright
- Breathe out slowly away from mouth
- Repeat 1 puff at a time until 4 puffs taken - remove mouthpiece before each puff
- Replace cap

Not Sure if it's Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If a person stops responding and their breathing doesn't seem to be improving, follow the earlier first aid steps. Asthma relief over medicine is unlikely to harm them even if they do not have asthma.

Severe Allergic Reactions

CALL AMBULANCE IMMEDIATELY (DIAL 000)

Follow the person's Action Plan for Anaphylaxis, if available. If the person has a severe allergic reaction and seems to be having a severe allergic reaction, use their adrenaline auto-injector (e.g. EpiPen, Anapen) before giving oral or intravenous medicine.

For more information on asthma visit:

Asthma Foundation - www.asthmafoundation.org.au

National Asthma Council Australia - www.nationalasthma.org.au

National Asthma Council Australia
Leading the way in asthma care

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2.9 Diabetic Management

Reviewed: 6/6/18

NQS - Quality area 2: Health and Safety

www.deewr.gov.au/Earlychildhood/Policy_Agenda/Quality/Pages/QualityStandards.aspx

Supplementary Regulation

www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care/regulatory-framework

Diabetes Australia

www.diabetesaustralia.com.au/

BMOCCS aim to ensure optimum health and wellbeing for each child whilst in care.

The management of a child's diabetic condition is dependent upon coordination between the service, the child's doctor and family.

It is the parent's responsibility to inform the service of their child's diabetic condition at the time of enrolment. Forms and equipment are to be completed/supplied and returned to BMOCCS.

Parent's responsibilities are to provide:

- * Diabetic details
- * Individual diabetic management plan
- * Diabetic emergency plan
- * Emergency Contacts
- * Blood glucose test authorisation
- * Long Term Blood Glucose Testing Record
- * Details provided in these forms are to be reviewed every twelve months or earlier if required for medical reasons.
- * Informed the service of any changes in medication or the action plan immediately.
- * Ensure that a store of current blood glucose testing kit is maintained at the service. The kit is to be provided and stored in accordance with the Service's Medication Policy. The kit is to be labeled with the child's name.
- * Supply and keep stocked the "hypopack" energy food pack.

Educator's responsibilities are to provide:

- * If the child displays symptoms of a diabetic attack, too low – ie; below 4, too high – ie; above 20, Educator will contact the child's parent/guardian.
- * In the event that an Educator feels emergency treatment is required an ambulance will be called.
- * Educators will follow the child's Diabetic Action Plan, Educators are not medical professionals and are therefore unable to diagnose; however, will seek further professional advice if they feel it is necessary.
- * Educators will administer blood glucose test as instructed on management plan
- * Attend training
- * Discuss completed forms with parents.
- * Inform all relevant Educators of information and where it is filed, location of child's testing kit and hypo pack.
- * Review the information with parent every twelve months or earlier if required for medical reasons.
- * Follow child's Diabetic Action Plan. This must be display to the educators when applicable to the service.
- * In the event of low glucose level or high glucose level, follow the child's individual Diabetic. Emergency Plan and complete emergency record.
- * Document blood glucose levels and dispose of tissues etc. containing blood .
- * Remind parents to keep testing kits well stocked and in good condition.

Procedure In The Event Of This Child Needing Implementation Of This Action Plan

In the event that this child shows signs of **Hypoglycaemia**, staff will immediately follow the procedures below.

Staff 1 (First Aid Responder):

- When this child is discovered to be/suspected to be suffering from Hypoglycaemia/ Low Blood sugar levels, the staff member who identifies this reaction will either remain with this child, or delegate this role to another staff member with current Emergency First Aid training. That staff member will be the designated **First Aid Responder**.
- The First Aid Responder will call for help from other staff close by and delegate them to immediately collect the child's **Emergency Food Pack**.
- Should the Coordinator be the person that discovers the emergency, then she will delegate another staff member to be the First Aid Responder.

Coordinator/ Person Responsible for the Day :

- Co ordinator and First Aid Responder will deal with this emergency situation.
- Other staff will reassure the children, and encourage them to play elsewhere.

Coordinator:

As the Authorised Supervisor and Responsible Person, the Coordinator will delegate roles to other staff when necessary.

It will be the responsibility of the Coordinator/ First Aid Responder to:

- Immediately provide food from the **child's emergency food pack**, particularly Jelly Beans, honey or sugar, 1/2 glass fruit juice.
- Ring the child's parents and inform them that their child is suffering from **Hypoglycaemia**, that staff have given the child food from their emergency food pack.
- Continue to monitor the recovery of the child after eating from emergency food pack and regular lunch box.
- Follow up with other food from the child's lunch box especially if morning tea/ lunch is more than 20 minutes away. Food should include bread, milk, dried fruit especially sultanas, or small tub of yoghurt.
- If symptoms persist ring the parents again and ask them to collect the child, or if child slips back into Hyperglycaemia, call an ambulance.
- Complete a BMOCCS Illness at Service form for parent to sign on arrival, or accompany child to hospital.
- Call parents to inform them of expected time of arrival of ambulance, and if transported to hospital, which hospital they should meet you at.
- Coordinator will designate staff member to travel with the child to hospital, and will ensure that child/staff ratios are maintained.



<div>Child's Photo</div>	<div>Child's Name: DOB:</div>
	<div>Venue Name & Address:</div>
	<div>Mobile Contact No:</div>
	<div>Management plan: Please state situation requiring action:</div> <div>Signs or symptoms indicating that treatment is required:</div> <div>Action to be Taken:</div>
<div>Staff With Current First Aid and Aware of this Action Plan</div> <div>Cathryn Ferreira:</div> <div>Simone Witherow:</div> <div>Cate Harrison:</div> <div>Emily McKay:</div>	<div>Has this action plan for your child been provided by a medical practitioner? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Medical Practitioners Name, Phone, Address:</div> <hr/> <div>Parent/Authorised Nominee:</div> <div>I have been provided with information about the conditions of my child's enrolment and have contributed to the development of this Action plan. I understand that every effort by staff will be made to provide medical treatment if needed, and I agree that all costs involved in actioning this plan will be paid for by me. I have signed the Terms of Enrolment, Medical/Emergency Consent.</div> <div>Parent/Authorised Nominee:</div> <hr/> <div>Signature: Date:</div> <div>BMOCCS Coordinator:</div> <hr/> <div>Signature: Date:</div>

2.10 Hygiene and infection control

National Quality Standards

2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

3.1.2 Premises, furniture and equipment are safe, clean and well maintained.

Staying healthy in childcare 5th Edition

www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43.pdf

BMOCCS will maintain the highest practicable hygiene standards. Educators will reference the 'Staying Healthy in Childcare' to clarify all hygiene and infection control procedures.

Hand washing:

- * Children are to wash and dry their hands before each meal, after toileting and after handling animals.
- * **As we are an Occasional Care service (in venues that are not always very accessible to the bathroom) we will use hand sanitiser when it is not practicable to use a bathroom tap.**
- * At our Blaxland venue, the children will be encouraged to use the outdoor sink to wash hands after playing in the outdoor environment.
- * Educators are to wash their hands before serving food, before and after each nappy change, after toileting children, after handling animals and after assisting children with nose wiping.

Wipes, tissues and moistened paper towel:

- * Educators will use wet wipes at nappy change(individual application) and ensure the wipes are disposed of properly. (Do not use the same wipe for more than one child).
- * Educators are to use individual applicators to apply sunscreen to each child.

Bathroom and change areas:

- * Educators will encourage children to flush the toilet.
- * Educators are to clean nappy change mats with a soap based cleaner and dry with paper towel after each nappy change.
- * Educators are to clean toilets seats, at the beginning of the day using a soap based cleaner.
- * Cloth nappies are discouraged but when used must be used with nappy liners at all times to stop leakage.
- * Disposable gloves are to be used during nappy changes and disposed of after each use, following the guide provided by 'Staying healthy in childcare'.
- * Cloth nappies are sent home in a sealed plastic bag (wet and soiled).
- * Soiled, disposable nappies are to be bagged or wrapped in gloves and placed in a nappy bin with liner.
- * Soiled and wet clothes need to be bagged in sealed plastic bag.

Kitchen and food areas:

- * All food handlers are to wear gloves, latex free, or use tongs for food handling.
- * All permanent contact educators are to attend a food handlers course (which may be part of childcare qualifications).
- * All food will be prepared in designated areas (kitchen).
- * Children are encouraged not to share food, drink and cutlery.
- * Utensils and food dropped on the floor are not to be used.
- * Dishes are to be washed in hot, soapy water after each use.
- * Food preparation surfaces and food preparation utensils (e.g. chopping boards and knives) are to be 'soap cleaned' and boiling water applied to sanitize.
- * All benches/tables and surfaces are to be 'soap cleaned' and dried with paper towel, daily before use and between activities.

Disinfecting and cleaning:

- * We use a soap-based products for cleaning. We use eco friendly disinfectant solutions when required.
- * Disinfecting of areas will occur when attending to spills of: blood, faeces, urine, vomit or other bodily fluids and gloves will be worn. Paper towel will be used and all contaminated materials will be discarded into a separate and sealed plastic bag before it is placed in the bin. Any contaminated clothing/cloth material will be double bagged and sealed to be sent home.
- * Floors are to be swept by educators and cleaned by professional cleaners at each venue.
- * Garbage bins are to be cleaned and eco friendly antibacterial solutions applied for disinfecting.
- * All mouthed toys are to be cleaned straight away.
- * All programmed toys are to be washed during clean up week, each term.
- * Paper towel is used for all cleaning during the delivery of our service; we only use dishcloths/tea-towels for wash/drying kitchen items.

Bedding:

- * Bedding is provided by parents where applicable and taken home for washing.
- * Cots will be individually wiped with soap-based cleaners and dried with paper towel when used.

First aid and gloves:

- * All Educators are to wear gloves, latex free, when attending to cuts, abrasions and at any other time when they will be in direct contact with blood or bodily fluids.

Illnesses and exclusion periods:

- * All Educators will refer to the 'Staying Healthy in Childcare' guide for advice and guidelines regarding illnesses and exclusion periods.

Sandpits:

- * Sand pits will be inspected and raked daily, as per BMOCCS Venue Safety Checklist, and foreign object, including food scraps, animal faeces, blood or other body fluids, etc, will be removed by staff using a shovel and plastic bag, and wearing a glove to do so. If extensive contamination has occurred, the sandpit will be cordoned off, and sand will be replaced ASAP.
- * Any sharp object, such as syringes, or broken glass will require the staff member to use the sharps container and tongs, provided at all venue.
- * Any plastic bag will be tied, and disposed of in an outside bin.
- * Staff will immediately wash their hands on completion of this task.
- * Sun, and rain are good disinfectants, and sand will be disinfected by staff if there has been extended periods of dry weather. Staff may use a garden hose to saturate the sand, and leave sand exposed to the sun for the day. This will usually occur on our twice annual clean up week.
- * Sand pit covers will be adequate in size to cover the entire sand pit, including edges, and the use of shade cloth is the material of choice, as this allows water to permeate through without pooling on the top of the cover.
- * Sand will be replenished, as needed, when the level of the sand drops below 100mm below the top edge of the sandpit. Sand will be replaced with washed beach sand, and will be filled no higher than the top of the sandpit sides. Builder/Brick sand will not be used.
- * Sand pit covers will be folded, or stored in a manner which does not create a trip hazard to staff and children, and in some cases, may be used as extra shade from the sun, by attaching the cover to hooks and shackles fixed to permanent structures close by.
- * If a child accidentally soils the sand they are playing in, staff will evacuate the sandpit, remove the infected sand using a shovel and bucket. This will be disposed of in an outside bin, and a solution of hot water and disinfectant will be used to saturate the area of contamination. The sand pit cover will be replaced at the end of the day, to allow maximum sunlight as a natural disinfectant.

2.11 Healthy eating and physical activity

"Healthy eating and physical activity are embedded in the program." (Commonwealth of Australia, 2009).

Reviewed: 01/11/11

EYLF

www.deewr.gov.au/earlychildhood/policy_agenda/quality/pages/earlyyearslearningframework.aspx

NQS - Quality area 2: Health and Safety

www.deewr.gov.au/Earlychildhood/Policy_Agenda/Quality/Pages/QualityStandards.aspx

Supplementary Regulation

www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care/regulatory-framework

Staying Healthy in Childcare

www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43.pdf

The BMOCCS educators will promote healthy eating/drinking by providing parents with information and suggestions for nutritious choices and will include food preparation projects with-in the program. BMOCCS educators aim to support the inclusion and awareness of healthy foods from a variety of cultures. BMOCCS educators will support breastfeeding as special for many reasons – the bonding between mother and baby, the cost savings, and the health benefits for both mother and baby. The BMOCCS educators will promote positive social learning opportunities at meal times and will facilitate physical activity via planned and spontaneous experiences.

Food and meals:

- ✿ Parents provide all meals with consideration for their child's likes and dietary needs.
- ✿ Fresh water, diluted fruit juices, plain full cream milk (as well as formula and breast milk for infants) is promoted as age appropriate healthy choices.
- ✿ Fresh whole foods such as fruit and vegetables are encouraged for morning tea and/or lunch time with a balance of other healthy choices such as: dairy products, whole grains, beans, legumes, seeds, unprocessed meat, fish and eggs.
- ✿ We do not allow pop-corn or raw carrot as these are potential choking hazards.
- ✿ Water will be available at all times.
- ✿ Parents will be advised when their child is not eating well.
- ✿ Educators will sit with children at meal times when not serving.
- ✿ Food will not be used as a form of punishment either by its provision or denial.
- ✿ The foods being served to children will be discussed with them.

Support for breastfeeding mothers:

- ✿ BMOCCS will provide for the safe storage and handling of Expressed Breast Milk (i.e. refrigerated).
- ✿ BMOCCS will support mothers to continue breastfeeding while their infant attends the early childhood setting.
- ✿ BMOCCS will provide adult size chairs (and comfortable couches where possible) and will promote a positive, supportive attitude to mothers that wish to breastfeed their babies at the BMOCCS service.

Food handling:

- ✿ Gloves will be worn or food tongs used by all educators directly handling food.
- ✿ Educators and children will either wash their hands with soap and water or will use hand sanitiser before handling or eating meals/snacks.
- ✿ Food will be stored and served at a safe temperature. Meat/Fish and dairy products will be refrigerated.
- ✿ Milk and formula in baby bottles will be refrigerated and then heated ONCE ONLY to body warmth; with the remainder discarded after it has been given.
- ✿ Food awareness activities will be included in the program.
- ✿ Children will be encouraged to get hands on experience with food preparation.
- ✿ Recipes and food awareness activities will be chosen from a variety of cultures.
- ✿ Special occasions may be celebrated with culturally appropriate foods.

Promoting physical activity:

- ❁ Physical activity is promoted through planned and spontaneous experiences, appropriate for a mixed age group setting and in-line with the physical activities guidelines for birth to five year olds.
- ❁ Indoor/outdoor play is offered so that children can match their needs for physical activity throughout the day in a flexible way that is age appropriate for under 5's.
- ❁ Gross motor activities are programmed in both indoor and outdoor spaces as often as possible.

Table 1: Physical activity guidelines for birth to five year olds (National Association for Sport and Physical Education, 2006)*

Birth–12 months	<ol style="list-style-type: none">1. Infants' physical activity should promote the development of movement skills2. Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods
Toddlers 12–36 months	<ul style="list-style-type: none">• Toddlers should accumulate at least 30 minutes daily of structured physical activity• Toddlers should engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping
Pre-schoolers 3–5 years	<ul style="list-style-type: none">• Preschoolers should accumulate at least 60 minutes daily of structured physical activity• Preschoolers should engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping

*The above table is a summary of the guidelines outlined by NASPE.

The potential risks to food safety are:

- Time lapse before appropriate storage
- Inappropriate defrosting
- Cross contamination from raw to cooked food
- Infected food handlers
- Use of leftovers
- Inappropriate storage / cooking temperatures
- Serving of food to which recipient is sensitive causing adverse reaction
- Inadequate hygiene procedures e.g. hand washing
- Contamination by vermin during storage

2.12 Allergy Aware

Reviewed: 18/3/18

National Quality Standards

2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.

2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Supplementary Regulation

www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care/regulatory-framework

Staying healthy in childcare

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The condition of anaphylaxis is life-long and can be potentially fatal. It causes a number of reactions within the body, with the most dangerous symptoms being breathing difficulties, a drop in blood pressure, hives, swelling of the lips, face, eyes, or abdominal pain and vomiting which can be potentially fatal. In affected students just being in the vicinity of people who are consuming known allergens can trigger an anaphylactic attack. BMOCCS has a duty of care to ensure the safety of all its children. As a result of an increased number of children that have been medically diagnosed as anaphylactic, the Service has implemented an “ALLERGY AWARE” policy. All personnel attending BMOCCS are asked to adhere to the guidelines of this policy to ensure the safety of all children.

Actions:

- ✿ BMOCCS has established an “ALLERGY AWARE” environment as far as reasonably practical, for the safety of children who are anaphylactic to nuts and other triggers, and for those children who have unknown allergies to these products.
- ✿ BMOCCS will display Identification posters, alongside a child’s Action Plan, and include articles in the newsletter to raise the awareness of our Allergy Aware environment and to increase parent knowledge, in the attempt to reduce the likelihood that food allergens may be included in a child’s lunch box.
- ✿ BMOCCS staff will have current and up to date first aid training regarding the recognition, and necessary First Aid treatment of anaphylaxis in children in their care.
- ✿ Parents/guardians of children are asked not to bring food containing known allergens, especially Nuts to BMOCCS. Reminders are placed into a child’s lunch box if a known allergen or nut product is found.
- ✿ The staff of BMOCCS have developed a Risk Minimisation Plan (see attached above) which outlines procedures in place to reduce the risk of known allergens and food stuffs from causing any risk of possible contact with children both diagnosed and unknown.

Staff are to read and sign the BMOCCS specific Service Risk Minimisation Plan, found in the Staff Orientation and Policy folder, and display the Allergy Aware Poster, and Allergy, Diet, Asthma Identification posters every day of service. These can be found in the poster holder kept in the Coordinators bag.

BLUE MOUNTAINS OCCASIONAL CARE
IS AN ALLERGY AWARE SERVICE



PLEASE DO NOT BRING NUTS OR NUT PRODUCTS

THANK YOU



2.13 Dangerous substances and goods

Reviewed: 01/11/11

EYLF

www.deewr.gov.au/earlychildhood/policy_agenda/quality/pages/earlyyearslearningframework.aspx

NQS - Quality area 2: Health and Safety

www.deewr.gov.au/Earlychildhood/Policy_Agenda/Quality/Pages/QualityStandards.aspx

Children's Services Regulation 2004

www.community.nsw.gov.au/for_agencies_that_work_with_us/childrens_services/regulation.html

National Regulation

www.acecqa.gov.au/national-quality-framework/national-regulations

Staying healthy in childcare

www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43.pdf

Dangerous goods and chemicals may be hazardous to educators and children at BMOCCS therefore must be handled appropriately. Dangerous or contaminated products will be made inaccessible to children and will be stored and handled accordingly by BMOCCS educators.

Definition:

Management and educators are responsible for ensuring that any potentially dangerous products, plants or equipment are inaccessible to children, including:

- cleaning products, chemicals, pest control treatments and devices
- medications
- sharp utensils
- soiled nappies, clothing or linen
- spiders or vermin
- power points, boards or cords, or electrical appliances
- any item or product that may potentially be dangerous or hazardous

Requirements:

To ensure the safety of children at BMOCCS educators will ensure the following requirements are met:

- ✿ All medications and dangerous chemicals are stored in clearly labeled containers on high shelves out of children's reach.
- ✿ The first aid kit is kept out of reach of children.
- ✿ All hazardous products are kept out of children's reach at all times.
- ✿ Care is taken to ensure all plants in the Centre grounds are non-poisonous.
- ✿ Educators thoroughly check each playground before the children go out, to ensure it is free of any potentially dangerous vermin or objects.
- ✿ Educators discuss these dangers with the children to develop their awareness of dangerous products and objects.
- ✿ The Service aims to provide families with information from recognised health and safety authorities about the safe storage of potentially dangerous products in the home.
- ✿ Materials Safety Data Sheets (MSDS) on products used in the Service are displayed with the policies; however, under new WHS law non decanted products do not require an MSDS.
- ✿ Where possible, the Service aims to keep the use of toxic and other potentially dangerous products to a minimum.

2.14 Excursions

Reviewed: 23/7/18

Standard 2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities.

Standard 2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
National Regulation

Regulation 102 Part 6 Div 3 Risk Assessment of Excursions

www.acecqa.gov.au/national-quality-framework/national-regulations

Staying healthy in childcare

www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43.pdf

Excursions are provided to extend the children's experiences beyond what is offered at the Service. However, as we are a mobile occasional child care service with short session times we may not engage in excursions often. Excursions aim to be conducted in an enjoyable manner that is safe and anxiety free for the children, adults and educators.

Requirements:

- ✿ Excursions should be appropriate to the child's development and interests.
- ✿ The ACECQA approved excursion forms and risk assessment form will be completed by the organising educators, and will ensure all aspects of preparation are met.
- ✿ A tentative booking should be made to the place of the excursion if required.
- ✿ Decide how many children will be likely to participate in the excursion and Calculate how many adults will be required to assist according to the licensing regulations.
- ✿ At least 1 educators member attending the excursion must have a current First-Aid certificate.
- ✿ Request parent helpers according to required ratios.
- ✿ Confirm booking at place of excursion if required adults are available to assist.
- ✿ Provide parent helpers with the excursion information sheet.
- ✿ On the day of the excursion children will have a sticker or tag pinned to them detailing the name of the Service and a contact phone number. Do not put the child's name on the sticker.
- ✿ A head count will be done at regular intervals, road rules should be discussed and enforced when walking with children, be aware of additional risks such as water, bush, roads and crowds.
- ✿ On return to the centre, plan follow-up activities to extend on the children's knowledge gained from participation in the excursion.
- ✿ A full contact list for all children attending will be taken.
- ✿ Ensure that a well stocked First Aid kit is taken.

2.14 Attachments – excursions

Excursion title: _____ Date: _____

Destination: _____

Address: _____

Contact person at destination: _____

Phone details at destination: _____

Booking made ☐ Booking confirmed ☐

Is there water or other significant hazard? Yes ☐ No ☐

Mode of transport: _____

Transport company details: _____

Departure time: ____: ____ Return time: ____: ____

Mini first aid kit packed? Yes ☐ No ☐

Risk assessment completed Yes ☐ No ☐

Educators Attending	First Aid Cert.
1.	
2.	
3.	
4.	
5.	
Parents/Volunteers/ Students	
1.	
2.	
3.	
4.	
5.	

2.14 Attachments – excursions

Children Attending	Parent Permission Signature	Contact Phone
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
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20.		
21.		
22.		

Please see the attached ACECQA approved Excursion Form and Risk Assessment Matrix to be completed before any excursion.