4 Health and Safety

Relevant Laws and other Provisions

The laws and other provisions affecting this policy group include:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001
- Occupational Health and Safety Act 2004
- Food Act 2003
- The Child Wellbeing and Safety Act 2005
- Staying Healthy in Child Care 2001
4.1 Medication Policy

Purpose:

To ensure the health and safety of the children and to adhere to the National Standards concerning the administration, monitoring and records keeping of medication.

Aims:

- To ensure the correct amount of medication is administered to the child at the correct intervals.
- To ensure medication is inaccessible to other children.

Guidelines:

Medication whether prescribed, over the counter or homeopathic medications will not be administered to any child at the service without the written consent by a person or persons with the authority to consent to the administration of medication.

In the case of emergency, we will accept verbal consent from a parent, or registered medical practitioner or medical emergency services if the child’s main care provider is unable to be contacted.

In the case of anaphylaxis and asthma emergency, medication may be administered to the child without authorisation. In this situation the child’s main care giver and emergency services will be contacted as soon as possible.

Procedures

- Any child with an illness or allergy which may require the administration of medication during a reaction must have in file an Individual Medical Management Plan signed by a Medical Practitioner prior to enrolment. For children already attending the service who develop a medical condition an IMMP must be completed prior to the child returning to the service or as soon as practically possible at the discretion of the Coordinator.
- Parents will be requested, through both verbal communication and our parents handbook, to respect this Medication Policy and, wherever possible, to administer any prescribed medication to their child before or after attending the Service, rather than requesting staff to do so unless absolutely necessary.

Staff will only be permitted to administer medication to a child if it is:

- a prescribed oral medication or medication accompanied by an IMMP;
- accompanied by a letter from a medical practitioner stating the time it is to be administered;
- in its original package with a pharmacist’s label which clearly states the child’s name, dosage, frequency of administration, date of dispensing and expiry date; and
- accompanied by a Medication Permission form from the parent/guardian. Permission forms will be available from the service.
Parents must hand medication and completed form to a staff member for review prior to the medication being stored.

- All medication will be kept by the Coordinator (or her/his nominee) and stored in a locked cabinet or the refrigerator depending on medication. Storage should prevent unsupervised access and damage to medicines.
- Completed permission forms shall be kept in the locked cupboard with the medication (unless refrigeration of medicine is required). Completed forms must only be accessible by staff.
- All medication will be administered by the Coordinator (or a staff member nominated by the Coordinator who is duly qualified in first aid, asthma management and anaphylaxis and witnessed by another staff member.)
- Gloves will be worn by staff whilst administering medication.
- All unused medication will be returned to the parent on collection of the child.
- At no time should medicine be stored in a child’s bag. Any medicine found with a child shall be removed and placed in the appropriate locked storage container. At the Coordinator’s discretion a parent will be informed via the telephone of the medication and its removal.

For asthma and diabetes, parents will be required to provide an IMMP with clarification whether their child will be responsible for administering their own medication or will require assistance and full details of how, when (i.e. at what intervals) and by whom all such treatment is to be administered. In this circumstance staff must supervise the child and sign the permission form to confirm supervision.

- All medical permission forms must be stored at the service for a period of at least **three years** after the last time care was given to that particular child.
- As a regular part of the agenda at staff meetings, issues related to IMMP or incidents that have occurred at the service and documented since the last staff meeting will be reviewed.
- Whether in a staff meeting or privately, staff will be able to discuss any concerns they have relating to any medication or IMMP in place.
- If and when required staff will be offered training to help in the management of ongoing health and medication issues.
- If children have concerns about medications they are taking or witness other children having medication administered staff should try and reduce any fears in a supportive, educational manner. The right to privacy of information must be respected when any discussion revolves around another child. The child’s fears or concerns should be relayed on to the parent at the time of collection.

Reviewed: April 2012
4.2 Children’s individual medical management policy

Purpose:

To ensure that children with an ongoing medical illness or special needs are catered and cared for appropriately by well informed staff.

Aims:

- To create a medical plan in conjunction with the parents, child and medical practitioner to effectively manage the illness or the special needs of the child whilst they are attending the program.
- To ensure all staff are aware of what actions to take in an emergency situation in regards to the child’s illness or special needs.
- To inform the staff of strategies, techniques and any warning signs in regards to the child’s illness or special needs in order to make the child’s time at the program integrated and inclusive.
- To create a risk minimisation plan with parents.

Guidelines and Procedures:

- A copy of the Individual Medical Management Plan (IMMP) (signed by a doctor) is to be presented by parents at the start of the year (with the enrolment form) and the onus rests with the parents to inform the OHSC program of any changes that occur throughout the year.
- The medical plan will be stored in the child’s individual profile and copies kept in the Medical Conditions folder, emergency response folder and in the first aid kit.
- Staff will discuss actions to be taken regarding every Individual Medical Management Plan during staff meetings.
- If and when required staff will be offered training to help in the management of ongoing health and medication issues.
- Medical alerts and actions should be clearly displayed and available for use in an emergency, in a manner that ensures confidentiality.
- Staff must respect the privacy of the child and family in relation to the medical plan and ensure that knowledge of the medical plan, and the child’s illness or special needs, does not bias their interactions with the child.
- All staff are to complete Anaphylaxis management training conducted by an authorised trainer.
- When a child requires ongoing medication due to his/her illness a special form must be completed by parents. See: Medication Policy 4.1

Reviewed April 2012
4.3 Hygiene policy

Purpose: To ensure that the OSHC program adheres to practices that is in accordance with hygiene policies, guidelines and information from recognised health authorities.

To ensure that high standards of personal hygiene are maintained by staff and children on a consistent basis and are recognised as being essential in preventing the spread of infectious diseases and for maintaining good health.

Aims:

- To maintain a clean and safe environment for all children, staff, parents and visitors to the service.
- To ensure that staff are competent and committed to implementing and maintaining a high standard of hygiene practices and procedures and are role models for the children in their care.
- To minimise the risk of infectious diseases transmission through the implementation of:
  - hand washing and drying procedures.
  - cleaning and disinfecting.
  - maintenance of up to date immunisation records of children.
  - exclusion of children or staff as per “School Exclusion Table” for infectious diseases.

Guidelines:

Standard precautions are used by all staff when caring for all children, regardless of perceived infectious status, to minimise the chance of micro organism transmission.

OHSC facilities are cleaned daily.

OHSC regularly reviews the current hygiene practices.

Hygiene and health precautions and practices are consistently practiced by staff and children.

Procedures

Use of Gloves

- When having contact with, bodily fluids (e.g. blood, mucus, vomit, urine, faeces etc) staff will wear disposable gloves.
- Used gloves are to be carefully disposed of, immediately after use, in such a way that they would reasonably be expected to be secure from children or other staff by turning the gloves inside out as they are removed and placing in a plastic bag which is then placed in a garbage bin with a lid.
- Staff are responsible to advise the Coordinator to ensure that there is an adequate store of disposable gloves available at all times.
Washing Hands

- Staff will wash their hands, and ensure that children wash their hands, thoroughly with soap and water (Encourage children to count to ten) and dry their hands with disposable paper towel:-
  - Before handling, preparing and eating of food.
  - Prior to and after giving First Aid.
  - Before and after administering medication.
  - After toileting, handling of animals or other activities which could lead to the spread of infection.
  - After contact with/cleaning of body fluids (blood, mucus, vomit, urine, faeces etc).
  - Blowing noses and sneezing.
  - On arrival and departure from the Service.
  - Please note this list is relevant whether staff have worn gloves for the activity or not.
  - Before school care children are sent to wash hands before eating breakfast.
  - All children are required to wash their hands prior to afternoon tea.
  - Staff shall actively encourage children to wash and dry their hands thoroughly.
  - The Service will place noticeable signs/posters around the Service to alert children to the need to wash their hands as well as verbally reminding children as required i.e. prior to meal times.

Cleaning and Disinfecting

- The service will ensure the use of chemicals is kept to a minimum, whilst meeting the required hygiene standards. As stated in Staying Healthy in Child Care 2001 “Washing germs down the drain is better than trying to kill germs with disinfectant. Detergents and soaps help loosen the germs so that they can be washed away.”
- Any chemical used by the service shall have a Material Safety Data Sheet (MSDS) displayed where the product is stored to ensure staff have the required safety information needed not only to use the product but know what to do if an accident occurs with the chemical.
- A Hazardous Product Register shall be maintained with the MSDS.
- All chemicals shall be clearly labeled if stored in generic spray bottles. Manufacturers’ labels are not to be removed.
- When chemicals are being used the spray bottles are not to be set down within the reach of children. Spray bottles should be held by staff at all times and immediately returned to the storage cabinet when no longer in use.
- All surfaces in the kitchen and the food prep table shall be sanitised prior to any food preparation and after with a bleach solution (1 part bleach to 9 parts water).
- The main activities tables are to be cleaned with warm soapy water at the beginning of each session (BSC and ASC) and sanitised after sessions with appropriate bleach/vinegar solution.
- After art activities a cream cleanser (such as Jif) may be used with a scrubber, on the tables to remove built up glue or texta markings on the tables.

Handling Bodily Fluids

In some situations staff may be required to clean up blood, vomit, urine and faeces.

- Universal precautions must be maintained at all times i.e. gloves to be worn for all possibilities of contact with bodily fluid.
Blood must be absorbed using paper towel. All paper towels and gloves must be placed in a plastic bag and securely tied. The garbage must then be placed in the garbage skip in the car park.

Clothes which may be affected must be removed (either the child's spare clothing or the school spare clothes will be used) placed in a plastic bag, securely tied and labelled with the child or staff member's name. The bag must be stored in an area where children can not gain access. Staff will only help children actually change when absolutely necessary. Staff will ensure if the need for children to be changed will be kept from other children where possible so as to save the child from additional embarrassment.

If for any reason the child refuses to remove affected clothing the parent must be contacted immediately. The parent can either speak directly to the child to advise them to change clothes or they can collect the child from the service. All efforts must be made to ensure other staff and children do not come into contact with the soiled clothing and the child is protected from future embarrassment in front of other children whilst they wait to be collected.

Staff must wear fresh gloves to then clean the area with warm water and washing-up detergent. If the area is likely to come into contact with bare skin the area should be wiped with a solution of bleach mixed in a ratio of 1 part bleach to 10 parts water. Do not allow children to access the area until it is dry and safe to do so. If the fluids are in an area which has drainage outlets it may be removed by carefully hosing down or flushing the area with water and detergent.

If a child has cleaned themselves they must thoroughly wash their hands immediately after they have finished and preferably prior to handling clean clothes. Staff must wear gloves if the child requires help.

All measures possible shall be taken to ensure the privacy and dignity of the child or staff member involved.

Whilst the above cleaning procedure occurs the area must be sealed off from all other persons and a warning sign erected if the floor is considerably wet.

Refer:

“School Exclusion Table”

Mont Albert Primary School Infectious Diseases Policy

Reviewed April 2012
4.4 Infection control and Immunisation policy

**Purpose:** To limit the spread of infectious diseases at OSHC.

**Aims:**

- To limit the spread of infectious disease by excluding children based on the “School Exclusion Table”.
- To ensure that accurate immunisation records are kept.

**Guidelines:**

- Mont Albert Primary School’s Infectious Diseases Policy will form the basis on which decisions and actions are taken in relation to infectious diseases in the OSHC Program.
- The “School Exclusion Table”, a publication by the Public Health Branch, Department of Human Services is used by all Schools and Children’s Services to determine the minimum period of exclusion recommended for infectious diseases. The table is based on the Health (Infectious Diseases) Regulations 1990, Regulations 15 &16, Schedule 5.
- Health regulations do not allow children to attend school or associated programs due to the high risk of cross-infection of infectious diseases. It is the parent/guardian responsibility to notify the OSHC Program Coordinator immediately a child is diagnosed as having an infectious disease.
- Children diagnosed with or suspected of having an infectious disease must not attend the OSHC Program until the period of infection is over or a medical certificate of recovery from infection is produced.
- Children who are non-immunised may also be excluded from school

**Immunisation Records**

- Children who attend Mont Albert Primary School do not have to provide their immunization records to OSHC. The school will provide OSHC with a list of all children who are not immunised in the school.
- Children who do not attend Mont Albert Primary School must provide a copy of their immunisation status to the Coordinator before being allowed to attend OSHC.

**Procedures**

**Monitoring**

- The Service will subscribe to reasonably available alert services through the Commonwealth Government Department of Health (see [www.health.gov.au](http://www.health.gov.au) and [www.cda.gov.au](http://www.cda.gov.au)) to keep up to date information on infectious diseases within the community.
- Via Staff Meetings and written information staff will be educated in how to detect an infectious disease and in ways to help prevent cross-infection.
Reporting

- It is the responsibility of parents/guardians to inform the Coordinator of any infectious disease that their child or other immediate family members may be suffering.
- Parents/guardians will be advised through the enrolment procedures and the Parent Handbook that children who are ill are not to be brought to the Service.
- It is the responsibility of staff to inform the Coordinator of any infectious disease that the staff member, or their other immediate family members, may be suffering.
- It is a responsibility of staff to inform the Coordinator if they are at risk.
- This Service is responsible for reporting to the State Health Authorities all notifiable diseases (as per requirements of the Commonwealth Government Department of Health) and also to report this to parents of other children in this Service as appropriate, but having regard to the privacy of individuals concerned.
- Records in regard to infectious disease will be maintained by the Coordinator. These records will include the child’s name, age, symptoms, date and time staff first noticed the illness and any action taken. This record will not be available to other parents/guardians in view of the sensitive nature of a child’s health information.
- The above records must be **kept by the service until the child turns 25 years of age.**
- The Infectious disease record is to be stored at the service at all times.
- Information regarding the illness/disease will be sourced from the booklet “Staying Healthy in Child Care” – June 2001 – National Health and Medical Research Council. A notice will be posted and attention drawn to it when there has been a report of an infectious disease at this Service.
- The rights of individual privacy will be respected at all times, and in particular the Confidentiality Policy of the Service will be observed by all staff implementing these procedures relating to infectious diseases.

Exclusion

- Staff shall be cautious when dealing with a suspected case of an infectious disease.
- Parents must abide by the Coordinator or Assistant Coordinators request to remove a sick child from the service and seek medical advice.
- All people, including children and staff, who are suffering from or showing signs of any infectious diseases need to be excluded from the Service to prevent others from being introduced to the infection. When any such person is found to be showing signs of any infectious disease:-
  - for children, their parents/guardians will be asked to immediately collect their child and seek medical advice;
  - for staff, they will immediately be released from work in order to seek immediate medical attention and for the period of the infectious disease;
  - for parents or other adults, they will be required to leave the premises of the Service immediately and not re-enter the premises until they are no longer suffering from the infectious disease.

- If a duly qualified and registered medical practitioner diagnoses an infectious disease, the child/staff shall be excluded for the recommended period (as per Commonwealth Government Department of Health requirements).
- For diseases which are from time to time published as requiring a doctor’s certificate clearing the child/staff, the doctor’s certificate will be required before the child/staff is re-admitted to the Service. (Check at Department of Health – www.health.gov.au and at Communicable Diseases Network of Australia – www.cda.gov.au - for more information.)
Refer: School Exclusion Table

Reviewed June 2012
4.5 First Aid, Accident and Illness Policy

**Purpose:** To ensure that all children attending OSHC are well and not exhibiting any illness and in the event of an accident or illness occurring appropriate action is taken.

**Aims:**
- To ensure staff are well informed on accident and illness procedures.
- To ensure appropriate First Aid is dispensed as required in accordance with the First Aid Policy and Infection Control Policy
- To ensure parents/guardians are contacted and where necessary arrangements made to have children collected.

**Guidelines:**

**Accidents/injury:**

Minor injuries such as superficial cuts and abrasions should be treated by the First Aid Officer.

Disposable gloves will be worn by staff when administering first-aid, and will be disposed of immediately after use in accordance with the service’s Hygiene Policy.

The First Aid Officer has the authority to treat an injury as major and will act in accordance with the First Aid Policy.

All head and/or facial injuries must be reported to the parents/guardians as soon as possible.

**Illness:**

If a child becomes ill while attending the OSHC Program, the parent/guardian will be contacted to notify them of the child’s ill health and to arrange for collection of the child. While awaiting arrival of the parent/guardian, staff will make every effort to ensure that the child is comfortable and resting in a safe and quiet area.

If the First Aid Officer suspects an illness may be infectious every effort will be made to limit contact with staff and other children and follow the Infection Control Policy.

Medication Policy needs to be adhered to if any medication is required to be given to a child while attending the OSHC Program.
Procedures:

Parental Permission

- Written permission from the child’s parent/guardian will be sought through the enrolment process for the Coordinator (or, in absence of the Coordinator, a staff member qualified in first aid) to obtain medical attention, in keeping with the Policies and Procedures of the Service, if required.
- Written consent will also be obtained from the parent/guardian for the use of all health and other personal information which the Service has relating to the child for the purpose of enabling staff of the Service to:
  - administer care and assistance to the child, including obtaining emergency or other medical assistance or care for the child in accordance with the Injury and Illness Policy and Procedures of the Service;
  - release to emergency services reports detailing information relating to the incident and/or IMMP when the child must leave the service to seek medical attention; and
  - report any injury or illness as required by law.

First Aid

Qualifications

- All staff members must have a current Level 2 first-aid qualification (including anaphylaxis management and asthma management training) and annually updated CPR qualification.
- First aid qualifications must remain current.

Equipment

- The first aid kit must be kept on the premises and maintained in effective order.
- The first aid kit must be stored in a position that is readily accessible to OSHC staff, and out of reach of children.
- Items in the first aid kit need to be replaced when they are used, reach expiry, or at a suitable time after.
- A portable first aid kit must be taken on excursions and to the playground.

Immediate procedure upon injury or illness

- If a child becomes ill or injured while attending the Service-:
  - staff will comfort and calm the child;
  - a qualified staff member will administer appropriate first aid and assess the child’s condition;
  - no staff member will administer non-prescribed oral medications to any child;
  - if necessary, the Coordinator, or qualified staff member, will ensure that the child is separated from the other children and made as comfortable as possible in a quiet, well ventilated area, with close supervision;
  - if necessary, the Coordinator, or qualified staff member, will contact the parents/guardians to collect their child as soon as possible.
  - the child will be kept under adult supervision and their condition monitored until the parent's arrival.
If the child’s condition is assessed as serious or deteriorates and emergency medical attention is necessary:

- the Coordinator, or qualified staff member, will direct a staff member to call an ambulance;
- all attempts will be made to notify the parents/guardians
- If parents are unable to accompany the child to the hospital, the Coordinator, or qualified staff member who administered the first aid, will accompany the child provided that they leave at least one staff member who is qualified in first aid at the Service and that the Service staff ratios are still met.
- If the ill or injured child has a IMMP on file, it will be sent in the ambulance with the child. Any incident reports or medicine permission notes related to the incident shall also accompany the child.

Where possible copies should be made of any document being sent outside the service.

All costs incurred in obtaining medical attention for a child will be met by the parents/guardians.

Recording and Reporting Injuries and Illness

- The Coordinator shall maintain an Incident Report Form file and a Contagious Diseases list, and to ensure that, as soon as reasonably possible after a child suffers an injury or illness at the Service, a staff member who administered care or first aid to the child complete an incident/accident report with all of the information required.
- The information which must be entered onto the Incident Report Form after a child suffers an injury or illness at the Service, is:

  - the child’s name;
  - date and time of incident;
  - details of incident;
  - parents/guardians contacted;
  - treatment and outcome of incident;
  - assessment of how the incident occurred and if any changes need to be implemented to prevent reoccurrence;
  - whether first-aid kit was used and if so what treatment;
  - staff signature and witness signature;
  - The Coordinator is to sign off on each incident record prior to filing; and
  - parent’s signature confirming knowledge of incident.
  - The location number of children and staff in the area at the time of the incident.

The information contained in the injury/illness record file must not be used for any purpose except strictly in accordance with the Injury and Illness Policy, the Confidentiality Policy and any other relevant policies of the Service.

- The Coordinator will ensure that the parent/guardian of a child who is injured or ill at the Service is informed of the situation, and the treatment given, on collection of the child. A Parent/guardian will be required to sign the Incident form.
  - Upon request a copy of the incident record may be given to the parent/guardian.
  - The Coordinator is responsible for the obligation under section 174 regulations 12 & 87 of the national law to report to ACECQA and the Department of Education and Early Childhood Development if a child dies, or suffers an injury at the Service for which treatment from a medical practitioner was obtained, or ought reasonably to have been sought, If a child is or appears to be missing or cannot be accounted for, appears to have been removed from the service premises is a way that breaches national regulations or is mistakenly locked in or out of any part of the service premises.
Health and Safety

- Minor injuries such as superficial cuts and abrasions should be treated by the First Aid Officer and the parent/guardian of the child informed later in the day.
- All head and/or facial injuries must be reported to the parents/guardians as soon as possible.
- When an injury is deemed to be major by the First Aid Officer, an ambulance will be called and the parents/guardians contacted. If the parents are unable to accompany the child in the ambulance, the Coordinator or Assistant Coordinator or authorised delegate will accompany the child until the parents resume custody of the child provided that they leave at least one staff member who is qualified in first aid at the service and that the staff/child ratios are still met. If parents are unable to be contacted, the Coordinator will act according medical procedures as authorised on the child’s enrolment form.
- When an injury is deemed to be major the School will be notified of the incident as soon as possible.
- Any record relating to an illness or injury of a child while in the care of the service must be held at the service until the child involved turns 25 years old.
- Children will be encouraged to discuss with the staff any concerns they may have about incidents at the service.
- Care must be taken to protect the right to privacy of any children involved in an incident.

Refer

Medication Policy

Infection Control Policy

Reviewed June 2012
4.6 Sun Smart policy

**Purpose:** To maintain active awareness of Sun Smart behaviours at OSHC and thus minimise the harmful effects of U.V. rays.

**Aims:**

- To implement ‘Hats On’ at all times when outside Between September 1 and April 30.
- To encourage children to wear hats at other times as appropriate.
- To encourage children to play in shaded areas.
- To educate the children to become responsible for their own ‘Sun Smart’ behaviour.

**Procedures:**

**Before and After School Care**

- All children and staff must wear an appropriate hat, either a wide brimmed hat or legionnaire hat, outdoors between September 1 and April 30. Children without hats will not be permitted to participate in outdoor activities in line with the school policy of “No hat – no play”.
- Children will be encouraged to play in the shaded areas.
- Children will be encouraged to bring their own sunscreen (SPF15) for application before they go outside in the afternoon.
- OSHC staff will model Sun Smart behaviour.

**Vacation Care and Curriculum Day Care**

- Guidelines for Before and After School care will apply
- On days that are nominated as excursion days children will be required to apply sunscreen (SPF15+) prior to leaving for the excursion. Staff will ensure that children reapply sunscreen (SPF15+) at required intervals.
- OSHC will supply sunscreen (SPF15+) for the excursion and a staff member will carry sunscreen during the excursion day.
- Failure to comply with OSHC staff request to apply sunscreen may result in exclusion from future excursions.
- During the curriculum day activities will be conducted whenever possible in shaded areas to avoid the peak UV time between 11am-3pm.
- Parents will be asked to provide appropriate Sun Smart clothing when the service participates in water related activities.

**Education of Children**

- Staff will explain to the children that sunscreen needs to be applied to all exposed skin and be rubbed in well.
- Children unable to apply their own sunscreen may be assisted by the staff.
- Staff and Parents will be encouraged to discuss Sun Smart behaviour to reinforce children’s responsibilities.
- Adults at OSHC will model Sun Smart behaviour.
4.7 Nutrition policy

**Purpose:** To ensure the food served to the children at OSHC is of nutritional value and culturally inclusive.

**Aims:**

- To cater to the nutritional needs of the children and families.
- To offer the children a selection of different foods.
- To serve food that is healthy and nutritious.
- To be inclusive of food from various cultures.
- To cater for special dietary requirements and food allergies.

**Guidelines:**

- The food served at OSHC should promote healthy eating.
- The food served at OSHC should be of nutritional value.
- The food served at OSHC should be culturally inclusive.
- A weekly menu will be posted to enable parents to monitor what their children eat.
- The food planner will be evaluated at least once each year to ensure the children like the food they are offered and parents are satisfied with the planner.
- Parents should advise the OSHC if their child/ren has any special dietary requirements and/or food restrictions.
- The budget requirements are considered when planning the food menu.

**Procedures**

**Nutrition**

OSHC will offer the following foods at Before Care:

- White/Whole meal/Raisin toasts – spreads include jam, honey, Vegemite, margarine
- Cereals – including Weet-Bix and Corn Flakes
- Drinks – Orange juice, apple juice, Milo, milk

OSHC will offer from the following foods at After Care:

- Savoury biscuits.
- 4 different kinds of fruit and vegetables
- Sandwiches – jam, Vegemite, honey, cheese, raisin bread or rice cakes.
In addition to the above food, a “daily special” will be served.

- The Coordinator (and staff) will seek to accommodate all such reasonable nutritional needs of a child, by giving appropriate directions to staff in relation to that child both verbally and via the individual needs list which is discreetly displayed for easy staff access.
- The Coordinator will, in conjunction with staff, arrange at least one opportunity every twelve months for parents to discuss and have input to the Nutrition Policy.
- The Coordinator will be responsible to regularly review, and when necessary ensure that the Service obtains formal reviews of this Nutrition Policy from a recognised nutrition authority or a person duly qualified to advise in relation to it.

**Provision of Food**

When the Service provides food, staff seek to provide food:

- which has been stored and prepared in a nutritionally safe and hygienic manner as per the services Food Handling and Hygiene policies;
- which is healthy, balanced and varied;
- which includes a good balance of fresh foods, as opposed to pre-packaged and prepared foods;
- which as far as reasonable meets the dietary needs of children with special dietary needs of which the Service has been made aware, or becomes aware;
- which exposes children to cuisine from a variety of cultures.

- The menu shall be prepared in advance using the checklist from the “Healthy kids products” buyers guide.
- When breakfast and afternoon tea is to be provided, a menu for the week will be displayed on the notice board. Parents/guardians will be advised morning tea and lunch are to be brought from home during curriculum days.
- The Coordinator will discuss with all parents/guardians any food allergies and restrictions (including cultural or religious) which are required by the parent to be enforced at the Service. Details of these restrictions will be noted on the enrolment form and the services Individual Needs List, plus verbally passed on to staff. Children who have food allergies must complete an Individual Medical Management Plan (IMMP) which will provide staff with detailed information on restricted food types, symptoms to look for and action to take when a reaction is noted. For severe food allergies or restrictions which are based on health reasons the family’s medical practitioner or other health professional must sign the IMMP.
- The Coordinator and parents will meet to develop plans to help reduce the likelihood of an allergen being at the centre. e.g., For sessions where a child with an allergy attends this type of food will not be served at all during that period.
- Staff will be sensitive to a child with individual needs by not drawing other children’s attention to the issue as much as possible such as laying blame for changes to the daily menu.
- Where children have special dietary needs which is not reasonable that the Service meet, staff will consult with parents/guardians and where necessary the meal will be supplied from home.
- During curriculum day children shall be offered food and reminded to drink throughout the day (water is the preferred option).
- Funcare is a Nut-Free environment.
Serving of food

- Social interactions will be encouraged during meal/snack times. Staff members will spend this time interacting with the children and model good eating and social habits.
- Independence will be fostered by encouraging children to serve themselves food within the limits of good health and safety practices.
- If staff need to serve food to the children, gloves and tongs will be used.
- Staff will require children to be seated whilst eating and drinking.

Drinking Water

- Water shall be the preferred drink at Funcare
- The Coordinator will ensure that the children have ready access to cool drinking water.
- Staff will encourage children to drink extra water during the summer months.
- Staff will remind parents to provide children with extra water to take with them on excursions.

Food Experiences

- Food is not to be used as a punishment or a reward
- Children will be taught about food and nutrition by:
  - Staff using section five of the “Nutrition Ready to Go” folder which supplies food based activities to include in the program.
  - Staff referencing all available documentation and in-services to gain new ideas for the services program.
  - Food awareness authorities being included in the Service program
  - Children will engage in a variety of cooking activities whilst at OSHC.
  - The foods being served to children will be discussed with them (e.g. where and how the food is grown, how the food is made, different varieties/types).

Reviewed June 2012
### 4.8 Food Handling and Storage Policy

**Purpose:**

To ensure a clean and safe food handling and storage environment.

**Aims:**

- To ensure all staff follow food health and safety practices required.
- To ensure that all foods prepared at the program are fit for consumption.

**Guidelines:**

- At least one permanent staff member will have an approved Food Safety Level 2 qualification and maintain the supervision of the food safety practices at the service.
- Prevent cross contamination.

**Procedures**

**Preparation:**

- Staff and children who are unwell should not be involved in the preparation of food.
- All food preparation surfaces and utensils will be kept clean and, in particular, food preparation areas and tables will be thoroughly cleaned with detergent and water before use.
- Separate cloths shall be used for the cleaning of the food preparation area, eating tables and art tables. Cloths should be stored separately to stop cross-infection.
- Cloths are to be sanitised after use and re-placed at the end of each week or earlier if wear and tear becomes obvious.
- Tea towels will be replaced daily. Dirty tea towels will be stored in the bin with a lid in the kitchen until staff take home for washing at the end of each week.
- Cutting boards are to be washed, sanitised and air dried daily.
- Staff will wash their hands, and ensure that children wash their hands, thoroughly with soap and water and dry hands using disposable paper towel/drier before handling, preparing and eating of food.
- Staff will wear disposable gloves when preparing food and wash their hands again once gloves are removed.
- Staff will ensure their hair does not fall into food.
- All fruit and vegetables are to be washed under running water.
- Where possible children and staff will use tongs and wear disposable gloves to serve food.
- Staff will not eat, nor permit any child to eat, food that has fallen on the ground, or been handled by another child.

**Storage:**

- Perishable items will be covered and refrigerated. Non-refrigerated items will be stored in airtight containers.
- Perishable food brought by staff and children from home will be refrigerated as soon as possible.
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Health and Safety

- Plastic bags will be kept in a locked cupboard to ensure children do not have access.

Safety:

- Children will not be in the food preparation area unsupervised. This rule will be regularly discussed with the children to ensure compliance.
- Food that is not fit to be eaten is to be immediately disposed of in a sealed plastic bag and placed in a garbage bin with a fitted lid, so that it will not be eaten.
- All dangerous cooking equipment shall be stored out of the reach of children. e.g. sharp knives, plastic bags, cling wrap, electrical equipment or chemicals.
- An annual pest inspection and treatment shall be conducted, or more frequently if necessary arranged by the school.
- All sighting of pests and/or their faeces should be reported to the Coordinator immediately for treatment, usually by an exterminator.
- The service shall have a fully functioning electric refrigerator with a capacity not less than 150 litres (excluding freezer) and a freezer.
- Children must not be able to access the kitchen area unless accompanied by a supervising adult and it is safe to do so.

Cleaning and Sanitising

- All benches, tables and chopping boards and knives involved with food preparation and serving will be appropriately washed and sanitised after use each day.
- Equipment will be washed in hot, soapy water (using a washing detergent), rinsed under hot water and left to air dry.

Cross Contamination

- Raw meat and vegetables are kept away from cooked foods.
- Utensils used on raw foods are kept separate from utensils used to handle cooked foods.
- After preparing raw food, all surfaces are cleaned and sanitised, especially cutting boards.
- Food is kept covered to protect from dust, flies, dirt and other sources of contamination.
- Defective or dirty utensils or equipment are not used.
- Correct personal hygiene guidelines are observed while preparing food.
- Food is not used beyond its “use by” date.

Washing Hands

- Prior to handling any food, utensils or cooking equipment hands are thoroughly washed with soap and dried on paper towels.
- Gloves are worn when preparing and handling any food and changed as often as necessary.
Hygiene

- All staff are required to maintain a high standard of personal hygiene (eg. Shower daily, clean attire etc.)
- Hair is to be tied back.
- Open cuts or wounds on hands or arms are completely protected by waterproof bandages prior to any food handling.
- Nails are kept short and clean.
- Staff do not handle food if they are unwell.

Temperatures

High risk foods such as meat, dairy, and cooked foods such as rice require certain temperature maintenance.

- Frozen foods are stored at a temperature of \(-15^\circ C\) or less.
- Refrigerated foods are stored at a temperature of \(5^\circ C\) or less.
- Foods are cooked and/or re-heated to a temperature of \(75^\circ C\) as a minimum, preferably \(82^\circ C\). (Once the food reaches \(82^\circ C\) it has been sanitised of most of the harmful bacteria).
- Hot foods are served immediately after cooking.
- Frozen foods are thawed overnight in the refrigerator.
- The food safety supervisor or delegated staff member is to check and record the temperatures of the fridge and freezer daily, and take any action necessary should these temperatures be inappropriate.

Waste control:

- Bins are emptied at the end of every afternoon or when full and the lining replaced.
- Rubbish too big to fit in the bin is taken out to the dumpster directly.

Checklist:

- A staff checklist has been devised to ensure the completion of afternoon duties each day. It is followed by the casual staff and checked by the Food Safety Supervisor.

Records:

- The City of Whitehorse monitors the food safety records for this school. An annual check of the records is done to ensure food safety regulations are being followed.
- Individual Medical Management Plans (IMMP) shall be completed by all parents enrolling their child who have special dietary or health related needs. These plans will enable staff:
  - to ensure there is no cross contamination of allergen based food with “safe” food for particular children during food preparation. The same level of care should be taken for any child with a cultural or lifestyle based food requirement (vegetarian children).
  - to know the symptoms of a reaction;
  - to know what to do in an emergency, who to contact
• Individual needs of children will be noted on an Individual Needs List discreetly displayed in the kitchen area and general discussions regarding this issue shall be held at staff meetings.
4.9 Birds/animals policy

Purpose: To ensure that birds and animals on OSHC premises are under control at all times.

Aims:

- To ensure the safety of children from birds and animals
- To encourage children to care for birds and animals
- To support MAPS school program in regards to class pets

Procedures:

- All staff and children will wash their hands after handling, feeding or cleaning an animal at the service.
- Gloves will be used when dealing with any animal fluid. Staff will follow guidelines for dealing with human bodily fluid as addressed in Hygiene Policy.
- A family member or visitor must have prior permission from the Coordinator to bring any pet into the service.
- The Coordinator will ensure that any animal, which poses a health or safety risk to any child in the Service, is safely and responsibly removed immediately.
- In a situation where an animal possess a threat and can not be removed by a staff member from the service or playground without the risk of harm, the service’s lock down drill will be instigated. Once all children are safely accounted for the Coordinator or a delegated staff member will call the Whitehorse City Council Hotline (9262 6333) for assistance in removing the animal.
- From time to time OSHC activities may include birds and animals. Staff will ensure that children are instructed on how to act appropriately around birds/animals. Additionally staff will ensure that the activity is safe for the children.

Reviewed June 2012
4.10 Transport policy

Purpose: To ensure the safety of staff and children attending OSHC during transportation on an excursion.

Aims:

- To use a bus company that is accredited by the Department of Infrastructure.
- To ensure OSHC is aware of bus company procedures in the event of an accident or breakdown.
- That OSHC staff ensure that the children travel in a manner that is safe.

Procedures:

Selecting Transport

- All vehicles used must be registered in Victoria.
- Contracted drivers are to be licensed to carry the required number of passengers for the purpose. The Service will request the transport company to provide confirmation and evidence of this fact before engaging the company for the excursion.
- The Service will in all cases check prior to the excursion what alternative arrangements are available in the event of breakdown.
- The Service will use buses fitted with seat belts and air-conditioned during summer time.
- There must be enough seats to cater for all staff and children on the bus.
- Children will not be left in the sole care and custody of bus drivers or others; staff ratio policies for the Service will continue to apply during transportation.
- All staff must travel on the bus.

- Children are to remain seated and in a forward facing position during the bus ride
- Staff will not transport children in their own car.

Vehicle breakdown/accident:

- In the event of injury occurring in the course of being transported, see Policy 8.4 - Illness and Injury Policy.
- While waiting for replacement transport/repairs, children will be kept safe, comfortable and occupied with suitable activities.
- In the event of a late return to the Service, every effort will be made to notify parents/guardians eg. to arrange for a notice to be displayed at the Service or to contact parents individually.
4.11 Cleaning and maintenance policy

**Purpose:** To ensure that the OSHC buildings and grounds are clean, well maintained and done so in a safe manner.

**Aims:**

- To ensure that the rooms OSHC use are clean and tidy.
- To maintain equipment and have procedures in place for equipment checks.
- To ensure maintenance is carried out in a safe manner
- To ensure that OSHC facilities are vermin free.

**Guidelines:**

**Cleaning**

**Kitchen**

- A suitable receptacle for the temporary storage of kitchen refuse is provided, lidded and emptied daily by the outside contractors.
- All food preparation facilities are cleaned by OSHC staff as stated in the *Food Preparation Facilities Policy*.
- OSHC staff are to ensure food storage areas are clean at all times.
- The kitchen floor is swept and mopped daily by outside contractors.

**OSHC Office**

- The OSHC office is to be tidy at all times to ensure an effective work space.
- The carpet is to be vacuumed daily by an outside contractor.
- A suitable receptacle for the temporary storage of paper refuse is provided and emptied daily by the outside contractors.

**OSHC room**

- Is to be tidied at the end of each session by both staff and children. All items and materials will be returned to their designated storage areas.
- A suitable receptacle for the temporary storage of food and paper refuse is provided, lidded and emptied daily by the outside contractors.
- Tables and food serving areas are to be cleaned and sanitised after each care session.
- The carpet will be vacuumed daily by outside contractors.

**OSHC storeroom**

- All items taken from the store room must be returned to the designated storage areas.
- The storeroom will be tidied at the end of each care session by OSHC staff.
- The storeroom is swept once a week.
- The storeroom is to be kept clean and tidy at all times.
Hazardous and dangerous chemicals will be stored as specified in the Storage of Dangerous Goods Policy.

**Hall**

- All OSHC equipment must be removed and returned to its designated place at the end of each care session.
- The hall will be swept and the entrance vacuumed daily by an outside contractor.

**Safety checks and maintenance**

- Any area used by OSHC will be inspected daily prior to use by the Coordinator/Assistant Coordinator to ensure that there are no obvious dangers or need for repairs. If there is an obvious danger or need for repairs, the children are to be kept away from that area and the danger or repair must be reported to the school administration immediately. The school administration is responsible for building repairs and maintenance.
- All furniture and play equipment must be checked by the Coordinator/Assistant Coordinator once a week to check for any dangers or need for repairs. Equipment deemed unsafe must be removed from the play area and replaced or repaired as soon as possible.
- All electrical equipment will be audited by electricians once a year to ensure they comply with Workcover legislation. The school administration is responsible for organising the audit.
- All maintenance and repairs that will require the use of hazardous machinery, chemicals, and activities which are likely to cause potential danger to children are not to be used or undertaken while the service is in operation.
- Any indications of vermin will be reported to the school administration.

Reviewed June 2012
4.12 Smoke free environment policy

**Purpose:** To ensure that the children are provided with a smoke free environment in which to play.

**Aims:**

- To provide a smoke free environment for children.
- To educate the children through various activities to become aware of the dangers of smoking.

**Guidelines:**

- OSHC Staff may not smoke on the MAPS premises – inside or outside.
- OSHC Staff may not display cigarette packets or make reference to smoking in front of the children.
- OSHC staff will model anti-smoking behaviour.
- OSHC Staff will discourage children from mimicking smoking behaviour.
- OSHC Staff who smoke must ensure that their hands are washed prior to dealing with the children.
- Parents/guardians, Visitors and Volunteers are not permitted to smoke on the School premises - inside or outside.

Refer: Hygiene Policy
4.13 Occupational Health and Safety policy

**Purpose:** A healthy and safe working environment is vital to the successful functioning of our service. Promotion and maintenance of a safe working environment is a responsibility shared by all involved with the service.

**Aims:**
- To ensure that appropriate standards of workplace safety are maintained at all times.
- To raise the profile of Occupational Health and Safety issues within the service.
- To create a team approach to health and safety issues.
- To prevent accident, injuries and disease in the workplace.

**Guidelines:**
- An OH&S Representative will be appointed to oversee all OH&S issues.
- Occupational Health and Safety is a shared responsibility of the School Council sub-committee and all staff.
- OH&S matters will regularly form part of general staff meeting agendas.
- The OH&SR and Coordinator along with appropriate others will conduct regular ‘walk through’ safety audits and inspections using appropriate checklists and reports will be agendaed for the sub-committee to consider and act upon.
- Ensure that control plans and recommendations resulting from the committee safety audits, inspections, initiatives or programs can be fully investigated, planned and implemented as appropriate.
- Issues relating to OH&S, for example building works being conducted at the school will be communicated to all staff via staff meetings.
- Regulations relating to the correct use of equipment and substances will be communicated to all staff and adhered to.
- The required number of first aid trained personnel and first aid equipment will be maintained at all times.
- All accidents and incidents and near misses will be investigated and reported to the sub-committee and any other authorities as appropriate.
4.14 Conflict Resolution Policy

Purpose: Funcare fosters positive relations between all stakeholders’ families, staff, children committee and the wider community. Every staff member has the right to a harmonious and responsive working environment. Solutions are sought to resolve all disputes, issues or concerns that impact or affect the day to day well being of the Service in a fair, prompt and positive manner.

Aims:

- To provide a quick, effective and consistently-applied method for staff, parents and children to voice their individual concerns.
- Ensuring the safety and wellbeing of all staff members, parents and children.
- Ensuring no parent, child or staff member feels threatened or unsafe when raising a concern.
- Establish an open line of communication between the service, families and the community.

Guidelines:

- All complaints whether made by staff, child, family or the wider community will be recorded along with any subsequent investigations and findings and stored confidentially.
- If a staff member, child or parent has a concern they have the right to raise this concern firstly with the coordinator of the service.
- If unsatisfied or uncomfortable with the coordinators response the parent, child or staff member may take the matter further and discuss with MAPS principal or Assistant Principal.
- If there is a suspicion of conflict or either party feels unsafe the initial meeting will be halted until a third party is made available. Preferably MAPS Principal/Assistant Principal.
- Any conflict where a staff member feels unsafe about continuing a conversation the matter will be referred to MAPS school principal.
- Funcare staff should avoid leaving the premises when engaging in a dispute either with parent, staff member or child.
- If the situation escalates and the coordinator or another staff member feels the safety of staff, parents and/or children may be at risk the lockdown procedure will come into force.

See Emergency Management Plan for further details.

Reviewed June 2012