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INDIVIDUAL PROCEDURES INCLUDED:	<p>6.1 Provision of Child Safe Environment</p> <p>6.2 Nursery Furniture and Equipment Safety (Early Education)</p> <p>6.3 Incident, Injury, Trauma and Illness</p> <p>6.4 Notification of a serious incident or death of a child</p> <p>6.5 Administration of First aid</p> <p>6.6 Immunisations</p> <p>6.7 Administration of Medication</p> <p>6.8 Dealing with Medical Conditions in Children</p> <p>6.9 Dental Health</p> <p>6.10 <u>Sudden Unexpected Death in Infancy (SUDI) risk reduction and Rest/Quiet and Sleep Time</u></p> <p>6.11 Water Safety</p> <p>6.12 Children's clothing</p> <p>6.13 Smoking and Alcohol</p> <p>6.14 Sun Protection</p> <p>6.15 Infection Control</p> <p>6.16 Risk Assessment Procedure</p> <p>6.17 Supervision of Children</p> <p>6.18 Safe Handling &amp; Disposal of Needles &amp; Syringes</p>
OTHER DOCUMENTS/ LEGISLATION TO BE REFERENCED:	<ul style="list-style-type: none"> <li>● Health and Wellbeing Policy</li> <li>● Treatment of Medical Conditions Policy</li> <li>● Authorisations Policy</li> <li>● Infection Control Policy</li> <li>● Supervision of Children Policy</li> </ul>

## 6.1 Provision of Child Safe Environment

### Purpose

St Nicholas will nurture children's overall development within a safe, well-maintained indoor and outdoor environment.

### Responsibilities

Procedure involves families, educators, and management.

### Step by Step

- At all times children are on the premises, at least one educator of St Nicholas will have a current approved first aid certificate, valid CPR qualification, current approved anaphylaxis management training and current approved emergency asthma management training.
- Educators are to complete a daily safety check of outdoor environment and remove or report any hazards.
- Nominated Supervisor/Director or Educators will complete a daily indoor safety checklist of each room before children enter the room. Any identified hazards should be removed or reported immediately.
- A maintenance schedule is to be kept to document any maintenance items to be completed. Nominated Supervisor/Director is to sign off these items when completed.
- Educators are to check all equipment and resources are in good repair and are not hazardous to children. Any hazardous equipment should be removed immediately.
- All equipment and resources should be developmentally appropriate.
- All donated toys, resources and loose parts should be assessed for risk and suitability to ensure they are not hazardous to the children and staff and align to the St Nicholas Philosophy
- First aid kits are readily available to all educators and clearly labelled.
- A monthly checklist is to be completed on all first aid kits, emergency bags, and asthma kits to ensure they are fully stocked and contain no out-of-date items.
- All chemicals are to be checked on a monthly basis to ensure they are not out of date.
- All medication will be stored in a labelled, lockable, and child-resistant container.
- All medications will be in original, labelled containers (see administration of medication procedures).
- All poisonous or dangerous substances will be stored in an area which is clearly labelled and secured (see dangerous products procedure).
- All cleaning solution bottles will be clearly labelled and stored appropriately when not in use.
- MSDS sheets on all hazardous products will be kept and stored on site, with cleaning the products for quick access.
- All objects and materials which present a danger to children shall be inaccessible unless children are directly supervised by an educator.
- Centre will be cleaned on a daily basis.
- Educators will perform regular cleaning of education and care environment and bathrooms

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throughout the day or session to ensure they are clean and safe for children.

- Regular pest inspections will be conducted to ensure vermin control.
- Any animals on premises must be maintained in a clean and healthy condition.
- Any animals on premises must not be a source of danger or infection or cause an allergic response.
- Electrical power points not in use will be covered with a protective cap.
- Electrical appliances and cords will be kept out of reach of children.
- Children will not be permitted in the kitchen, staff room, office, laundry, or storage areas unless under direct supervision of an educator. Doors, where applicable, to these areas will be kept closed except when in use.
- An emergency evacuation plan is to be clearly displayed at each exit (see emergency evacuation procedures).
- Fire alarms, fire extinguishers and smoke detectors are to be regularly checked by qualified inspector.
- Fire drills and emergency lockdown drills are to be conducted every 3 months and all children must be provided with an opportunity to participate.
- Educators are to supervise children closely at all times at water activities (see water safety procedure and supervision procedure).
- Educators are to ensure that children are adequately supervised at all times.
- Educators will organise the indoor and outdoor environments to minimise risks to children
- Educators will implement the Child Protection Policy.
- The approved provider and Nominated Supervisor/Director will ensure that sufficient numbers of educators are employed and rostered to ensure adequate supervision of children at all times, including the engagement of casual educators as appropriate.
- Risk assessments will be completed and reviewed to ensure all potential hazards are identified and safety measures put in place to minimize the risk of potential harm. Risk assessments will be conducted in line with the Risk Assessment Procedure.

Reference: Staying Healthy in Child Care, 5th Edition, 2013  
 2018 National Quality Standard (NQS)  
 WHS Management System for the Diocese of Maitland-Newcastle  
 Education and Care Services National Regulation 2018

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## 6.2 Nursery Furniture and Equipment Safety (Early Education)

### Purpose

St Nicholas will nurture children's overall development within a safe, well-maintained nursery environment.

### Responsibilities

Procedure involves families, educators, and management.

### Step by Step

- Always use furniture and equipment that has been made in accordance with Australian Standards and the Safe-baby code of practice for safe nursery furniture, developed by the Kidsafe Child Accident Prevention Foundation of Australia.
- The approved provider and educators must ensure the equipment and furniture used in providing education and care at St Nicholas is safe, clean and in good repair.
- Educators will record any furniture or equipment that needs maintenance in the Maintenance Register and report this to the Centre Director.
- Ensure furniture is sturdily built so it will not collapse, is easy to clean, non-toxic and age appropriate.
- Look for entrapment hazards; it is easy for small fingers and limbs to get caught in gaps. Head and upper body entrapments can cause death by asphyxiation. (Be aware that fingers can get caught in holes or openings between 5-12mm, limbs in gaps between 30-50mm and heads in gaps over 85mm.)
- The nursery will be free from small objects or items that can break and become a potential hazard. Natural resources will be considered in conjunction with a thorough risk assessment.
- Always use furniture and equipment that is free of rough surfaces, sharp edges, points, projections, and small pieces that can break off. Avoid using unsafe equipment such as baby walkers.
- To reduce the risk of harm, collapsible furniture and furniture that presents possible entrapment hazards will not be used in the nursery.
- All furniture and equipment will be age appropriate.
- All under bench cupboards will have safety lock devices.
- Educators will regularly test locking devices to ensure they work correctly and regularly check furniture and equipment for stability, wear, and tear.
- Non-toxic, easy to clean surfaces will be sourced for all equipment.
- Educators will be made aware that most injuries related to nursery furniture are due to falls from equipment and will reflect on this when setting up and planning the environment.
- Educators will always ensure effective supervision of all infants to minimise the risk of accidents and injuries that could result from the furniture and equipment within the nursery.
- Infants will never be left unattended at any time. All infants are to be safely secured in their highchair when eating.

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- All equipment and furniture will be kept in a clean and hygienic state, particularly before and after food service.
- Ensure furniture and equipment do not contain any lead. This is most likely to occur with second-hand furniture.
- All equipment needs to comply with current safety advice from recognised authorities.

Reference:       www.kidsafe.com.au, raisingchildren.net.au  
2018 National Quality Standard (NQS)  
Education and Care Services National Regulations 2018  
Australian Competitor & Consumer Commission;  
Keeping Baby Safe – a guide to nursery and infant products  
WHS Management System for the Diocese of Maitland-Newcastle

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## 6.3 Incident, Injury, Trauma and Illness

### Purpose

St Nicholas aims to provide a healthy environment to prevent incidents, injury, trauma, and illness and educate children and adults regarding good safety practices.

### Responsibilities

Interactions involve families, educators, and management.

### Step by Step

- At all times children are on the premises, at least one educator will have a current approved first aid certificate, valid CPR qualification, current approved anaphylaxis management training and current approved emergency asthma management training.
- First aid kits will contain a list of contents with product use by dates.
- A list of emergency numbers will be placed in prominent positions inside and outside the service and near telephones.
- Resuscitation posters are displayed inside and outside the service.
- All educators, volunteers and students will be informed of St Nicholas Health & Safety Policies and Procedures.
- On enrolment parents/carers must provide accurate health information regarding their child. This includes the child's medical history, any known allergens, and their associated management plan if applicable.
- Parents/carers will be asked to sign consent forms at initial enrolment regarding:
  - application of sunscreen
  - permission to seek and carry out urgent medical, dental or hospital treatment from a registered medical practitioner
  - consent to transportation via ambulance service.
- Any injury or illness will be treated by a first aid trained educator immediately and the details will be recorded using the Incident Record Form.
- The Nominated Supervisor/Director is to be notified before parents are called to collect their child.
- In the case of a head, facial or bite injuries parents are to be notified as early as conveniently possible by telephone, even if the injury is not serious.
- Parents are to be called to collect their child if:
  - the child has a temperature of 38° and over
  - the child has more than two diarrhoea movements
  - the child vomits once
  - the child has an infectious disease
  - the child is feeling unwell and appears distressed
  - the child is suffering from a known illness e.g., asthma attack
  - the child has live head lice or head lice eggs (child can return after treatment and eggs and lice removed).

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- The child has an unexplained rash that is potentially contagious
- The child is displaying COVID-19 symptoms
- The following medical procedures WILL NOT be performed by educators and parents will be notified of injury and asked to collect child if necessary:
  - Educators will not remove any splinters or bee stings that are under the child's skin with no protruding points
  - Educators will not remove anything inserted into a child's ears or nose. Parents will be asked to come and assess child and seek medical assistance if necessary.
  - Eyes are only to be washed out with a saline solution. If anything, else is in the eye parents will be called to assess child and seek medical assistance if necessary. For eye injuries of a serious nature, educators will seek medical assistance straight away.
- In the event of a serious incident please refer to the Notification of a Serious Incident or Death of a Child Procedure.
- An educator must accompany the child to the hospital when seeking the response of emergency services. It is the responsibility of the St Nicholas Nominated Supervisor/Director to ensure that child educator ratios are maintained at all times.

Reference: 2018 National Quality Standard (NQS)  
 Education and Care Services National Regulations 2018  
<http://www.acecqa.gov.au/>  
 Staying Healthy in Child Care, 5th Edition, 2013

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## 6.4 Notification of a serious incident or death of a child

### Purpose

Provides procedures where the health incident is considered serious.

### Responsibilities

Interactions involve families, educators, and management.

### Step by Step

Where a serious incident or death of a child has occurred, the Nominated Supervisor/Director will contact:

- Emergency Services (including Police in the case of a death of a child)
- Parent/Carer
- Area Service Manager
- NSW Early Childhood Education and Care Directorate - Department of Education and Communities.

For the purposes of the Education and Care Services National Law Act 2010, the following are prescribed as serious incidents:

- the death of a child while being educated and cared for by an education and care service; or following an incident while being educated and cared for by an education and care service.
- any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or whooping cough, broken limb, anaphylaxis reaction; or for which the child attended, or ought reasonably to have attended, a hospital.
- any incident where the attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought.
- any circumstance where a child being educated and cared for by an education and care service appears to be missing or cannot be accounted for; or appears to have been taken or removed from the education and care service premises in a manner that contravenes these regulations; or is mistakenly locked in or locked out of the education and care service premises or any part of the premises.
- Any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the service.
- Any allegation that sexual or physical abuse of a child has occurred while the child is being educated and cared for by the service

In addition to the above process, for child accidents, the following must ALSO take place:

- Standard first aid response must occur
- Incident must be verbally notified to the Nominated Supervisor/Director or Responsible Person in Charge

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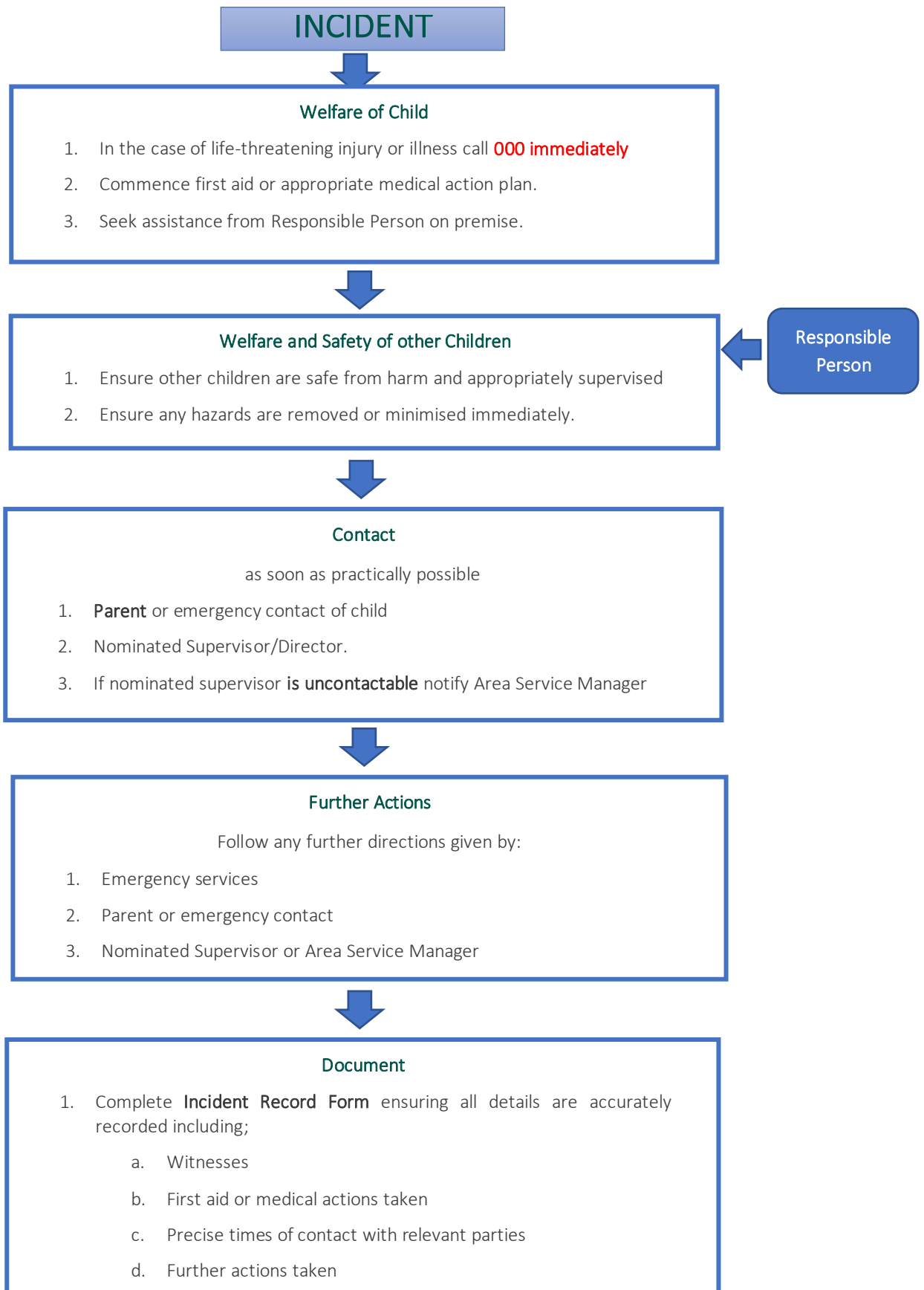


- Complete the St Nicholas Incident Record Form.
- Ensure the child's parent/guardian is notified of the incident and that this is recorded in the Incident Report Form.
- Through liaising with the Nominated Supervisor/Director, the decision will be made whether to complete the SI01 Notification of Serious Incident and report to ACECQA
- If proceeding with notification to ACECQA, the Nominated Supervisor/Director will action this within 24 hours of incident, in order to meet the 24-hour requirement.
- Educators to refer to the Serious Incident Flow Chart for Educators, on the following page

**Reference:** 2018 *National Quality Standard (NQS)*  
*Education and Care Services National Regulations 2018*  
*Education and Care Service National Law (2018)*  
*National Quality Agenda Review: Key Changes to notifications, incidents and complaints.*  
*(Published 24 August 2017)*

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# Serious Incident Flow Chart - EDUCATORS



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## 6.5 Administration of First aid

### **Purpose**

St Nicholas will provide first aid by suitably trained educators using the stocked first aid kits.

### **Responsibilities**

It is the responsibility of the Nominated Supervisor/Director to ensure educators are suitably trained and first aid kits are correctly stocked.

### **Step by Step:**

#### **Nominated Supervisor/Director:**

- Adhere to the Incident, Injury, Trauma, and illness Procedure in all accident situations.
- If required ensure Nominated Supervisor/Director goes to support educator at scene of accident.
- If necessary, organise alternate care or collection by parents of other children at the education service.
- Ensure that all blood or bodily fluids are cleaned up in a safe manner (Infection Control – handling of Bodily Fluids).
- Ensure that anyone who has coming in contact with any blood or fluids washes in warm soapy water.
- Report accidents/incidents to appropriate authorities as soon as possible where medical or emergency attention was sought or should have been sought for a child (see Serious Incident Procedure and Flow Chart).

#### **Educators:**

- Adhere to the Incident, Injury, Trauma, and illness Procedure in all accident situations.
- Reassure the other children and keep them calm, keeping them informed about what is happening, and away from the injured child.
- Ensure that the child is kept under the adult supervision until the child recovers or until a parent of the child or a responsible person takes charge of the child.
- Take immediate steps to secure urgent medical attention.
- Advise the parent or guardian if any matter concerning the child's health arises while the child is being provided with the education and care service. Ensure the child is returned as soon as practicable to the care of a parent/guardian of the child.
- Inform the parent, family or other responsible person as required of the emergency.
- Ensure a fully stocked and updated first aid kit will be kept in a secure and accessible location at the service.
- Take a first aid kit on excursions
- Ensure a cold compress is available at the service

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***In the case of a minor accident:***

- Assess the injury
- Attend to the injured person and apply first aid as required.
- Ensure disposable gloves are worn when dealing with all blood and bodily fluids and that they are cleaned up and disposed of in a safe manner.
- Record the incident on the appropriate Incident Record Form.
- Notify the parents by phone after the incident if child has head injury or the incident has caused the child to be distressed. Record notification on Incident Record Form.

***In the case of a major accident:***

- Assess the injury and decide whether the child needs to be attended to by a local doctor or whether an ambulance should be called.
- If the child's injury is serious the first priority is to get immediate medical attention. Although parents should be contacted straight away, if not possible, there should be no delay in organising proper medical treatment.
- Contact your Area Service Manager
- Attend to the injured person and apply first aid as required.
- Ensure that disposable gloves are used with any contact with blood or bodily fluids.
- Stay with the child until suitable help arrives or taken for further treatment.
- Try to make the child as comfortable, reassure them.
- If an ambulance is called and the child is taken to hospital a staff member/educator will accompany the child if possible.
- Record the treatment given onto the Incident Record.

***Families:***

- Provide written consent for appropriate medical, dental or hospital treatment to be carried out in the event that such actions appear necessary.
- Parents will be required to supply the contact number of their preferred doctor or dentist, and Medicare number and expiry date.
- Supply contact information for those authorised to act in the event that a parent cannot be contacted.

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**General:**

- Nominated Supervisors/ Directors will ensure that all First Aid Kits are checked monthly, including expiry dates on applicable items.
- Medication, including analgesics such as paracetamol and aspirin, should not be included in first aid kits because of their potential to cause adverse health effects in some people including asthmatics, pregnant women and people with medical conditions. The supply of these medications may also be controlled by drugs and poisons laws.
- Employees requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary. These medications should be stored in a secure location and not accessible to children.
- First aid should only be applied by Educators who have a valid First Aid Certificate.
- Educators under the age of 18 years should not apply first aid until they:
  - Turn 18 years of age; and
  - Have a valid First Aid qualification
- In the case of a needle stick injury, educators should refer the Procedure *6.27 Safe Handling and Disposal of Needles and Syringes*

*Reference:* Education and Care Services National Law  
Education and Care Services National Regulation 2018

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## 6.6 Immunisations

### **Purpose**

St Nicholas is required to ensure that children under its care are suitably immunised or have a valid exemption.

### **Responsibilities**

The Nominated Supervisor/Director is responsible to ensure that children under their care are suitably immunised or have a valid exemption.

### **Step by Step**

- Parents are required to provide St Nicholas with documented evidence of their child's immunisation status. This will initially be provided at the time of enrolment and updated as necessary. Hard copies of the current Australian Childhood Immunisation Register (ACIR) Immunisation History Statement or an ACIR Immunisation medical Exemption form certified by an immunisation provider will be kept as evidence on the child's file and recorded on the St Nicholas childcare management software.
- The Population Health Unit will be contacted if there is an outbreak of a vaccine preventable disease. Phone number and contact details can be found at <https://www.wslhd.health.nsw.gov.au/Population-Health-Services/Population-Health>
- Parents/carers will be notified if there is an outbreak of a vaccine preventable disease; children who are not immunised will be excluded from St Nicholas. The children will be able to return to St Nicholas when the Population Health Unit (PHU) has approved the education facility is clear from these diseases.
- Payment of fees will be required for children excluded by an outbreak of a vaccine preventable disease.
- Educators will be encouraged to undergo immunisation for Hepatitis B, Tetanus/Diphtheria, and Influenza privately.
- Information pamphlets, newsletters and posters will be accessible for and provided to parents/carers as needed.
- Immunisation records for educators and children are kept confidential in a lockable cabinet.

*Reference: Staying Healthy in Child Care 5th edition, 2013  
National Immunisation Schedule  
The Public Health Act 2010The Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013  
2018 National Quality Standard (NQS)  
Education and Care Services National Regulations 2018*

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## 6.7 Administration of Medication

### **Purpose**

To ensure safe operations when the administration of prescribed medication may be necessary to support children during the course of normal attendance at St Nicholas.

### **Responsibilities**

Educators are to provide necessary consent forms and safely control and administer the medications. Parents are to ensure consent forms are completed accurately and medications are handed to educators only.

### **Step by Step**

#### **Nominated Supervisor/Director will ensure:**

- all educators complete the Medication Training module as part of their orientation process
- all educators are aware of the Administration of Medication procedure before administering medication.
- that medication is not administered without the authorisation of a parent/carer or person with authority, except in the case of an emergency (see below Emergency Administration of medication)
- that medication is only administered by educators who:
  - Are over the age of 18 years
  - have a valid First Aid Certificate (Educators who do not have a valid First aid certificate may witness the administration of medication only)
  - Are permanent or casual employees of St Nicholas
- that where medication for treatment of long-term conditions such as asthma, epilepsy or anaphylaxis is required, St Nicholas will require an action plan from the child's medical practitioner or specialist detailing the medical condition of the child. The Nominated Supervisor/Director will also ensure that parents complete a Medical Risk Action Plan in conjunction with the Centre (see Dealing with Medical Conditions in Children procedure)
- That any medication, cream or lotion kept on the premises is checked monthly for expiry dates.

#### **Parents will:**

- Provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form or subsequently as soon as required if diagnosed after enrolment.
- Keep children at home while any symptoms of an illness is evident or the child is not well enough to participate in the program
- Ensure that any medication will be given directly to a St Nicholas educator on arrival at Centre.

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- Ensure a Medication authorisation and Administration form will be completed for each medication provided. This must be completed accurately and signed and dated by parent/carer on each occasion the medication is to be administered. Failure to do so will prevent administration of medication (parents are welcome to administer the medication to their own child in these circumstances). No authority to administer medication to a child will be accepted verbally, in person or over the phone.
- Ensure medication is provided in the original packaging bearing:
  - The Child's name
  - Name of Medication
  - Name of doctor
  - Expiry date of product
  - Dosage to be administered
- Complete a Medication authorisation and administration form detailing **all of the above information**, as well as;
  - Storage requirements for medication
  - Manner and method of administration
  - Time and date last administered
  - Time and date to be administered
- Ensure that if anyone other than the parent/carer is bringing their child to St Nicholas, a written permission note is provided to educators, including the above information. The guardian will then be requested to complete the medication form at the Centre on behalf of the parent/carer.
- Ensure that their child has in date medication on site when the child is in attendance. Care will be suspended in the case that a child's medication expires, is not labelled correctly, or is not provided (see Dealing with Medical Conditions in Children procedure)

#### Educators will:

- Provide parents/carers with medication forms that are essential for medication to be administered at St Nicholas.
- Store medication accordingly in a labelled and locked medication container, with the key kept in a separate location nearby, and out of reach of children in an appropriate location including refrigeration where required (except EpiPens and Asthma medication).
- Keep and store records of all medication given.
- Administer medication accordingly and a second educator will witness the following:
  - the correct child's name is on the medication
  - the correct name of the medication
  - the correct dosage is written down
  - the medication is being given at the correct time
  - the correct dosage is being given

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- the time when the last dosage was given
- expiry date of medication.
- Ensure the administration of Medication form is completed by both the administrator of the medication and witness, **at the time of administration.**
- That EpiPens, adrenaline autoinjectors and Asthma medication are kept out of reach of children and stored in a cool dry place at room temperature. They must be readily available and not in a locked cupboard. A copy of the Child's medical management plan should be stored with the adrenaline autoinjector.

### Managing High Temperatures

- On enrolment, parents are requested to consent to the administration of liquid paracetamol to their child should it be needed.
- Liquid paracetamol will only be administered once AFTER the child's parent or emergency contact is contacted for consent. Verbal consent will be acquired over the phone and documented on the Medication Authorisation and Administration Form. Verbal consent should be acquired by two (2) educators.
- Children must be collected after paracetamol is administered by staff. They are unable to stay at the Centre. Parents will then be required to sign the Medication Authorisation and Administration Form upon picking up their child.
- If a child's parent or emergency contact cannot be reached, written/verbal authorisation will be acquired by a doctor or emergency service.
- Parents MUST collect their child as soon as possible once contacted by staff of their child's temperature. If unable to do so in a reasonable timeframe, then an emergency contact should be called to collect.
- In the case of an emergency or febrile convulsion educators should call **emergency service on 000** immediately

### Administration of Non-prescription Creams

- Non-prescription creams include:
  - Sunscreen
  - Insect repellent
  - Sorbolene lotion
  - Paw Paw cream
  - Teething gel.
  - Nappy Rash Creams
- The authorisation for administration of non-prescription cream must be completed by the parent/carer on their enrolment form before the cream can be applied.
- If the instructions state that the cream is not age-appropriate for the child, St Nicholas will not administer unless accompanied by a letter from the child's doctor.
- Creams must be provided by parent/carer in the original container with valid expiration date (if applicable), clearly labelled with your child's first and last name and be given directly to a

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St Nicholas educator.

### Children Returning to Care whilst on Antibiotics

- A child starting a course of antibiotics is recommended to stay home for at least 24 hours from the first day of the course. This is to ensure:
  - the child does not have an adverse reaction to the antibiotics they have been prescribed. Even if children have had a certain antibiotic previously there is always the chance that a reaction could present unexpectedly.
  - Secondly, it is assumed that if a child is unwell to a degree that prescribed medication is required, then a quieter environment with a carer at home would be in the best interest of the child.
- If a child has had repeated doses of antibiotics due to a chronic non-infectious illness, they may return to care within the 24hr period with a Doctors Certificate, if they are deemed well enough.
- It is always the Nominated Supervisor/ Directors or Room Leaders right to refuse admission to a child if they feel the child is too unwell to attend care.

### Self-Administration of Medication (OOSH Only)

- A child over pre-school age may self-administer medication under the following circumstances:
  - a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication.
  - medication is stored safely by an Educator, who will provide it to the child when required.
  - supervision is provided by an Educator whilst the child is self-administering.
  - a recording is made in the medication record for the child that the medication has been self-administered.

### Emergency administration of medication

- in the occurrence of an emergency and where the administration of medication must occur, the St Nicholas Service must attempt to receive verbal authorisation by a parent of the child named in the child's enrolment form who is authorised to consent to the administration of medication.
- If a parent of a child is unreachable, the St Nicholas Service will endeavor to obtain verbal authorisation from an emergency contact of the child named in the child's enrolment form, who is authorised to approve the administration of medication.
- If all the child's nominated contacts are non-contactable, the Service must contact a registered medical practitioner or **emergency service on 000**.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form.

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Reference: Australian Children’s Education & Care Quality Authority. (2014).  
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 National Health and Medical Research Council. (2012). (updated June 2013).  
 Staying healthy: Preventing infectious diseases in early childhood education and care services.  
 NSW Department of Health: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)  
 The Sydney Children’s Hospital Network (2020)

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## 6.8 Dealing with Medical Conditions in Children (reviewed procedure with changes)

### **Purpose**

To facilitate effective care and health management of children with medical conditions including asthma, anaphylaxis, diabetes, epilepsy and children requiring assistance with enteral feeding.

### **Responsibilities**

The Nominated Supervisor/Director is responsible for ensuring effective care and health management of children with medical conditions.

### **Step by Step**

For children attending with a specific medical condition, we will:

- On enrolment provide each parent or guardian with a copy of the Dealing with medical conditions procedures as it relates to the child's specific medical condition and the medical risk minimisation plan (Regulation 90).
- Receive from parent or guardian a medical action plan from the child's medical practitioner (Regulation 90 (c) (i)).
- Require the medical action plan to be followed in the event of an incident relating to the child's specific health care need, allergy, or relevant medical condition (Regulation 90 (c) (ii))
- Ensure that no child with a diagnosed medical condition attends St Nicholas without his/her treatment/medication. (In the case that a child arrives from school for after school care without emergency medication or with out-of-date medication or action plans, the Parent or guardian will be contacted and asked to collect their child as soon as possible. During the time the child is at the service without their medication all staff will be made aware to use the service Salbutamol Puffer/Inhaler or EpiPen in the case of an emergency. When the child is collected the parent will be advised that the child is unable to return to care without their medication. The Nominated Supervisor will also email the parent or guardian to communicate this requirement)
- Inform all educators of the child's medical condition, and the location of the medical risk minimisation plan.
  - All primary care educators will be required to read and sign the medical risk minimisation plan to ensure they understand the child's specific medical condition and required actions before the child commences care
  - All other permanent staff at the centre/service will be informed of the child's medical condition before commencement at the centre/service via either verbally at a staff meeting or written communication
  - Primary care educators will be responsible for ensuring casual or non-permanent staff members are informed of any children with medical conditions whom they are caring for.
- Ensure all Nominated Supervisors/Directors and Responsible Persons, and where possible all educators, have undertaken Anaphylaxis and Asthma Management training and engage in

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regular practice sessions with training apparatus.

- Ensure that children do not self-administer their own medication (for Early Education ONLY)
- The Nominated Supervisor/Director, parent or guardian and where possible, the child's primary educator, will meet to discuss and document a medical risk minimisation plan.
- It is the parent's responsibility to notify St Nicholas of any changes to their child's health needs and the medical risk minimisation plan will be updated accordingly.

#### Medical Audits

- The Nominated Supervisor/Director will conduct Monthly Medical Audits to ensure all medication, plans and forms are current to ensure compliance
- When medication, forms or plans are noted during the audit to be expiring in the following month the Nominated Supervisor/Director will email the parent or guardian to communicate the requirement for this to be updated and that the child will not be able to attend care after the expiry date if this is not rectified.

#### Medical Conditions

##### ASTHMA

- Parents are required upon enrolment to provide an Asthma Action Plan for their child if they suffer from Asthma.
- Parents are to be vigilant in their supply of appropriate medications and resources required for their child according to the action plan.
- Educators and parents together will complete and sign a medical risk minimisation plan and communication plan to ensure risks are minimised.
- Educators are to ensure they adhere to 6.07 Administration of Medication procedure and ensure Medication Form is completed.
- If a child is suffering an asthma attack, educators are to administer first aid in accordance with either:
  - The child's Asthma Action Plan
  - A doctor's instructions
  - The Asthma Action Plan for Emergencies
  - Dial 000 for an ambulance
  - Contact the child's parent or guardian or emergency contacts.
- The Asthma Action Emergency Plan is to be placed in a visible area of all rooms indoors and outdoors.
- The main points for educators to consider and be familiar with are:
  - the child's allergies/ triggers
  - the symptoms of an oncoming asthma attack
  - the emergency treatment in the case of an asthma attack
  - How to administer medication in the form of inhalers, spacers, nebulisers.
- At a minimum at least 1 educator, and where possible all educators, are to be trained in Emergency Asthma Management by an accredited training organisation.
- The Centre and educators are to reduce exposure of children and educators to indoor

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allergens by:

- Regularly vacuuming carpets and rugs
- Regularly washing fluffy toys, blankets, doonas and sheets
- Not using chemical or cleaning sprays in the immediate vicinity of children.
- The centre is to keep a centre Salbutamol Puffer/Inhaler for emergencies. This will be located in a central and easy to access location in the service.
- Children who require an Salbutamol Puffer/Inhaler must supply the medication on each day of attendance or medication to leave at the centre. The child will not be permitted to stay at the centre without their medication in case a reaction occurs.

### ANAPHYLAXIS

- St Nicholas is a nut free and allergy aware zone. No nut products will be used in the preparation of food on the premises and no nut products are to be brought onto the premises by educators, families, or visitors.
- Parent or Guardian is to provide information on child's health, medications, allergies, doctor's name and emergency contacts upon enrolment. Families are also asked to provide an allergy action plan for any allergies the child suffers from the child's medical practitioner. This is to contain appropriate first aid action required upon contact with allergen.
- All allergy action plans must state the allergy and treatment required and be signed by a Medical Practitioner.
- Parent or Guardian is to be vigilant in their supply of appropriate medications and resources required for their child according to the action plan.
- Educators and parent or guardian together will complete and sign a medical risk minimisation plan and communication plan to ensure risks are minimised.
- All Allergy Action plans, and management plans will be kept in the child's enrolment file for easy access in case of an emergency. The Allergy Action plans will be used to collate a brief list of the children with allergies, what they are allergic to, and the first aid required. This list will be displayed in the kitchen and in each classroom (only visible to centre educators). It is the Responsible Person/ room leader's responsibility to inform all casual and relief educators of this list and the children's allergies.
- Educators are to follow and adhere to the centre policy for administration of medication if required.
- In cases where a child has a severe allergic reaction or any symptoms or signs of anaphylaxis, the educators should immediately apply first aid treatment according to:
  - The child's Allergy Action First Aid Plan
  - A doctor's instruction
  - An ambulance service's instructions
  - And must dial 000 for an ambulance and notify the child's parent or guardian or emergency contacts.

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- At a minimum at least 1 educator, and where possible all educators, are to be trained in Emergency Anaphylaxis treatment and how to use an EpiPen.
- All educators will be advised and be aware of the location of the EpiPen
- Children who require an EpiPen must supply the pen on each day of attendance or a pen to leave at the centre. The child will not be permitted to stay at care without the pen in case a reaction occurs.
- If another child suffers an allergic reaction (which is otherwise unknown) educators will be permitted to use another child's EpiPen if it is deemed medically necessary. The child whose EpiPen is used will be asked to be collected from care until the EpiPen is replaced. St Nicholas will cover the cost of the replacement EpiPen.
- The Anaphylaxis and EpiPen Emergency Plan is to be placed in a visible area of all rooms, indoors and outdoors.
- The centre is to keep a centre EpiPen which will be located in a first aid box which is located in a central position in the centre for ease of access from all rooms.

## DIABETES

- The parent or guardian of a child with diabetes will be asked to provide the centre with:
  - Details of the child's health problem, treatment, medications, and allergies.
  - Their doctor's name, address and phone number and a phone number for contact in case of an emergency
  - A Diabetes Care Plan following enrolment and prior to the child starting at the centre which must include:
    - When, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
    - What meals and snacks are required including food content, amount and timing
    - What activities and exercise the child can and cannot do
    - Whether the child is able to go on excursions and what provisions are required.
- A diabetes first aid or emergency medical plan following enrolment and prior to the child starting at the centre which should include:
  - What symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose).
  - What action to take including emergency contacts for the child's doctor and parent or guardian and what first aid to give.
- Educators and parent or Guardian together will complete and sign a medical risk minimisation plan to ensure risks are minimised.
- In any medical emergency involving a child with diabetes, the centre educators should immediately dial 000 for an ambulance and notify the parent or guardian in accordance with the Regulation and Guidelines on emergency procedures and administer first aid or emergency medical aid in accordance with the child's diabetes first aid or Emergency Medical Plan, or a doctor's instructions, or if these are unavailable, use the first aid plan for diabetic emergency from Australian First Aid, St John Ambulance Australia.
- At least one educator who has completed accredited training in emergency diabetes first aid is present at the centre at all times the child is being cared for.

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- The parent or guardian is to supply all necessary glucose monitoring and management equipment.
- Centre educators are to inform parents/guardians of the training requirements for team members prior to the child enrolling at the service.
- Insulin will only be administered by staff that have undertaken both the theory and practical components of Diabetes training, and who hold a current first aid certificate.
- Centre educators are to inform parents/guardians that it is not the responsibility of the centre educators to administer glucagon in an emergency.
- At least one educator trained to perform finger prick blood glucose or urinalysis monitoring and know what action to take if these are abnormal will be present whenever the child is in care.
- The Nominated Supervisor or centre cook is to ensure that there are glucose foods or sweetened drinks readily available to treat hypoglycaemia (low blood glucose).
- If a child has had an episode of hypoglycaemia and needed glucose food or drink, educators are to provide the child with a slow-acting carbohydrate food to help maintain blood glucose levels, e.g., milk, raisin toast, yogurt, fruit.
- Nominated Supervisor or centre cook to ensure availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's diabetes plan.
- Centre to ensure that there is opportunity for the child to participate in any activity, exercise or excursion that is appropriate and in accordance with their diabetes care plan.
- The Diabetes Emergency Plan is to be placed in all visible area of all rooms indoors and outdoors.

### **EPILEPSY**

- The centre will ensure that the parent or guardian provides information on the child's health, medications, allergies, their doctor's name, address, phone number, emergency contact names and phone numbers, and an Epilepsy First Aid Plan or Emergency Medical Plan approved by their doctor, following enrolment and prior to the child starting at St Nicholas.
- Educators and parent or guardians together will complete and sign a medical risk minimisation plan and communication plan to ensure risks are minimized.
- Parents or guardians are to be vigilant in their supply of appropriate medications and resources required for their child according to the action plan
- The Nominated Supervisor will ensure that regulation and other guidelines are adhered to when administering medication and treatment in emergencies, and a Medication Form has been completed and signed (see centre procedure for Administration of Medication).
- In any circumstances when a child has had a convulsion, educators or the director should immediately call 000 for an ambulance and notify the parent or guardian in accordance with the regulation and guidelines on emergency procedures.
- If emergency treatment is required for a child having a convulsion or an epileptic fit, administer first aid or medical aid in accordance with the child's Epilepsy First Aid or Emergency Medical Plan, or a doctor's instructions, or if these are unavailable, use the First Aid Plan for Epileptic Seizure from Australian First Aid, St John.

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- The Epilepsy Emergency Plan is to be placed in all visible area of all rooms, indoors and outdoors for all children enrolled with an Epilepsy diagnosis

### *ENTERAL FEEDING PROCEDURE*

This procedure relates only to enteral feeding and does not cover the process for enteral medication administration. Enteral medication administration is covered in the Medication Administration Policy and Form.

- The parent or guardian of a child who requires enteral feeding will be asked to provide St Nicholas with:
  - Details outlining the nature of the child's health condition including, date health condition began, ongoing treatment required, medication schedule, special concerns requiring acknowledgment, associated behavioural concerns. This should be provided in written form to ensure accuracy and will be stored in line with Catholic Diocese of Maitland Newcastle's Privacy Policy and applicable legislation
  - The child's treating doctor's name, address and phone number
  - Emergency contact details for two local contacts
  - A Feeding Plan which must include:
    - Dosage and frequency the child is to be fed, including ml/min estimation to avoid overfeeding too quickly
    - Photographs of equipment, labelled and described use
    - Instructions on how to connect feeding tubes
    - How to administer the feed and what to do on conclusion of feeding
    - Whether the child is able to go on excursions and what provisions are required

The information in this feeding plan can be compiled in a Word, Excel or Powerpoint document which will remain on file for staff to reference at any time and will form the basis of the Medical risk minimisation plan.

- Educators and parents/guardians together will complete and sign a Medical risk minimisation plan to ensure risks are minimised. The Medical risk minimisation plan must include:
  - Feeding plan
  - Emergency response scenarios
  - Emergency contact details and process
  - Details of nature of health condition
  - Allergies and medication
- Educators and parents/guardians together will complete and sign a Communication Plan to ensure risks are minimised. The Communication Plan will consist of the procedure for communication including the use of the Enteral Feeding Form.
- A minimum of two Educators who have completed Enteral Feeding training are required to be present at the centre at all times the child is being cared for. Ideally, three Educators should be present, pending ratio and rostering requirements.
- In the event of no suitably trained staff available to work on the child's enrolled days then the Nominated Supervisor is to:

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- Notify their Area Service Manager (ASM) as soon as practically possible that the service is unable to provide care for the child due to unavailability of trained staff.
- Contact the parent or guardian and inform them of the inability to provide care for their child for that day. Under these circumstances the parent or guardian will not be charged a fee for this day.
- The parent or guardian must supply all necessary formula in pre-measured boluses, bottles, or containers ready for feeding. The staff at the centre/service are unable to mix, make or decant formulas. The staff at the centre/service can provide water if required. If the child attends centre/service without the required formula, the parent/guardian will be called in the first instance, followed by emergency contacts. The parent/guardian is required to ensure delivery of formula to the service as soon as reasonably practicable otherwise emergency services may be engaged.
- Feeding Procedure:
  - Check Medical risk minimisation plan to ensure correct formula and dosage is administered at the correct time
  - Wash hands thoroughly and wear disposable gloves
  - Ensure there is a witness present (this witness does not need enteral feeding training however is advised if staffing permits)
  - Ensure you have a clean, flat surface to place equipment on. Never put equipment on the ground, on an unsanitary surface or in your mouth
  - Ensure you are feeding the child in a private room. Where a separate, private room is not available, other children should be otherwise distracted or occupied to avoid unnecessary stress for the child feeding. Never force a child to feed in front of people if they are not comfortable
  - Ensure the child is seated or their head is elevated by at least three pillows or equivalent. Never administer feeds when the child is lying down flat
  - Prepare the bolus (feed delivery system) and attach the tube per the Feeding Plan instructions
  - Begin feeding slowly
  - Once feeding is complete, follow instructions in the Feeding Plan regarding cleaning, refilling or disposing of bolus/feeding equipment
  - Record feed on the Enteral Feeding Form.

#### Emergency management:

- If the child starts to cough, choke, have difficulty breathing or become severely agitated, stop feeding immediately and phone the parent/guardian to receive advice in the first instance. If the parent/guardian can not be contacted, proceed to contact the emergency contacts. If they are unable to be contacted, call 000.
- In the event of redness, swelling, bruising, irritation or other abnormal looking skin around the port, follow the same process as above for choking.
- In the event the port becomes dislodged, either partially or fully, follow the same process as above for choking, and;

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- Lie the child down
- Ensure child remains calm and doesn't touch the opening
- Do not allow anyone to touch the opening
- Cover the opening with sterile gauze which will collect any stomach contents that may come out

This procedure should be reviewed on an annual basis to ensure it aligns to the best care for the child and adequately supports the Diocese and parent or guardian.

Additional information regarding Enteral Feeding can be found here:

[Clinical Guidelines \(Nursing\) : Enteral feeding and medication administration \(rch.org.au\)](https://www.rch.org.au/clinicalguidelines/nursing/enteral-feeding-and-medication-administration)

[Tube feeding at home \(health.qld.gov.au\)](https://www.health.qld.gov.au/clinicalguidelines/tube-feeding-at-home)

*Reference:*        *Staying Healthy in Child Care, 5th Edition, 2013*  
                          *Health & Safety in Children's Centres: Model Policies & Practices 2003*  
                          *Australian First Aid, St John Ambulance Australia, 2012.*  
                          *Education and Care Services National Regulation 2018*  
                          *2018 National Quality Standard (NQS)*

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## 6.9 Dental Health

### **Purpose**

To promote good dental and oral hygiene behavior in children and families at St Nicholas, contributing to improved dental care in children, and facilitate the prevention and management of dental trauma in children.

### **Responsibilities**

All educators are responsible for promoting good dental health and oral hygiene behaviours in children.

### **Step by Step**

- Upon enrolment parents are asked to provide dentist's details on the enrolment form.
- The children will be encouraged to drink water between meals and each child will have his/her own labelled water bottle to drink from throughout the day. Children will have easy access to their drink bottle.
- The service will purchase resources that will teach children about good oral health e.g. large set of teeth, posters, books. These will be utilised at the centre, where possible, to talk to the children about good oral health.
- In the case of dental accidents:
  - Manage as an emergency, inform parent, complete Incident Record Form
  - Do not reinsert knocked out teeth
  - Rinse tooth in milk or clean water and wrap in cling wrap
  - Seek dental advice.

### **Step by Step: - Early Education**

- Educators will ensure that children have a drink of water after they complete their morning tea, lunch and afternoon tea in order to cleanse their mouth and teeth. For children who are old enough, they will be encouraged to "Swig, swish and swallow" their water.
- The centre will invite local Dentist's into the centre to educate children on dental hygiene.
- Parents will be encouraged, through newsletters, notes or posters, to take their child to a dentist for the first time around 3 years of age.
- Educators are to discourage any finger/thumb sucking habits as they may lead to future dental problems.
- Babies and toddlers are not to be put to bed with bottles.
- Babies' bottles are only to contain formula, breast milk or cow/soy milk and not sweetened milk, cordials or fruit juices.
- Seek dental advice.

*Reference: Staying Healthy in Child Care, 5th Edition, 2013*  
*Oral Health Promotion: A practical guide for children's services, 2000.*

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## 6.10 Rest/Quiet and Sleep Time and Sudden Unexpected Death in Infancy (SUDI ) risk reduction

### **Purpose**

St Nicholas will provide a quiet/rest period during the day that adequately caters for children's needs, while looking to minimise the risk of SUDI through appropriate sleeping procedures.

### **Responsibilities**

Educators, staff and management each have a duty of care to ensure children are provided with a high level of safety when sleeping and resting, that adequate supervision is maintained, and that every reasonable precaution is taken to protect children from harm and hazard whilst sleeping and resting.

Our service's safe sleep and rest procedures follow Red Nose guidelines (recognised National authority in this area) and guidance from ACECQA (as the national authority under the NQF) as well as the Department of Education (as the NSW Regulatory Authority).

Sudden Unexpected Death in Infancy (SUDI) is a broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious. Sudden Infant Death Syndrome (SIDS) is an unexplained subset of SUDI. When no cause can be found for the death, it is called SIDS.

### **Legislative Requirements**

Approved Providers, Nominated Supervisors and team members all have a duty of care change to ensure children are safe when sleeping and resting and reasonable steps are taken to protect them from harm and hazard. *National Law S167*

Approved Providers, Nominated Supervisors and team members take reasonable steps to ensure that the needs for sleep and rest of children are met, having regard to the ages, development stages and individual needs of the children. *National Regulation 84A*

Sleep and rest policies and procedures are in place. *National Regulation 84B*

A Sleep and Rest risk assessment is conducted to inform the sleep and rest procedures, identify any risks and implement appropriate control measures. *National Regulation 84C*

Approved Providers, Nominated Supervisors and team members must ensure that a bassinet is not at the service at any time. *National Regulation 84D*

Safe sleep and rest practices are included in the induction process for team members, students and volunteers.

### **Step by Step**

- It is important for children to have access to a quiet/rest space and period during the day, in

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order to rest, relax and recharge their body. During this period, children's needs are considered and catered for, having regard to their ages, development stages and individual needs of each child.

- Create a relaxing atmosphere for resting children by playing relaxation music, reading stories, or a suitably calming experience. The environment should be tranquil and calm for both educators and children. Educators will sit near resting children and support them by encouraging them to relax and listen to music or stories. (Children do not need to be "patted" to sleep. By providing a tranquil environment, children will choose to sleep if their body needs it).
- Beds will be arranged in a responsible manner to ensure each child has enough personal space as well as maintaining appropriate hygiene standards.
- Educators will ensure that sleeping/resting spaces are not dark. The lights can be dimmed, but there needs to be sufficient light to allow supervision and to physically check children's breathing, lip and skin colour.
- Remain within sight and hearing distance of sleeping and resting children
- Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required.
- Communicate with families about their child's sleeping or rest times and document the child's needs.
- Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind them that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.
- Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, and children are encouraged to remove shoes, jumpers, jackets, and bulky clothing. The room temperature will be considered to ensure maximum comfort.
- Children who do sleep will be able to sleep for as long as needed or as long as the parent or person responsible for the child desires. In the case of a parent requesting their child not sleep; if the child falls asleep on their own, we will not wake them up before a period of 30 minutes.
- Sleep and rest environments can be created outdoors. Additional considerations are necessary and should include weather considerations of temperatures and sun safety while continuing to implement Red Nose safe sleeping guidelines.
- Educators will maintain direct supervision of sleeping and resting children on beds at all times.
- Educators will provide information to families about their child's sleep and rest patterns.
- No smoking is permitted in centre building or grounds.

### **Step by Step: - Additional steps Early Education only**

- Children's beds are washed after each use with Neutral Cleaner and wiped with paper towels, using a fresh paper towel for each bed to ensure a sterile surface.
- Children who do not normally sleep will be encouraged to rest. How this rest period looks

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will depend on the child's individual needs or the dynamics of the room. The rest period provided may include quiet, soothing activities like guided meditation and yoga exercises or the use of indoor-outdoor rest provisions (i.e., on the veranda/deck).

- Consideration will be given to those children who are asleep within the environment.
- Children are not to share the one bed at the same time.
- Educators will conduct 10-minute sleep checks for all children under 3 years and over 2 years, educators will conduct 5-minute sleep checks for all children aged under 2 years. The educators must physically check ALL children's breathing by observing the rise and fall of their chest and their lip and skin colour. All checks will be recorded at the time they occur.
- A quiet, comfortable area needs to be available for children to relax at all times during the day to enable children to calm their body and mind.

### **Sleeping Requirements Infants under 2 Years in accordance with SUDI guidelines**

To reduce the risk of SUDI educators are to ensure the following practices are being carried out:

Educators should closely monitor sleeping and resting children and the sleep and rest environments. This involves physically checking/inspecting sleeping children at regular intervals, and ensuring they are within an appropriate distance of sleeping and resting children so that they can assess a child's breathing and the colour of their skin.

- Educators are to utilise the Red Nose– Safe Sleeping Guidelines on reducing the risk of SUDI :
  - Put baby on their back to sleep
  - Sleep baby with face uncovered
  - Put baby to sleep at the bottom of the cot so baby cannot slip down under the blankets
  - Ensure the babies face cannot become covered
  - Check baby is tucked in securely
  - Check bedding is not loose
  - There are to be no quilts, doonas, pillows or cot bumpers in cots
  - Ensure cot side is up
- If a baby is wrapped when sleeping, the baby's stage of development will be considered. Once the startle reflex disappears at around the age of 3 months of age, babies will be wrapped with their arms free. The use of a wrap will be discontinued when the baby can roll from back to tummy and back again (usually around four to six months of age) Only light weight wraps such as muslin or cotton will be used.
- All child comforters (e.g., blankies, soft toys etc.) are to be removed from cot once child is asleep for all babies under 7 months of age.
- All babies over 7 months of age will be permitted 1 comforter to be left in cot. Comforter must be only a small blankie or soft toy (no bigger than approximately 40 cm)
- Educators are to conduct sleep checks on all children asleep in cots at intervals of every 5 minutes. Educators are to ensure that they physically check every child for breathing by sighting the rise and fall of the chest. Educators are to sign sleep check every time they check child/ren.
- All hats, beanies, teething necklaces, and jumpers with hoods are to be removed from

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children/babies before they are put to sleep.

- Children/babies are to be put to bed in appropriate clothing that is not loose, too hot or too cold.
- Follow Rednose guidelines recommending that necklace/bracelets (including Amber Teething Necklaces) must be removed while the infant sleeps.
- Babies over four months of age, who can turn over in a cot, may be placed in a safe baby sleeping bag (i.e., with fitted neck and arm holes, but no hood)
- Infants/babies must not sleep in a bassinet, capsule, pram, rocker or bouncer. If they fall asleep in these pieces of equipment transfer the infant/baby to a cot.
- If a family requests their child sleeps contrary to these requirements, staff are to provide them with current evidence based educational resources such as Red Nose information statements in order to facilitate informed decisions regards safe sleeping. If the family is still not in agreement due to a rare medical condition, then a letter from a medical practitioner or specialist must be provided, outlining alternative sleep positions for the child. A risk assessment is then to be completed.
- Educators will give bottle-fed children their bottles before going to bed. Children will not be put in cots or in beds with bottles as per the Dental Health Policy.
- Sleeping and rest procedures along with equipment will be evaluated in accordance with advice from recognised health and safety authorities.
- Air conditioning units will be regularly maintained. Filters will be cleaned if there is an infectious outbreak in the nursery that may spread through the air conditioning units, otherwise a monthly routine will be adhered to.
- Infants will be placed to sleep on a firm mattress that fits tightly in a cot that meets the Australian and New Zealand Safety Standard AS/NZS 2172.  
St Nicholas will ensure there is an adequate number of cots and bedding available.
- Educators will securely lock cots sides into place to ensure children's safety each time a cot is in use.
- Educators will ensure all cots are arranged a safe distance from heaters, electrical appliances and hanging cords or string.
- Cots will be stripped of sheets and cleaned appropriately in between use if used by more than one child on any given day.
- Supervision windows will be kept clear to ensure safe supervision of sleeping infants.

Reference: *Staying Healthy in Child Care, 5th Edition, 2013*  
<https://rednose.org.au/article/how-to-dress-baby-for-sleep>  
<http://rednose.com.au/section/safe-sleeping>  
[Sleep and rest legislative requirements | ACECQA](#)  
<https://rednose.org.au/news/red-nose-warns-parents-not-to-use-amber-bead-necklaces>  
<https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/policy-and-procedure>  
<https://rednose.org.au/article/what-does-sudden-unexpected-death-in-infancy-sudi-mean>  
[Education and Care Services National Regulations \(2011 SI 653\) - NSW Legislation](#)

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[Children \(Education and Care Services\) National Law \(NSW\) No 104a of 2010 - NSW Legislation](#)

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## 6.11 Water Safety

### **Purpose**

St Nicholas will ensure children are safe when involved in water activities.

### **Responsibilities**

All educators are responsible for ensuring water activities are conducted safely.

### **Step by Step**

- Educators are to supervise children at water activities closely at all times. If a water tray is used, one educator must remain at this activity for the duration.
- At the completion of activity (e.g., water tray) water is to be emptied.
- Any buckets of water that may be used for cleaning or handwashing will not be left unsupervised near the children and emptied immediately after use.
- Cardiopulmonary Resuscitation (CPR) charts will be displayed in all rooms.
- Water activities are only to occur when weather permits (during hotter months)
- Water restrictions are to be adhered to and water usage is to be minimised during these times.
- Educators are to incorporate water safety into the educational program for children.
- An Activity Risk Assessment is to be completed for any additional water play activities that may pose a risk to children
- Educators are to ensure that all water hazards are assessed in all excursion Risk Assessment forms prior to an excursion taking place. Educators are to consider in this assessment; water features, pools or any other water hazard that may be present.
- The children's play areas will be checked each morning to ensure that no containers or pools of water are accessible to children. If rain occurs during the day, outdoor play areas will be checked for safety prior to the children entering the outdoor environment.

### **Step by Step: - OOSH Only**

#### **Water Safety in Relation to Excursions**

- The service recognises the risks posed by bodies of water and will ensure that every precaution is taken so that children are able to enjoy water-based excursions safely. Risk Assessments will be carried out for all water-based excursions. Authorisation from families will be sought prior to excursions including those involving water-based activities.
- The National Law and Regulations do not specify a specific educator to child ratio for activities where water is a feature. The number of educators' present is to be determined by a risk assessment of the proposed activity. It must be noted that in sections 165, 167 and 169 of the National Law there are clear statements about adequate supervision.

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- In determining the adequacy of supervision, a range of factors will be considered, including:
  - The number of children, their ages and abilities
  - Number and positioning of educators
  - The activities to be undertaken by the children
  - The environment – considering the area where the children are playing, considering visibility and accessibility
  - Risks in the environment and experiences and provided to children
  - The experience, knowledge, and skill of each educator
- Educators are to ensure that all water hazards are assessed in all excursion Risk Assessment forms prior to an excursion taking place. Educators are to consider in this assessment; water features, pools or any other water hazard that may be present.

#### **Definition of a body of water**

- The service recognises the following locations as bodies of water:
  - Swimming pools and / or water fun parks
  - Wading pools
  - Lakes

*Reference: Staying Healthy in Child Care, 5th Edition, 2013  
 2018 National Quality Standard (NQS)  
 Education and Care Services National Regulations 2018  
 Children (Education and Care Services) National Law (NSW)*

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## 6.12 Children's clothing

### **Purpose**

St Nicholas will encourage children to wear clothing that is neat, tidy and appropriate for the weather conditions.

### **Responsibilities**

All educators are responsible for monitoring children's clothing and advising the Nominated Supervisor/Director where it is not appropriate.

### **Step by Step**

- Children need to wear safe, comfortable shoes that fit well. Shoes must provide support as well as protection for the feet. Shoes with soles that grip are recommended, to make climbing and other physical activities easier and safer for children.
- For safety reasons no thongs, platform shoes, slippery-soled shoes, dangly earrings (including sleepers) or any other dangerous form of clothing is to be worn at the centre.
- The recommended set of clothing for summer is joggers or sandals that are secure around the ankle, short socks, shorts, and shirt with sleeves (preferably long sleeved).
- The recommended set of clothing for winter is joggers, socks, and a tracksuit. This form of clothing would enable children to participate in the center's activities in a safe and comfortable manner. For outdoor play, a warm jacket and beanie and hat are required.
- Clothing is to comply with our SunSmart policy. This includes shirts with sleeves that protect their shoulders, back and stomach. Singlet tops and midriff tops are not to be worn. See our centre sun protection procedures.
- Parents are to ensure that all items of clothing are suitably labelled with the child's name.
- It is recommended that children be dressed in clothes that they can feel free to explore their environment in, without the worry of getting dirty, accidentally damaged or paint stained. Play is the most important learning avenue in childhood years, so any restrictions in the form of clothing may hinder their creativity and development. A few separate sets of day care clothes only could be a solution if you are worried about their clothes.
- All art/craft activities are fully supervised, but clothes can still get messy.
- Educators will ensure children are appropriately dressed for the temperature indoors and outdoors. Educators are sensitive to cultural differences in both attitudes to dress and in dressing procedures.
- Educators display a sensitive approach to each child's comfort and their self-help attempts in dressing and undressing.
- A spare set of clothes should be packed each day. This spare set should be clearly labelled and be appropriate for the weather. A jumper should be packed in the summer to allow for any weather changes.
- Educators will ensure that children are dressed appropriately for sleep and rest time.

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- All children's soiled and dirty clothing will be placed and secured in a plastic bag, labeled with the child's name. For safety reasons, these bags will be kept in a secure container located in the bathroom area out of children's reach. A wet clothes notice will be placed in the child's parent pocket or on the sign in sheets to notify parents to collect their child's clothing. Due to hygienic reasons, any clothing that hasn't been collected after a week will be thrown out.
- Research shows that there are major benefits associated to children being allowed to be active while barefoot. To acknowledge this, we promote that children be given the autonomy to choose if they wish to remove their shoes during play. It is advised however, that should children attend to any tasks in high-risk spaces, like bathrooms and kitchens, or high-risk activities, shoes must be worn to maintain the safety and wellbeing of children.

*Reference: Sun Smart Childcare A Guide for Service Providers. Sydney, 2012.*  
*Raising Children Network. (n.d). Dressing Baby for Bed. Retrieved January 4th, 2012, from [http://raisingchildren.net.au/articles/dressing\\_baby\\_for\\_bed.html](http://raisingchildren.net.au/articles/dressing_baby_for_bed.html).*  
*Stonehouse, A. (2007). Children's Clothing in Childcare. NCAC Quality Improvement and Accreditation System Fact Sheet #15: Children's Clothing in Childcare. NSW. NCAC.*  
*2018 National Quality Standard (NQS)*  
*Education and Care Services National Regulations 2018*

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## 6.13 Smoking and Alcohol

### **Purpose**

St Nicholas will ensure children enjoy a no smoking and alcohol consumption free environment whilst in care.

### **Responsibilities**

The Nominated Supervisor/Director and educators are responsible for ensuring compliance.

### **Step by Step**

- Educators or other persons, including parents and volunteers are not able to smoke or vape on any part of the premises including all outdoor areas, including the car parks.
- Families are to be informed of this policy.
- A no smoking sign will be displayed in the centre grounds.
- All tobacco, cigarettes, lighters and vape paraphernalia are to be kept out of sight of the children.
- On excursions, there is to be no smoking or vaping in any vehicle whilst it is being used to transport children.
- On excursions, volunteers are not to smoke or vape anywhere in the vicinity of the children and can only leave the group with permission from the Nominated Supervisor/Director or Responsible Person, providing that the adult: child ratio is upheld.
- Children are not to be taken into a building where smoking is permitted whilst on an excursion.
- In order to maintain effective supervision of children, educators are only permitted to smoke or vape in the designated smoking area, off centre premises within their normal breaks.
- No alcohol is permitted to be consumed or stored on the premises at any time.

*Reference: 2018 National Quality Standard (NQS)  
Education and Care Services National Regulations  
Smoke Free Environment Act 2000 (New Requirements implemented January 2014)  
Public Health Act 2010  
WHS Management System for the Diocese of Maitland-Newcastle*

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## 6.14 Sun Protection

### ***Purpose***

At St Nicholas, we aim to protect all children and educators from harmful effects of ultraviolet (UV) radiation from the sun.

### ***Responsibilities***

The Nominated Supervisor/Director is responsible for ensuring that educators meet and promote recommended sun safe practices.

### ***Step by Step***

#### **Sun Protective Behaviours**

- UV Levels and daily sun protection times are used to plan daily activities and ensure a correct understanding of local sun protection requirements
- When children are on excursions all sun protection practices are planned, organised, understood and available

#### **Shade**

- St Nicholas will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments should be conducted by the Nominated Supervisor/Director to monitor existing shade structures and assist in planning for additional shade.
- All outdoor activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.

#### **Hats**

- Educators and children are required to wear SunSmart hats that protect their face, neck and ears.
- A sun safe hat is a:
  - Legionnaire hat.
  - Bucket hat with a deep crown and brim size of at least 5cm (adults 6cm);
  - Broad brimmed hat with a brim size of at least 6cm (adults 7.5cm). (Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended).
- Children without a sun safe hat will provided with a spare hat. Educators will be provided with a St Nicholas bucket hat.

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## Clothing

- When outdoors, educators and children will wear SunSmart clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible. This includes wearing:
  - Loose fitting shirts and dresses with sleeves and collars or covered neckline
  - Longer style skirts, shorts, and trousers.
  - Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

## Sunscreen

- All educators and children will apply at least SPF30+ broad-spectrum water-resistant sunscreen (provided by centre) 20 minutes before going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the use-by-date monitored
- Educators will apply sunscreen or assist all children to apply sunscreen to ensure it is correctly applied.
- Permission to apply sunscreen is included in the St Nicholas enrolment form. Where children have allergies or sensitivity to the sunscreen, parents are asked you provide an alternative sunscreen.

## Educators as Role Models

- Educators will role models sun safe behaviour by:
  - Wearing a sun safe hat (see Hats);
  - Wearing sun safe clothing (see Clothing);
  - Applying SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors.
  - Using and promoting shade.
  - Wearing sunglasses that meet the Australian Standard 1067 (optional);
- Families and visitors are encouraged to role model positive sun safe behavior.
- Discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the centre
- Families and visitors are encouraged to role model positive SunSmart behavior.

## Babies

- Babies under 12 months should not be exposed to direct sunlight and are to remain in full shade when outside. They are required to wear sun-safe hats and clothing, and small amounts of SPF30+ broad-spectrum water-resistant sunscreen suitable for babies may be applied to their exposed skin.
- The use of sunscreen on babies under 6 months is not recommended due to their sensitive skin

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## Education and Information

- Sun protection will be incorporated regularly into learning programs. Sun protection information will be promoted to educators, families, and visitors. Further information is available from the Cancer Council website [www.cancerCouncil.com.au/sunsmart](http://www.cancerCouncil.com.au/sunsmart).
- Educators will ensure that children understand why sun safety is important and learn how to take effective sun protection actions e.g. wearing hats and accessing daily UV levels.
- SunSmart App daily UV times are promoted to guide staff, parents, and children behaviour

## Policy and Information availability

- The Sun Protection Policy, procedures, requirements, and updates will be made available to staff, educators, families and visitors
- Sun protection information and resources are accessible and communicated regularly to families.
- All families are informed of the sun protection policy including appropriate hat, clothing, and sunscreen requirements on enrolling their child in the service.

## Review

- Management and Educators will monitor and review the effectiveness of the sun protection procedure regularly. St Nicholas sun protection procedure will be submitted every two years to the Cancer Council for review to ensure continued best practice. Refer to the Cancer Council's guidelines and website [www.cancerCouncil.com.au/sunsmart](http://www.cancerCouncil.com.au/sunsmart) for further information.

Reference: NSW Cancer Council, Sunsmart Early Childhood  
<http://www.sunsmartnsw.com.au/programs/programs-ech/>  
 2018 National Quality Standard (NQS)  
 Sun Smart Childcare: A guide for Service Providers. Sydney, 2008.  
 Education and Care Services National Regulations

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## 6.15 Infection Control

### **Purpose**

To minimise the spread and risks of infectious diseases between children, other children and educators by conforming to recommended hand-washing guidelines and standards.

### **Responsibilities**

The Nominated Supervisor/Director is responsible for ensuring that educators meet and promote recommended hand-washing guidelines and standards.

## Hand Washing

### **Step by Step**

- Handwashing only sinks are located in bathrooms and kitchen. Educators are not to use these sinks for food or craft preparation.
- Liquid soap and paper towel dispensers are located near all hand-washing sinks.
- Any educators with cuts, wounds or abrasions on their hands must cover them with a water-resistant dressing.
- Waterless soap solution will be available in outdoor areas where running water is not available.
- Where practicable, use paper towel to turn off sinks, taps and flush toilets.
- Hands are to be washed in the following way:
  - Use liquid soap and running water
  - Rub hands vigorously, counting to 10
  - Wash hands all over, including the backs of hands, wrists, between fingers, under nails.
  - Turn tap off when finished with paper towel.
  - Press hands dry with new paper towel.
- The hand-washing procedure will be displayed at all sinks.
- Educators, children, visitors, and anyone normally working at the centre are to wash their hands:
  - On arrival at the centre
  - Before and after eating, handling food, or preparing children's bottles
  - Before preparing and cooking food
  - Helping children with toileting
  - After going to the toilet
  - After cleaning up or any contact with urine, faeces, vomit, blood or other body fluids
  - After giving first aid or CPR
  - After wiping a nose or contact with nasal or salivary secretions

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- Before and after giving a child medication
- After playing outside
- After patting or touching animals
- Before leaving the centre
- After handling of rubbish.

## Toileting

### Step by Step

- Encourage child to flush toilet after use. Help the child wash his/her hands after toileting, following hand washing procedure.
- Supervise bathroom routine - toileting, flushing, hand washing.
- Remind children to wash hands before toileting if necessary.
- Place any soiled clothes in a plastic bag (o reusable wet bag supplied by parent) for parents to take home. These bags are to be placed in a sealed container out of children's reach and within access for parents.
- Wash your own hands thoroughly, in accordance with Infection Control - Handwashing procedure.
- Educators to use gloves when assisting children with toileting
- For spilt urine or faeces consult Infection Control - Handling of Body Fluids procedure.
- Children still learning to toilet - parents are asked to supply pull up nappy pants, which give children the freedom and encouragement to practice independent toileting practices.
- Procedure for soiled clothing and children:
  - wear disposable gloves when helping/cleaning a child who soiled clothes
  - Assist child to undress, if required and place any soiled clothes in a plastic bag, labelled with child's name for parents to take home.
  - use wet ones to wipe the child's bottom area
  - dress child in spare clothes provided by parents or centre (nappy and gloves)
  - dispose of wet ones, in a plastic bag and into the garbage bin
  - the child and educator wash their hands.
  - store plastic bag with soiled clothing out of children's reach.

**Where Staff and children share toilet and bathroom facilities, staff do not use the bathroom facilities when children are using the bathroom facilities.**

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## Use of Gloves

### Step by Step

- Gloves will be available at all handwashing and nappy change stations for use
- Non-Latex gloves will be supplied to reduce the risk of latex allergies.
- Gloves are to be worn when:
  - Wiping noses
  - Handling food
  - Handling blood or body fluid soiled items, surfaces or clothing
  - Wiping up spills to remove blood or body fluids
  - Cleaning bathrooms, kitchens, toys, walls etc.
  - When emptying rubbish bins
  - When making playdough to ensure colouring is not absorbed into hands
  - When administering medication.
  - Hands must still be washed after removal of gloves.

## Nappy Changing

### Step by Step: - Early Education Only

- Disposable nappies will be provided by the centre and will be within reach of nappy change bench area.
- Nappy change facilities will be provided in bathrooms and separate from food preparation areas.
- Hand-washing and drying facilities are located adjacent to all nappy change facilities.
- Educators with cuts, abrasions or wounds are to cover them with water resistant dressing.
- Washable nappy change mats are provided at each station and one-way bins provided for disposal of nappies.
- Steps are provided for walking children to nappy change bench
- An area will be set aside for nappy changing with the following supplies:
  - nappy change mat,
  - plastic bags (must be kept out of reach of children);
  - rubbish bin lined with plastic.
  - pre-moistened towelettes (Baby wipes)
  - spray bottle with Neutral Cleaner cleaning solution
  - paper towels
  - gloves (must be kept out of reach of children)
- Nappy changing procedure is to be displayed in nappy change area.
- Children are not to be left unattended on the nappy change mat.
- Work experience students may change nappies only under strict supervision of an educator.

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- Cloth nappies may be supplied by parents for use instead of disposable nappies. If this is the case the parent must also supply a suitable bucket with lid for storage of the soiled nappies. Parents must take this bucket home daily and returned on each occasion their child attends care.
- Nappy change procedure is to be always followed when changing nappies:

PREPARATION	CHANGING	CLEANING
1. Wash your hands	4. Remove the child's nappy and put any disposable nappy in a hands-free lidded bin. Place any soiled clothes (including any cloth nappy) in a plastic bag	12. After each nappy change, clean the change table with detergent and warm water, then rinse and dry
2. Place paper on the change table	5. Clean the child's bottom	13. Wash your hands
3. Put disposable gloves on both hands	6. Remove the paper and put it in a hands-free lidded bin	
	7. Remove your gloves and put them in the bin	
	8. Place a clean nappy on the child	
	9. Dress the child	
	10. Take the child away from the change table	
	11. Wash your hands and the child's hands	

## Parent Notification

### Step by Step

- When an infection which is listed in the NSW Health Department's Guidelines as requiring exclusion occurs in the centre:
  - Notices about the occurrence of the infection should be placed in suitable positions in the centre.
  - Parents should be informed verbally of the presence of the infectious disease, as soon as practicable
  - When serious infections occur, the advice of the local Public Health Unit should be sought requesting that a letter be provided to each child's parents. The letter should make the parents aware of the presence of the infection in the centre and provide advice about prevention and any action to be taken in the event of illness in their own child.
- The St Nicholas Nominated Supervisor/Director will contact the Area Service Manager to report, where the Public Health Unit has been contacted.
- All fees are payable during times of exclusion (see Fees Policy).

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## Exclusion from Care and Regulatory Notification Requirements

### Step by Step

- Children and educators with infectious diseases must be excluded from the centre in accordance with the NHMRC guidelines and the Centre Infection Disease Exclusion guidelines.
- Under the NSW Food Act (1989) any member of educators involved with food handling who has boils or other pustular infections of the skin on the arms or face, or is suspected of having any gastrointestinal infection, must be excluded from food handling duties when sick or when they have cuts, wounds or skin lesions on hands which cannot be adequately covered.
- Under the Public Health Act 2010, the Nominated Supervisor/Director must notify the local Public Health Unit when any of the following diseases occur in the centre: diphtheria, measles, mumps, poliomyelitis, rubella (German measles), whooping cough (pertussis), tetanus and Hib.
- As recommended by the NSW Health Department, the Nominated Supervisor/Director should report to the Public Health Unit:
  - any single case of meningitis
  - food-borne illness in two or more persons, or gastro-enteritis affecting three or more persons
  - any of the following conditions affecting three or more persons: chickenpox, cold sores, conjunctivitis, influenza, strep throat, or any other condition of concern.
- Any reportable health incident will require support through the St Nicholas management. The Nominated Supervisor/Director is to contact management immediately if a notification is required.
- The Nominated Supervisor/Director will ensure that, where required, appropriate notification is made to the regulatory authority in the required timeframe:
  - In the case of a serious incident requiring medical treatment, within 24 hours
  - In the case of any circumstances that pose a risk to the health, safety or wellbeing of a child attending the service, within 7 days.
- A medical certificate is required before a child or adult having diphtheria, hepatitis A, Polio, tuberculosis, typhoid, or paratyphoid can return to the centre.
- Evidence of a Negative COVID-19 test may be required before a child or adult experiencing cold and flu symptoms can return to the centre
- As recommended by the NSW Health Department anyone experiencing symptoms of gastroenteritis – vomiting or diarrhea – must not return to the centre until they have been clear of symptoms for 48 hours. Children or educators can only return inside this time frame if they have a clearance letter from their doctor.
- All fees are payable during times of exclusion (see Fees Policy).

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## Handling of Bodily Fluids

### Step by Step

- Educators are to adhere to and follow strictly the Centre's Infection Control – Handwashing and Infection Control – Glove Procedures.
- Educators are to prevent any sharing of combs, brushes, toothbrushes, towels, face clothes or handkerchiefs.
- Educators are not to kiss children on the mouth.
- Blood spill kits are to be located in the outdoor environment and must consist of:
  - 1 spray bottle of Neutral Cleaner cleaning solution,
  - plastic gloves, disposable,
  - plastic bags,
  - paper towels,
  - tissues.
- Blood spill kits are to be kept out of reach of children, but easily accessible to adults, in the outdoor environment.
- All educators and children's cuts and scratches are to be covered with a waterproof dressing.
- Procedure to deal with and clean up body fluids is displayed in the bathrooms.
- Any body fluids on surfaces are to be cleaned by soaking with detergent and water and removing with paper towel. It is then to be rinsed with clean water and dried.
- All soiled gloves and paper to be placed in plastic bag, sealed and then placed in rubbish bins.
- All soiled clothing to be sealed in plastic bags and placed out of reach of children and sent home with the child.

### Step by Step: - Early Education Only

- All soiled linen that belongs to the centre are placed in the labelled buckets designated for specific body fluids and soaked with warm water and Neutral Cleaner solution. Linen is then washed as per normal. Specified buckets are located in the centre laundry.
- To disinfect the sandpit contaminated by faeces, blood, or other body fluids: -
  - remove contaminated sand.
  - disinfect area surrounding contamination with Neutral Cleaner cleaning solution, by sprinkling it on the sand with a watering can.
- renew sand pit with fresh sand regularly.

## Cleaning and Maintenance

### Step by Step

- Resources and equipment purchased are to be easily cleanable.
- Educators are to wear gloves when cleaning.
- Neutral Cleaner (non-toxic) cleaning solution is to be used for general environmental cleaning. This is also sufficient for cleaning floors, toilets and blood, urine or vomit spills. Bleach or other disinfectants are not to be used.

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- Neutral Cleaner and Sanitizer (Food Grade) cleaning solution are to be used to clean food contact surfaces.
- Heat or chemical solutions (Sanitiser) can be used to clean food utensils or surfaces.
- Neutral Cleaner (non-toxic) cleaning solution is to be used to clean toilets and floors.
- Mops are to be colour coded for specific cleaning uses:
  - Red mops to be used for bathroom only
  - Yellow mops to be used for general cleaning purposes.
- Any blood, urine, or faeces spills to be cleaned as best as possible with cleaning solution and paper towel first, then to be cleaned again with clean water and Neutral Cleaner solution with blue bathroom mop
- The following cleaning guide is to be placed in all sink locations throughout the centre, to alert educators to the correct cleaning equipment for each individual purpose:
- Paper towel
  - Cleaning of food spills
  - Cleaning of bathrooms (1 per each toilet)
  - Cleaning of tables
  - Cleaning of blood, urine, faeces, vomit spills.
- Red cloths
  - Cleaning of craft equipment ONLY.
- Yellow cloths
  - Cleaning of food preparation benches after all visible signs of contamination have been removed with paper towel
  - Cleaning of food utensils after food scraps have been removed and utensils rinsed
- Cleaning items and products are to be stored in the laundry, which is to be locked/closed at all times and inaccessible to children.
- Food utensils are to be aired dry. No tea towels are to be used.
- Floors are to be vacuumed or swept prior to mopping.
- Floors should be mopped where possible after the centre has closed. Where floors are mopped during operational hours they should be allowed to dry before being used by educators or children.
- The following item are to be cleaned DAILY:
  - Bathrooms (after each set of nappy changes or a minimum of 4 times per day for older room). Bathroom cleaning schedule to be signed once cleaning completed.
  - Nappy change areas (after each change and daily)
  - Mouthed toys or objects
  - Surfaces
  - All floors
  - Beds
  - Linen
  - Bibs, face cloths (after each use).
- The following items are to be cleaned WEEKLY.
  - Shelves
  - Equipment shelving

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- Doorknobs
- Play mats
- Microwaves
- Pillow, cushion covers
- Sofas cleaned or vacuumed
- Children's dress up toys
- Children's toys and equipment.

### Special areas for Cleaning

- Sand pits (if applicable)
  - Cover when not in use (if practical to do so. Centres should take into account the weight of the sandpit cover and any potential WH&S risks to assess when and how often to put on cover)
  - Rake daily
  - Remove any sand following contamination
  - Empty and replace sand when required.
  
- Garbage disposal
  - Use separate bins for nappy change, bathrooms, kitchen, play areas
  - Ensure they are waterproof and preferably foot pedal bins
  - Bins to be lined with plastic bags
  - Bins are to be emptied daily with new lining inserted
  - Bin lids and/or pedals to be wiped daily
  - Whole bin to be cleaned weekly
  - Bins are to be inaccessible to children under two.
  
- Toys
  - Toys to be disinfected weekly or immediately after mouthed
  - Soft toys are to be washed in hot water and dried in clothes dryer
  - The centre and premises are to be kept vermin free and will be pest sprayed when any signs of vermin are detected. The pest spraying will not occur while any children are on the premises.
  - The above procedures are to be included in the cleaning specification for cleaning contractors and it is the responsibility of the Nominated Supervisor/Director to ensure satisfactory performance.

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## Head Lice

### Step by Step

#### Responsibilities of Families

- Children's hair will be checked on a weekly basis, at home, using the recommended conditioner/combing detection method.
- Children are not able to attend St Nicholas with untreated head lice. Children with live lice and eggs will be sent home immediately.
- All household members will regularly check and treat if necessary. (Families will notify St Nicholas if their child is found to have live lice so we can monitor the number of cases and act responsibly if a high number of cases are reported.)
- It is recommended that children with long hair are encouraged to attend St Nicholas with their hair tied back.
- Families will only use safe and recommended practices to treat head lice.
- Families will maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures.

#### Responsibilities of St Nicholas

To support families and the broader community of St Nicholas, to achieve a consistent, collaborative approach to head lice management we will undertake to:

- Distribute up-to-date and accurate information on the detection, treatment, and control of head lice to families and educators at the beginning of the year or more frequently if required
- Include information and updates in newsletters
- Alert all families when a case of head lice has been detected (maintaining confidentiality) through a notice or sign at foyer entry
- Provide practical advice and maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures
- Exclude a child from St Nicholas only if live head lice or eggs are detected and re-commence care once appropriate treatment has commenced
- Accept the advice of families that appropriate treatment has commenced
- Record confidentially all cases so an outbreak can be avoided.
- Encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks.
- Be aware of real difficulties some parents may encounter and seek extra support if required.
- Act responsibly and respectfully when dealing with families of St Nicholas especially around issues of head lice and always treat all cases with strict confidentiality.
- Continue to seek opportunities to increase our collective understanding of and response to managing head lice.

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Reference: *Staying Healthy in Child Care, 5th Edition, 2013*  
*2018 National Quality Standard (NQS)*  
*Education and Care Services National Regulations*  
[www.health.vic.gov.au/headlice/faq.htm](http://www.health.vic.gov.au/headlice/faq.htm)  
<http://www.healthywa.wa.gov.au/Healthy-WA/Articles/F 1/Head-lice>  
*N.S.W Health Department's Exclusion Policy Guidelines*

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## 6.16 Risk Assessment Procedure

### **Purpose**

To minimise the risk of potential harm to children and staff from hazards

### **Step by Step**

Risk Assessment will be conducted in the following areas as per the procedure below.

#### **Emergency Risk Assessments**

- Emergency Risk assessments should be formulated upon opening of a centre and should identify all emergency situations that could likely lead to a hazard or risk. These include, but are not limited to, fire, flood, dangerous substances, dangerous people, dangerous animals, chemical hazards, and water hazards.
- They should be reviewed annually or as required and should be signed by the Nominated Supervisor/Director and all employees.
- New Employees should read and sign these as part of their orientation process.

#### **Activity Risk benefit Forms**

- Activity Risk Assessments are formulated to ensure that all activities and resources provided to and accessible to children are free of hazards and dangers.
- The activity or resource should be assessed for risks and safety measures put in place to minimize these risks to the children.
- Each room/service is to conduct their own Activity Risk assessment for all new resources and/or activities they introduce to children and all educators should read and sign these documents to ensure their understanding of the safety measures required.
- All activity risk assessments are to be reviewed at a minimum of every 3 months by all staff in the room/ service or as required.
- Any changes to the activity or resource that pose an immediate safety risk to the children should be ceased or removed immediately (E.g., broken or damaged resources).

#### **Excursion Risk Assessments**

- Excursion Risk Assessments are to be completed for events at specific locations away from the centre.
- Travel to these events will be either via walking or bus.
- They may include repeat visits to these locations as long as each visit is clearly dated on original assessment and all visits are completed within a 3-month time frame (after this time a new Excursion Risk assessment will need to be completed).
- All staff attending the excursion (and any parent helpers where required) must read and sign the risk assessment.

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**Regular Outing Risk Assessment**

- Regular Outing Risk Assessments are to be completed for all experiences located out of the centre grounds and are able to be accessed via walking.
- They are to include a thorough risk assessment of all areas and locations proposed within the set boundaries.
- As these outings will take place over a longer period of time to several locations the risk assessment and proposed areas must be reviewed at a minimum of every month. This is to ensure that no changes have occurred in these areas that present an additional hazard or risk to the safety of the children and staff (i.e., road works, construction, damage etc.).
- Initial Risk Assessment and all reviews are to be signed by all Educators attending the outing and the Director (including any new educators or other room staff who may attend throughout the year).

**Loose Parts Risk Assessment (Early Education Only)**

- The loose parts risk assessment is a St Nicholas wide risk assessment covering a number of different loose part resources. This risk assessment identifies resources that are:
  - Unsuitable for 0–2-year-olds
  - Require direct supervision
  - Are safe for all age groups.
- The Loose parts risk assessment is to be printed each year and reviewed and signed in January and July by all staff. The Director is also to ensure that any new staff that commence employment throughout the year read and sign this risk assessment as part of their orientation process.
- The Director is also responsible for conducting room audits of loose parts to ensure they meet the guidelines of the risk assessment and are in good repair.
- In addition to the risk assessment there are also 3 posters that should be displayed in rooms, storerooms, and outdoor sheds at ALL TIMES. These posters are separated into 3 age groups and highlights the safety precautions for each age 0-2 Years, 2-3 Years, and 3-5 Years.
- Any additional resources, not already included on Loose parts risk assessment, must be risk assessed individually on an activity risk assessment form. This form needs to be sent to Quality Assurance Manager for review and possible inclusion onto the loose parts risk assessment in the future.
- Directors are not to change, edit or alter the loose parts risk assessment.

Reference: *Education and Care Services National Regulations 2018*

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## 6.17 Supervision of Children

### Purpose

To support the health and well-being of children in our care through observing and relating to individual children and groups of children (see *Supervision of Children Policy*).

### Step by Step

- One educator should be close enough to children to intervene if necessary
- Children should not be left alone in the room or outdoor area – if you are alone, the children should be with you, and this might necessitate taking all the children with you.
- Have clear sight lines to all children in the group – place yourself so you can supervise as much of the “Whole Group” as possible.
- Do not spend long periods of time with bookwork or the preparation and clearing away of activities when you should be interacting with the children.
- Fill out an Incident report form for all injuries under your supervision and report them to the Nominated Supervisor/Director or responsible person
- Know how many children are present and do regular head counts. Head counts should be conducted:
  - Transitioning from one environment to another (E.g., outside to inside)
  - Every half an hour and recorded on Staff Ratio sheet (Early Education Only)
  - As per Risk Assessment for excursions and regular outings.
  - Before each educator goes on their lunch break or at the end of their shift (Early Education Only)
- Be aware of where children are, whom they are with and what they are doing.
- Educators are to ensure that all children are directly supervised when eating.
- Children are to be alerted to any safety issues and encouraged by educators to develop the skills to assess and minimise risks to their own safety.
- Educators are to stay close to children that are ill or injured, are exhibiting challenging behaviours or need additional support.
- Educators are to redirect children to other areas/activities when undesirable behaviour is imminent or occurs.
- Even when interacting with a small group of children, continually scan the area to check on remainder of children
- Educators should not stand in groups or be constantly sitting.
- Educators should be aware of where other educators are at all times.
- Educators are to clearly communicate to other educators before they leave their supervision area for any reason. Educators should wait for another educator to replace them before leaving the area. If there is no educator spare, then the area is packed up before the educator leaves (especially if the activities require direct supervision).
- Educators are to actively listen to identify signs of potential danger, such as: crying, choking, gasping, splashing water, or changes to tone or volume of voices, or silence.

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- Open your senses, your eyes, and your ears and remember you are here for the children.
- The following activities should be directly supervised at all times:
  - Water play - The water trough is not to be left unattended and should be emptied or covered when not in use.
  - Mud play
  - Loose Parts deemed to require direct supervision
  - Cooking experiences
  - Climbing activities or resources
  - Real carpentry tools, such as hammers & nails, saws, wire etc.
  - Firepits
- Direct supervision requires an educator to be physically present and within immediate distance to the activity at all times. If direct supervision cannot be maintained, then the activity should be ceased immediately.

*References: 2018 National Quality Standard (NQS)  
Education and Care Services National Regulations 2018*

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## 6.18 Safe Handling & Disposal of Needles & Syringes

Staff may be required to handle and dispose of a needle/syringe used by a student for the management of a medical condition, or one found on Site. It is also important to know that incorrect handling and unsafe disposal of needles and syringes present a potential hazard. While the risk of acquiring a disease from a needlestick injury in a community setting is very low, it is important they are disposed of promptly and safely. Should a needlestick injury occur in the use or disposal of a needle/syringe, these procedures outline the required action to be taken.

### ***Safe use of Needles and Sharps***

- All staff must be trained in the use of epi-pens by appropriately qualified personal (See 6.08 Medical Conditions Procedure)
- Individual health care plans, particularly dealing with the management of diabetes, may require staff to give injections. Where a site agrees to a request for staff to give injections or check blood sugar levels, appropriate training from medical personal is required. Such training is to form part of the individual health care plan and be completed prior to the commencement of any medical assistance by the staff member.
- The Director must make available latex or vinyl gloves and a sharps container.

### ***Disposal of Needles and Syringes***

- All needles and syringes, including epi-pens, must be disposed of in a sharps container that complies with the appropriate standard. Such containers may be non-reusable personal use containers provided by students or the site may purchase containers from commercial suppliers. Some waste contractors provide (for a fee) a pick-up and disposal service along with a replacement sharps container.
- Individual needles and sharps must never be disposed of in general waste.

### ***Safe disposal of sharps found onsite***

- Students/Children should never handle sharps.
- Before staff handle sharps - move away any people (especially students/children) who are nearby.
- Ensure there is space to move and to clearly observe the sharps and your hands.
- Bring the sites sharps container to the found sharp. Never carry the sharp across the ground to the container located elsewhere. Do not hold the container or ask another person to hold it but place it on the ground.
- Put on disposable latex or vinyl gloves.
- Do not handle more than one item at a time. If there are multiple sharps, carefully separate them using a stick or implement – do not try to flick them or pick them up with a grabber/implement. The use of such implements increases the risk of injury through uncontrolled flicking of the sharp.
- Pick up the syringe by the middle of the barrel.
- Place the syringe in the container sharp end first.

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- Place the lid securely on the sharps container and return to original location.
- Remove gloves carefully and dispose of. Wash your hands with running water and soap.

### ***Managing Needlestick Injury***

Immediate management of needle-stick injuries will minimise the risk of the staff member contracting an infectious disease or experiencing excessive emotional trauma.

The following steps must be used:

- Stay calm and reassure the person.
- Wash the area well with soap and running water (alcohol-based hand rubs can be used when soap and water are not available).
- Pat-dry the area around a skin penetration injury and apply a sterile adhesive dressing.
- Ensure the needle/syringe is safely collected using established procedures.
- Report the injury immediately to your supervisor. The affected person must receive medical advice from a registered health professional as soon as possible. Advice and appropriate risk exposure treatment/counselling may be obtained through an emergency department of a local hospital or the employee's own doctor.
- Complete the WH&S Incident Report

*Reference: Diocesan First Aid Policy – 6.5.5 First Aid and Medication Application Procedure 10/2/21*

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