



Catholic Education  
Diocese of Rockhampton



# CATHOLIC EDUCATION KINDERGARTEN POLICY AND PROCEDURES



*Early Learning & Care*

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# INTRODUCTION AND VERSION NOTES

The following document contains all policies and procedures as applicable to all Outside School Hours Care (OSHC) services and Kindergartens under the Approved Provider The Roman Catholic Trust Corporation for the Diocese of Rockhampton (Provider ID: PR 0000 0595). For operational reasons, select policies/procedures may differ between an OSHC and a Kindergarten. In these cases, one policy/procedure will exist for each type of service, and be clearly labelled as 'OSHC' or 'Kindergarten' in the title of the policy/procedure. Where this distinction is not made, whether the term kindergarten, centre or service is used, it is understood that it applies to all OSHC services and Kindergartens.

This version of the Policies and Procedures has been developed in consultation with our educators, staff and families. The guidelines set out by the Department of Early Childhood Education and Care were also guiding principles, focusing particularly on:

*Early childhood service policies and procedures must be:*

***presented in a logical format:*** A policy and procedure about a particular topic should be self-contained with all relevant information included in the specific policy and procedure. For example, all information relevant to water safety should be contained in the one discrete policy and procedure. It may be cross-referenced in other policies and procedures if necessary

***current:*** Policies and procedures must refer to current legislation. Approved providers must ensure that any legislative amendments, which have taken effect prior to submitting a service approval application, have been incorporated

***clear and fit for their purpose:*** Policies and procedures are designed to be a step-by-step guide for those who have the responsibility for implementing them. Roles and responsibilities must be clearly set out, so each person knows exactly what and when to do something

***complete:*** Any documentation referred to in the policies and procedures must be made available to the Regulatory Authority upon request

***service-specific:*** Generic policies and procedures developed by approved providers are not always relevant for staff to carry out their obligations or functions within the context of specific service environments and premises. While policy positions and principles may be the same, the procedure must be tailored to the individual environment (physical and social) of the service

***service-type specific:*** Policies and procedures must be written specific to the service type. Policies and procedures for a centre-based service, such as long day care or outside school hours care, will be different to those for a family day care service

**based on best practice principles:** Policies and procedures should refer to accepted applicable community standards (based on current research) and recommendations of relevant expert bodies, such as [Kidsafe External link](#), [Red Nose External link](#), the [National Health and Medical Research Council \(Staying Healthy\) External link](#) and [Cancer Council Queensland External link](#)

**accessible to all staff and families:** Policies and procedures must be accessible for any individual involved in the service (staff and families). For example, when educators have English as a second language, it is expected that the approved provider will translate their policies and procedures into the relevant languages used

**regularly considered and reviewed by staff:** All staff should receive an induction and regular training on the policies and procedures for a service. Policies and procedures should be regularly discussed and revised especially after incidents, complaints or events. For example, after each excursion, relevant policies and procedures should be discussed and revised (including with families) to drive continuous improvement.

Developing policies and procedures, Early Childhood Education and Care, Queensland Government, <https://earlychildhood.qld.gov.au/legislation-and-guidelines/policy-and-procedure-guidance/developing-policies-and-procedures>, last updated 02 November 2022, accessed 20/06/2022

## VERSION NOTES

This version of the Catholic Education Diocese of Rockhampton Early Learning and Care Policies and Procedures supersedes all previous versions of this document. They have been revised to comply with all Legislation and Regulations, and in line with the guidelines produced by Queensland Department of Early Childhood Education and Care.

In the event of a dispute, this document will override any document produced by any service, and decisions made by the Approved Provider can override those made by Nominated Supervisors.



## QUALITY AREA ONE

# EDUCATIONAL PROGRAM AND PRACTICE

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# PROGRAM AND PRACTICE POLICY

## Policy Statement

A quality educational program is provided for all children in our care. Input from our families and professionals is valued to ensure that all children have equitable access to the program. A commitment to continuous improvement occurs through critical reflection, following and updating our Quality Improvement Plan (QIP) and considering all feedback from our families in line with legislative and regulatory requirements.

## Background

Best practice models such as the *Guide to the National Quality Framework*, and relevant early years and outside school hours care reference texts, inform the program and practice at all Catholic Education – Diocese of Rockhampton services.

This ensures that the program provided to children enrolled at the service is:

- ◆ Aligned to the intent of the service philosophy
- ◆ Based on an approved framework
- ◆ Delivered in accordance with that framework
- ◆ Based on the needs, interests and experiences of each child (child-led)
- ◆ Designed to take into account the individual differences of each child

The Framework and their associated outcomes are designed to capture the integrated and complex wellbeing, development and learning of all children. Based on these Frameworks, the service program strives to enable all children to become successful learners, confident and creative individuals, active and informed young people with a respect for all cultures, particularly the Aboriginal and Torres Strait Islander peoples.

Educators recognise that families are a child's first and more influential teachers, and welcome all collaboration with families regarding the service program and practices.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ Respectful and supportive relationships with our families are valued as the basis of quality outcomes for the children in the service.
- ◆ The learning frameworks and guidelines selected by Catholic Education for the Early Learning services support programming and practices to extend and enrich children's learning in the early years.
- ◆ Systems and practices are in place to ensure that our record keeping meets regulatory requirements, including specific processes for confidentiality and storage.

- ◆ All services implement and adhere to program and practice guidelines and outcomes, which are communicated to key stakeholders to ensure accountability and transparency.
- ◆ Mentoring and support is provided to all staff to ensure a quality educational program is delivered.

## **Key Terms**

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

## **Links to other policies and procedures**

- ◆ Enrolment and Orientation Policy and Procedure
- ◆ All policies and procedures listed in Quality Area Two

## **Monitoring, evaluation and review**

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or enquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

## PROGRAM AND PRACTICE PROCEDURE (KINDERGARTEN)

### Link to policy and support documentation

- ◆ *Queensland Kindergarten Learning Guideline* (developed for Queensland kindergartens to support and build on the *Early Year's Learning Framework for Australia*).
- ◆ *Religious Understandings and Spirituality Framework for Kindergartens*
- ◆ *Foundations for Success*
- ◆ Education and Care Services National Regulations 2011
- ◆ Education and Care Services National Law Act 2010

### Description

Catholic Education kindergartens within the Diocese of Rockhampton promote learning in the early years that aligns with Catholic ethos. The kindergarten program provides flexible learning environments and is informed by the implementation of the *Queensland Kindergarten Learning Guideline* (developed for Queensland kindergartens to support and build on the *Early Year's Learning Framework for Australia*). *Religious Understandings and Spirituality Framework for Kindergartens* and *Foundations for Success* provide additional guidance to the curriculum to ensure the delivery of a quality early learning program for all children.

Catholic Education in the Diocese of Rockhampton acknowledges the importance of the kindergarten year as a significant part of life long and life wide learning. Learning in the early years is the foundation of a child's cognitive, spiritual, emotional, social, creative and physical self. Through nurturing a love of learning and inquiry children make meaningful relationships and connections with their world. Central to learning in the early years is relationships – relationships with self, with families, with the world and with God.

This document supports the Educational Leader of the service in their delivery and guidance of other educators to implement the educational program/framework using the *Planning Cycle*.

### Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Program and Practice Policy
- ◆ Enrolment Policy and Procedure
- ◆ All policies and procedures listed in Quality Area Two

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## Implementation

Educators will implement the following practices in kindergartens in the Diocese of Rockhampton:

- ◆ Engage with a philosophy of learning that aligns with contemporary theory and practice and relevant guidelines such as the Queensland Kindergarten Learning Guidelines, Religious Understandings and Spirituality Framework for Kindergartens, Foundations for Success and the Child Safety Curriculum: Early Years.
- ◆ Plan a program based on the \*Planning Cycle – Ongoing observations, Analysis, Planning, Implementing, Reflecting
- ◆ Reflect critically on their ongoing practice and in turn implement a program based on those reflections.
- ◆ Model and engage in reflection with children.
- ◆ Provide supportive and respectful contexts where everyone's ideas and misconceptions are challenged
- ◆ Appoint qualified early year's practitioners in line with legislative requirements.
- ◆ Acknowledge children learn from adults (especially families), peers and others in the community and ensure they are integral in the learning community.
- ◆ Implement a program whereby children are part of a community of learners where individual, small group and large groups contribute varied knowledge and expertise to solve real life problems.
- ◆ Provide families with information that supports quality learning in early years.
- ◆ Engage the child in meaningful real-life experiences as well as encouraging them to effectively participate in our rapidly changing and globalised world.
- ◆ Acknowledge and partake in inclusive practices that are responsive to the diversity of learners.
- ◆ Develop programs collaboratively with children, families and the wider community that recognise children as able and competent.
- ◆ Respect every child's history, culture and community.
- ◆ Provide continuity and routine.
- ◆ Provide an extensive range of teaching and learning principles where children are challenged and supported to deepen their understandings.
- ◆ Ensure safe and ethical practices are in place.
- ◆ Planning is to be accessible to all families e.g. printed out and displayed at the service, distributed through electronic communication.

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## DOCUMENTATION AND EVIDENCE

Educators will ensure the following documentation is available on request:

- ◆ Daily/Weekly Programs - based on observations, critical reflections and collaboration with all stakeholders.
- ◆ Continua of Learning and Development
- ◆ Portfolios
- ◆ Learning Stories
- ◆ Children's Files
- ◆ Critical Reflections



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## DAILY/WEEKLY PROGRAMS

These programs will have the following components:

- ◆ Routines and Transitions
- ◆ Real-life and play experiences
- ◆ Balance of planning for individual, small group and whole group experiences.
- ◆ Reference to and links with the QLD Kindergarten Learning Guideline Learning and Development Areas (Identity, Connectedness, Wellbeing, Active Learning, Communicating), Religious Understandings and Spirituality Framework for Kindergartens, Foundations for Success. Early Years Learning Framework and the Child Safety Curriculum: Early Years.
- ◆ Connections with observations/learning stories/anecdotal records and critical reflections from previous interactions with children.
- ◆ Who has initiated the program element e.g. child, educator, family, celebration
- ◆ Short term and long term projects or interests that have been negotiated with children and families.
- ◆ Appropriate resources and/or provocations.
- ◆ Template that documents the Planning Cycle.

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## CONTINUA

- ◆ Continua of Learning and Development is used to map the growth and development of children and plan learning experiences and opportunities that support and extend.
- ◆ Learning stories for individual and small groups of children will be linked/tagged to the continua of learning and development to provide evidence of the effectiveness of planning and potential examples for transition statements.

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## PORTFOLIOS

The child's portfolio may take a digital and/or paper form and includes, but is not limited to, children's work, observations, shared stories, dictated text, annotated photographs, shared projects etc.

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## LEARNING STORIES

When an educator records the learning that has occurred based on a planned or spontaneous experience, this is called a learning story. These can be individual, small, or whole group stories, and are shared with families through a digital platform. The learnings that occur are linked to relevant curriculum documents.

*“The focus should be on observing/collecting and analysing information that is:*

- ◆ *rich and meaningful, and not simply a description of what children are doing*
- ◆ *relevant to individual children, while capturing their identity, culture and what they are investigating and exploring*
- ◆ *focused on achievements and children's strengths, what children know, can do and understand”*

- ACECQA 2019 Unpacking the Planning Cycle

- ◆ A wide range of tools such as class checklists, communication screeners and concept skills screeners are used to monitor developmental progress against the outcomes of the program.
- ◆ Learning stories/observations of children are mapped on the QKLG Tracking Tool for Learning and Development daily/weekly.
- ◆ Storypark learning stories for individual and small groups of children are tagged to their continua (should say continua) of learning and development daily/weekly.
- ◆ Continuous collation of information pertaining to children's learning will be mapped onto the Storypark Continua of Learning and Development plan for each child.
- ◆ Throughout the year teachers use the continua of learning and development to review evidence of learning, to make informed decisions in order to plan effectively for children's current and future learning.
- ◆ This information will be available to families on request.

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## CHILDREN'S FILES

Children's files can be stored digitally, physically (paper copy) or a combination of both. Where a combination of formats is used, the same type should be used for the same document across all files e.g. if the enrolment form is a digital file, it should be a digital file for all children.

For a full list of documents that may be included in a child's file, please refer to either the kindergarten or OSHC Enrolment and Orientation Procedure.

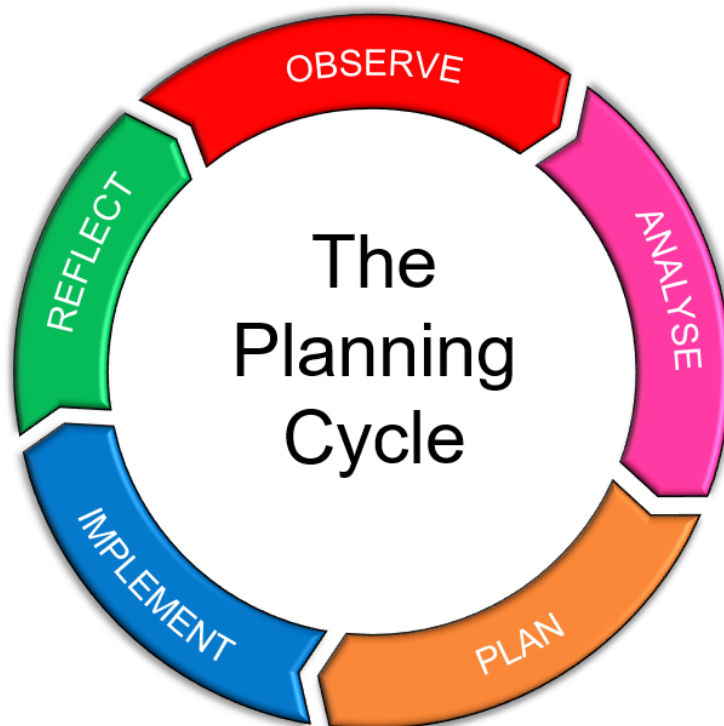
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## CRITICAL REFLECTIONS

Kindergarten educators are to engage in ongoing learning and reflective practice and these are to be recorded to inform planning and practice. The following may guide critical reflection:

- ◆ What happened? **(Deconstruct)**
  - ◇ Describe what has happened consider particularly practices that has been described as normal or the right way to do things.
- ◆ What is working well, What are your challenges? **(Confront)**
  - ◇ Examine the issues, thinking about things that you may not have previously questioned and put yourself in the perspective of others.
- ◆ What information/ research/resources or experience helps you to understand what is happening? **(Theorise)**
  - ◇ Draw on a range of information and ideas – where did you get your ideas from?
- ◆ What do you need to change about your practice, What are the first steps? **(Think otherwise)**
  - ◇ Think outside the usual ways of thinking and perhaps come up with other ways of thinking and doing and practicing.

\* Reflective model used in Macfarlane, K., & Cartmel, J. (2007). Report: Circles of change revisited.



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### TRANSITION STATEMENTS

Throughout the year collation of information pertaining to children's learning and development will be mapped in reference to the Queensland Kindergarten Learning Guideline (QKLG) on a Continua of Learning and Development (sourced from QCAA).

This information will inform the Transition Statement to be completed by all teachers in the final term of the kindergarten year. A copy of this statement is provided to families. It is at the discretion of the family whether the transition statement is shared with any prospective schools. Families have the opportunity to provide written permission for the creation and sharing of transition statements according to their preferences during the kindergarten year. If permission is not granted to share information with schools, it becomes the family's sole responsibility to provide a copy of the transition statement to the school. A copy cannot be provided by the kindergarten.

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### PARENT/TEACHER MEETINGS

Periodically throughout the year, teachers will meet with families to share their child's learning journey. These meetings can be requested by the parent or the teacher and will occur at a time that suits both parties.

### Required Documentation

This quality area does not have any prescribed documents that are set out by Catholic Education- Diocese of Rockhampton. In place of such documents, the Early Learning and Care Team can provide a range of templates to guide and extend the programming of the service.

## PROGRAM & PRACTICE PROCEDURE (OSHC)

### Link to policy and support documentation

- ◆ My Time, Our Place V2.0
- ◆ Education and Care Services National Regulations 2011
- ◆ Education and Care Services National Law Act 2010
- ◆ *Documenting Programs for School Age Children*, Australian Children's Education and Care Quality Authority, April 2023
- ◆ *Being, Belonging and Becoming* (kindergarten-age children only)

### Description

Outside School Hours Care (OSHC) services in the Diocese of Rockhampton are committed to providing for every child's physical, emotional, spiritual and social development in a safe, caring and supportive environment.

At Catholic Education – Diocese of Rockhampton Outside School Hours Care services we believe children are capable and confident learners. Children are active and engaged in experiences that are meaningful to them. They have the ability to make informed decisions with the support of our qualified educators implementing the *My Time, Our Place* framework. In our programs, children make sense of their world through creative interactions and experiences.

*My Time Our Place* is the national framework that supports OSHC educators to provide children with opportunities to engage and challenge their knowledge about their world in real and meaningful ways.

Specific OSHC services also provide care for kindergarten-age children, and in those cases their programming is informed by the *Being, Belonging and Becoming* national framework.

OSHC supports families through enabling parents and carers to participate in the workforce, study and the broader community. OSHC provides families with the knowledge that their children are being cared and nurtured for in a safe, fun and relaxed environment.

### Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Program and Practice Policy
- ◆ Enrolment Policy and Procedure
- ◆ All policies and procedures listed in Quality Area Two

### Implementation

Educators will implement the following practices in outside school hours care services in the Diocese of Rockhampton:

- ◆ Engage with a philosophy of learning that aligns with contemporary theory and practice and relevant guidelines.

- ◆ Plan and program based on the *Planning Cycle* – Observe, Analyse, Plan, Implement, Reflect
- ◆ Reflect critically on their ongoing practice and, in turn, implement a program based on these reflections.
- ◆ Model and engage in reflection with children.
- ◆ Provide supportive and respectful contexts where everyone's ideas are explored and challenged.
- ◆ Appoint qualified educators in line with legislative requirements.
- ◆ Acknowledge children learn from adults (especially families), peers and others in the community and ensure they are integral in the learning community.
- ◆ Implement a program whereby children are part of a community of learners where individual, small and large groups contribute varied knowledge and expertise to solve real life problems.
- ◆ Provide families with information about the program.
- ◆ Engage the child in meaningful real-life experiences as well as encouraging them to effectively participate in our rapidly changing and globalised world.
- ◆ Acknowledge and partake in inclusive practices that are responsible to the diversity of children in care.
- ◆ Develop programs collaboratively with children, families and the wider community that recognise children as able and competent.
- ◆ Respect every child's history, culture and community.
- ◆ Provide continuity and routine.
- ◆ Routine within the program is held as a learning opportunity for building necessary life skills and social practices.
- ◆ Provide an extensive range of experiences where children are challenged and supported to deepen their understandings.
- ◆ Ensure safe and ethical practices are in place.

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## DOCUMENTATION AND EVIDENCE

Educators will ensure the following planning documentation is available on request:

- ◆ Programs – based on observations, critical reflections and collaboration with all stakeholders.
- ◆ Learning Stories
- ◆ Critical Reflections
- ◆ Individual observations – only applicable to kindergarten-age children that attend an OSHC

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## PROGRAMS

Educators guided by the Framework will reinforce in their daily practice the principles and practices listed below:

### Principles

- ◆ Secure, respectful and reciprocal relationships
- ◆ Partnerships
- ◆ Respect for diversity



- ◆ Aboriginal and Torres Strait Islander perspectives
- ◆ Equity, inclusion and high expectations
- ◆ Sustainability
- ◆ Critical reflection and ongoing professional learning
- ◆ Collaborative leadership and teamwork

## Practices

- ◆ Holistic, integrated and interconnected approaches
- ◆ Collaboration with children and young people
- ◆ Play, leisure and intentionality
- ◆ Environments
- ◆ Cultural responsiveness
- ◆ Continuity and transitions
- ◆ Assessment and evaluation for wellbeing, learning and development

Within the documented service programs, educators and families will be able to identify the following components:

- ◆ Routines and Transitions
- ◆ Balance of planning for individual, small group and whole group experiences
- ◆ Planning for the environment that connects children to their natural, man-made and globalised world.
- ◆ Connections with the previous observations, learning stories/anecdotal records and critical reflections from previous interactions with children.
- ◆ Who has initiated the program element e.g. child, educator, family, celebration
- ◆ Religious education opportunities that nurture spirituality and the religious life of the service.
- ◆ Short term and long term projects or interests that have been negotiated with children and families.
- ◆ Appropriate resources and/or provocations.
- ◆ Real-life and play experiences embedded throughout the session.
- ◆ This program is to be shared with families and displayed within the service.
- ◆ There are multiple ways to document the learning of the children at the service.
- ◆ Intentional actions recognising that learning occurs in social contexts, and that interactions and conversations are vitally important for learning.

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## LEARNING STORIES

Learning stories provide an opportunity for educators to analyse and explain children's learning at the service. It documents how they interact with different experiences in the environment, and provides links to Framework, theorists and philosophy, using professional language.

The story-telling format of a learning story accurately describes the child's learning process through play; making children's learning visible to families. These are shared with families in a variety of ways, e.g. displayed at the service, emailed, etc.

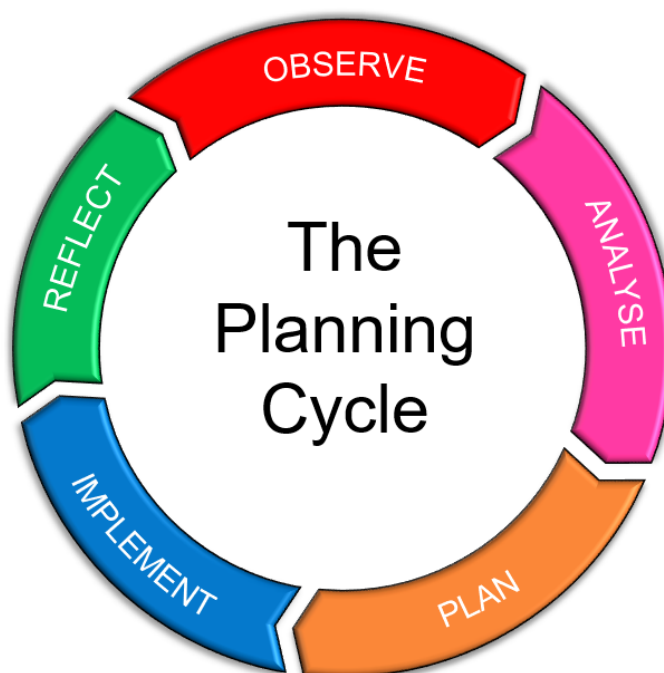
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## CRITICAL REFLECTIONS

In order for educators to be effective in their practices they must engage in the processes of analysis, reflection and experimentation. Educators are to engage in ongoing learning and reflective practice and these are to be recorded to inform planning and practice. The following may guide critical reflection:

- ◆ What happened? (Deconstruct)
  - ◇ Describe what has happened consider particularly practices that has been described as normal or the right way to do things.
- ◆ What is working well, What are your challenges? (Confront)
  - ◇ Examine the issues, thinking about things that you may not have previously questioned and put yourself in the perspective of others.
- ◆ What information/ research/resources or experience helps you to understand what is happening? (Theorise)
  - ◇ Draw on a range of information and ideas – where did you get your ideas from?
- ◆ What do you need to change about your practice, What are the first steps? (Think otherwise)
  - ◇ Think outside the usual ways of thinking and perhaps come up with other ways of thinking and doing and practicing.

\* Reflective model used in Macfarlane, K., & Cartmel, J. (2007). Report: Circles of change revisited.



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## THEORISTS' ROLE IN PROGRAMMING AND PLANNING

There are a range of different theorists who have developed an extensive knowledge base to inform educators perspectives on children's learning and development. Through referencing theorists throughout the program, the educators decipher the children's learning and development and critically reflect on their own practices and routines. This is an area in which the Educational Leader provides guidance to all educators at the service.

### Required Documentation

This quality area does not have any prescribed documents that are set out by Catholic Education- Diocese of Rockhampton. In place of such documents, the Early Learning and Care Team can provide a range of templates to guide and extend the programming of the service.



## Quality Area 2 Health and Safety

This quality area of the National Quality Standard focuses on safeguarding and promoting children's health and safety. This area also focuses on promoting each child's wellbeing, growing competence, confidence and independence (adapted from **Guide to the National Quality Standard 3**). The welfare of all who gather in a Catholic Education workplace is an ongoing priority.

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# ADMINISTRATION OF FIRST AID POLICY

## Policy Statement

Catholic Education is committed to providing First Aid training for all staff to ensure the health and safety of all persons who are on service premises. This includes administering First Aid to any unwell or injured person as required by a trained First Aider.

## Background

### Minimum Requirements

The Nominated Supervisor is to determine what are the appropriate first aid facilities and suitably trained people. Consideration should be given to the following factors.

- ◆ Size and layout of the workplace
- ◆ The number and distribution of employees including arrangements for excursions.
- ◆ The nature of hazards and the severity of the risk
- ◆ The location of the workplace from medical attention
- ◆ Known occurrences of accidents or illness.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ The health, safety and wellbeing of children is a paramount consideration for services. The service will take every reasonable precaution to protect the children from harm and ensure First Aid is administered in the event of injury or illness.
- ◆ The service will ensure that educators and staff are able to undertake their roles effectively. In relation to the administration of first aid, regular training occurs to ensure qualifications are approved and up-to-date.
- ◆ Educators will have access to suitably equipped First Aid kits.
- ◆ The service will ensure that there is always at least one staff member with current first aid qualifications onsite when education and care is provided to children.
- ◆ Educators are made aware of the notification and reporting requirements associated with administering First Aid.
- ◆ Educating children about their own health and safety and their contribution to the First Aid process if they notice another child is unwell or injured.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

## Links to other policies and procedures

- ◆ Incident, injury, trauma and illness
- ◆ Providing a child safe environment
- ◆ Enrolment and orientation



- ◆ Emergency and evacuation
- ◆ Excursions
- ◆ Safe transportation of children
- ◆ Dealing with infectious diseases
- ◆ Dealing with medical conditions in children
- ◆ Sun protection
- ◆ Water safety
- ◆ Acceptance and refusal of authorisations

### **Monitoring, evaluation and review**

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or enquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

## ADMINISTRATION OF FIRST AID PROCEDURE

### Link to industry resources and support documentation

- ◆ Work Health & Safety Act 2011
- ◆ Work Health & Safety Regulation 2011
- ◆ First Aid Code of Practice 2011
- ◆ Education Queensland's – HLS-PR-003: First Aid
- ◆ Public Health Act 2005
- ◆ Education and Care Services National Law Act 2010
- ◆ Education & Care Services National Regulations 2011

### Description

Catholic Education Diocese of Rockhampton supports staff in obtaining first aid qualifications (as accepted by ACECQA under their qualification requirements) as an essential aspect of their role in the services. For the purpose of this procedure, the following definitions from *First aid in the workplace: Code of Practice* produced by Workplace Health and Safety Queensland are used.

**First Aid:** The immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.

**First Aider:** A person who has successfully completed a national accredited training course or an equivalent level of training that has given them the competencies required to administer first aid.

Educators will implement first aid according to their training in all situations where no other medical advice has been provided (e.g. Action Plans, Health Plans etc.).

### Links to CEDR policies and procedures

- ◆ Incident, injury, trauma and illness
- ◆ Providing a child safe environment
- ◆ Emergency and evacuation
- ◆ Excursions
- ◆ Safe transportation of children
- ◆ Dealing with infectious diseases
- ◆ Dealing with medical conditions in children
- ◆ Sun protection
- ◆ Water safety
- ◆ Acceptance and refusal of authorisations

### Implementation

All staff and educators have a responsibility in this first aid procedure. These responsibilities are outlined below. Please note that some responsibilities will be carried out concurrently.

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## RESPONSIBILITIES

### Nominated Supervisor or Delegate Responsibilities

- 
- ◆ Appoint first aid personnel who have been trained by a qualified training organisation under the ACECQA list of approved qualifications according to the age groups of all children enrolled at the service.
  - ◆ Ensure there is a qualified first aid person, including anaphylaxis and asthma trained, immediately available onsite to attend to any incidents requiring first aid whenever the service is operational.
  - ◆ Notify the Early Learning & Care Team by phone to inform the regulatory authority of any serious incidents within 24 hours of notification of:
    - ◇ any serious incident involving injury, trauma or illness of a child where a reasonable person would consider urgent medical attention from a medical practitioner was required
    - ◇ an incident at the service premises where emergency services attended

### **First Aider Responsibilities**

First aiders undertake the initial treatment of people suffering injury and illness. The treatment provided by first aiders should be consistent with their training and competency. The first aider is required to communicate to the Nominated Supervisor or delegate and child's parents (and if relevant emergency services or medical practitioners) the first aid applied. The most qualified first aider, where possible, should perform the first aid. First Aiders are required to follow infection control guidelines to minimise the transmission of infection.

Considerations when treating children:

- ◆ Privacy and dignity of the child at all times
- ◆ Child's unique characteristics (e.g. sensory, noise, fears)
- ◆ Child's medical history and circumstances (e.g. Action Plans, Health Plans)
- ◆ Information from a child's IEP may inform first aid practices with that child
- ◆ Child's ability to communicate and advocate for their own wellbeing – if impaired, closer supervision should be practiced.
- ◆ Supervision of other children at the service whilst treatment occurs.

### **Service Responsibilities**

Parents should be notified of an incident as soon as it is reasonable to do so. The parents are requested to sign that they have received notification of the incident.

In the event emergency services are called to treat a child, and/or transport to hospital, the service is to provide any relevant Medical or Action Plans, emergency contact details for the child being treated, and any other relevant information of the incident to emergency service personnel. Emergency service personnel will assume responsibility for the welfare of the child until the parents/carers arrive.

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## **RECORD KEEPING**

**CEDR Workplace Health and Safety program (RiskMan):** First aid treatment for injuries that are considered to be of a serious nature or a head or neck injury must be recorded in RiskMan. This applies to incidents involving children or staff at the service. All staff must complete a RiskMan report when they incur an injury in the workplace. In the event that RiskMan is unavailable, a paper record can be kept and must be entered at a later date. If

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the incident is of a reportable nature under the ACECQA definition, the Early Learning and Care Team must be called.

**First Aid/Injury/Incident/Trauma/Illness Register:** All other incidents will be entered into the service's injury, illness, trauma and near miss register. For example, application of band aids to minor abrasions and cuts, ice pack etc.

**Emergency Services Contacts:** The service must maintain and display a list of emergency service contacts. This will include contact details for Nominated Supervisor and Approved Provider.

**Health Plans/Action Plans:** services will display Action plans required for the care of staff and children. Parents are to sign back of the plan as approval to display. Confidentiality should be considered when choosing the best location to display. All plans must be signed by a medical practitioner.

**First Aider Qualification Display Requirements:** A list of first aid qualified personnel is recorded with all other service display requirements (Display Requirements Poster). The First Aider for the session/day must be clearly displayed at the sign in area. First Aider must also be indicated on timesheets.

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## CONFIDENTIALITY

Medical information about staff and children should be treated confidentially. All staff are kept updated about children with medical conditions who attend the service. This information is only shared with families as required (allergy and health alerts) in a deidentified manner. Such information may only be revealed to the appropriate external personnel, should a medical emergency occur.

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## FIRST AID KITS

Catholic Education conforms to best practice in the Early Childhood Education and Care sector concerning first aid kits.

### First Aid Kits

- ◆ The first aid kits must be accessible and the contents protected against dust and damage.
- ◆ Kit location must be prominently displayed using the Australian Standard First Aid sign (white cross on a green background).
- ◆ The first aid kits should not be locked.
- ◆ An appropriate number of first aid kits are available and readily accessible considering the design of the service and the presence of the children.
- ◆ A portable first aid kit must be available at the service to be taken on excursions or any time the staff and children leave service premises.
- ◆ An emergency "grab and go" bag containing basic first aid kit, emergency contacts for children and staff, small bottle of water and other emergency items is to be kept in a central location that can be easily accessed. The purpose of this bag is for evacuation from the service or lockdown where the normal first aid kit would be inaccessible during that period.



### Restocking of First Aid Kits

The Nominated Supervisor or delegate ensures that the first aid kits are maintained by a staff member or engaging the services of an outside supplier. The maintenance of first aid facilities and kits including checking and restocking of first aid kits is to be completed once a term by service personnel and annually if accessing external company to restock first aid kits. The recognition and reporting of expired or consumed items to ensure prompt reorder. Disposal of expired equipment needs to be considered when restocking the kits.

### Recommended Contents

- ◆ Contents of first aid kits should match the types of injuries and illnesses likely to occur in the workplace or particular educational setting as well as the number of children/staff.
- ◆ The minimum content requirements for the main first aid kit are provided as a Suggested Minimum Requirements for a First Aid Kit.
- ◆ The only liquid that can be contained in a first aid kit is saline solution. All other liquids, ointments etc. require parental permission for application.

### Required Documentation

When printed, any documents listed are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Incident, Injury, Trauma and Illness Record – Child</b>	A backup form to record child injuries if RiskMan is unavailable.	All Kindergarten SharePoint site All OSHC SharePoint site
<b>Incident, Injury, Trauma and Illness Record – Adult</b>	A backup form to record adult injuries if RiskMan is unavailable.	All Kindergarten SharePoint site All OSHC SharePoint site
<b>First Aid/Injury/Incident/Trauma/Illness Register</b>	To document all instances where first aid was applied.	All Kindergarten SharePoint site All OSHC SharePoint site
<b>Emergency Services Contact List</b>	Form to document emergency contacts for the service.	All Kindergarten SharePoint site All OSHC SharePoint site
<b>Parental Permission to display Medical/Action Plan</b>	Confirmation to display child Medical/Action Plan	All Kindergarten SharePoint site All OSHC SharePoint site
<b>A3 Display Requirements Poster</b>	Posters that list all required display information for the service.	All Kindergarten SharePoint site



		All OSHC SharePoint site
<b>Parental acknowledgement of incident</b>	Form for parent/carer to sign to acknowledge they have been notified of an incident involving their child.	All Kindergarten SharePoint site All OSHC SharePoint site
<b>Suggested Minimum Requirements for a First Aid Kit</b>	Guide for items that should be included in service First Aid Kit.	All Kindergarten SharePoint site All OSHC SharePoint site
<b>Temperature Tracking Form</b>	Form to record temperature of child as regular intervals if unwell.	All Kindergarten SharePoint site All OSHC SharePoint site



# Alcohol & Illicit Drug-free Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Health (Drugs and Poisons) Regulation 1996*
- *Public Health Act 2005*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Consuming alcohol while at work can affect consumer's health and safety as well as the health and safety of their co-workers and children in care.

**Catholic Education – Diocese of Rockhampton approved services must ensure the environment is free from the use of tobacco, illicit drugs and alcohol.**

## Principle: 1 Alcohol

An employee or volunteer must arrive at work with a blood alcohol level of 0.00.

Where an employee or volunteer has a duty of care to children, that worker must maintain their blood alcohol level at 0.00 at all times.

If an employee or volunteer does not have a duty of care to children (for example an administration position) but is driving a vehicle as part of their work, that person must stay under the legal limit as stated by the Queensland law, which is at or below 0.05 blood alcohol level for persons on an Open Driver's Licence and 0.00 for persons on a Provisional Driver's Licence. The blood alcohol level should not be exceeded during work hours regardless of whether a staff member is required to drive.

If at work, an employee who attends meetings which take place at lunch or dinner and they are ***not*** responsible for children, the consumption of alcohol should be restricted according to the guidelines stated by Queensland Health. In these circumstances staff must remain aware that they are representing the Diocese of Rockhampton and the service and behave accordingly.

If an employee or volunteer is to be starting a shift and there is not enough time for their blood alcohol level to return to 0.00, they are not permitted to commence work.

If an employee or volunteer is driving a vehicle above the legal limit during their work time, when they do not have a duty of care to children, they will receive disciplinary action on an individual basis from the Catholic Education Office – Diocese of Rockhampton.

If an employee or volunteer is found to be on shift, whilst they have a duty of care to children and they are suspected of being under the influence of alcohol, disciplinary action will be taken. They will be dismissed if it is proven that they have a blood alcohol level above 0.00.

## Principle: 2 Drugs and Medication

An employee or volunteer has an obligation to make sure that they do not place at risk the health and safety of any person at the workplace, this includes their own and the public's health and safety. CEO does not condone or support the use, possession, or trafficking of illicit drugs or the misuse and abuse of prescription or other medication.

The consumption of drugs (legal or illegal) has the ability to affect the way in which employees are able to meet their duty of care to children in care. An employee or volunteer are not to consume, arrive at work under the influence or have in their possession, illicit drugs.

An employee or volunteer suspected of being under the influence of illicit drugs at work will be suspended immediately. An investigation will be initiated and if it is proven that the employee or volunteer has consumed or has in their possession an illicit drug, they will be dismissed. The police will be contacted regarding the employee or volunteer and will be informed of the matter.

## Principle: 3 Prescription Medication

Medication prescribed by a doctor may cause decreased mental or physical functioning of the body and drowsiness. Taking prescribed medication that has possible side effects with other drugs (i.e. alcohol) will increase the effects on the body. If such affects interfere with an employee or volunteer's duty of care to children, the following procedures must be adhered to:

- The worker **must notify their Nominated Supervisor** and discuss the issue as well as possible side effects that could have the potential to affect their work performance;
- The worker must read the label or enclosed leaflet giving information about the drug. A label will usually state that the drug will affect a person's ability to drive a car or operate machinery. There may also be a warning not to mix the medication with alcohol; and
- If the medication is available over the counter, that is without a prescription, or administered by a naturopathic practitioner, the employee must still seek information on the drug to ensure they are aware of any potential side effects that will influence their ability to execute their duty of care.



# Asbestos Procedure

## Legislation & Resources

- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Asbestos is a substance that can have potentially fatal health effects. While asbestos is now banned from use, it was a component of thousands of different products used in the community and industry.

## Principle: 1 Centre Processes

Centre personnel should speak to the Catholic Education Office (CEO), if they have any concerns regarding asbestos.

Should any asbestos be present in the building the service should participate in the monitoring process and report any damage to asbestos to the CEO.

The room that the asbestos is located should be sealed and contact made to the CEO as soon as possible for further direction. No items should be removed from the location.

If contractors are engaged to undertake work in a service he/she must be informed of any places where asbestos is present.

If asbestos is damaged or if work will disturb asbestos material professional advice must be sought immediately to determine if alternative premises are required until the material is dealt with.



# Chemicals & SDS Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2010*
- *Work Health & Safety Regulation 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Many substances may present as hazards at work. But if the hazards are known and understood, appropriate precautions can be taken so that they can be used safely.

## Principle: 1 Safety Data Sheets

A Safety Data Sheet (SDS) will assist a workplace to gather necessary information to safely manage the chemicals.

The Nominated Supervisor or Work Health & Safety Advisor should ensure contact is made with the supplier to obtain a SDS when chemicals are ordered in a bulk purchase i.e. large containers of chemicals such as cleaning chemicals. The SDS will state the chemical properties of the product and if it is hazardous.

Part 13 (Hazardous Substances) of the *WorkHealth and Safety Regulation 2011* (the *WH&S Regulations*) provides that a **supplier** must provide a copy of a current SDS to a service and provide a copy of a SDS when requested.

Part 13 (Hazardous Substances) of the *WH&S Regulations* provides that a service must:

- obtain an SDS for a hazardous substance from the supplier;
- keep a register containing a list of all chemicals used at the workplace in conjunction with a copy of any SDS;
- take reasonable steps to ensure the SDSs are not altered other than by the manufacturer or importer; and
- Keep the SDSs close to where the substance is being used.

The currency of SDS should be checked at least every 5 years.

The above SDS and chemical register requirements do not apply to those chemicals that are consumer products and used in amounts and for intended purposes associated with household use. However, consideration needs to be given to accessing SDS for those chemicals identified with high toxicity e.g. acid washes. These substances should not been stored at the centre where possible and where they are required, used under controlled conditions and stored in locked areas.



If any hazardous substances are used for purposes other than their intended use by the manufacturer e.g. art experiences/science experiments a SDS should be sourced and followed.

## Principle: 2 Labelling

Precautions need to be taken with all chemicals, the containers the substances are stored in and any instruments associated with the products. Therefore, Personal Protective Equipment (PPE) is to be used in accordance with SDS instructions (including/or the chemical's labelled guidelines for usage).

Under Part 13 (Hazardous Substances) of the *WH&S Regulations* the suppliers are required to affix a label to a hazardous substance's container. Further, it requires a service to ensure a label is affixed to a hazardous substance's container and to ensure warnings are given about using chemicals.

If products are purchased in bulk and decanted for the purposes of dilution the Nominated Supervisor must ensure that the decanters are correctly labelled. A copy of the original label should be affixed to the decanter or a second label obtained from the supplier.

If a product is diluted the proportions must also be recorded on the decanted bottle.

## Principle: 3 Training

An obligation is placed on Nominated Supervisor to give a worker, who may be exposed to a hazardous substance, induction and ongoing training about the substance and to keep a record of the induction and training for 5 years. The record of induction and training must include:

- The date of the session;
- Topics dealt with in the session;
- The name of the trainer;
- The name of the workers who attended the session; and
- The signature of each worker who attended the session.

People who should be trained include:

- Workers who may be exposed to a hazardous substance at work;
- Supervisors of workers at risk from exposure to a hazardous substance;
- Work Health & Safety Advisors;
- Workers responsible for the purchasing of chemicals, control equipment, PPE and for the designing, scheduling, organisation and layout of work; and
- Those who have direct involvement in line or other emergency action.

## Principle: 4 Managing risks from chemicals

In order for appropriate control measures to be developed, chemicals stored in bulk or chemicals with a high toxicity, must be identified.

SDSs should then be collected from the manufacturer/supplier for each relevant product by contacting that manufacturer/supplier whose name will appear on the container. This will identify which chemicals are hazardous substances.

If chemicals are to be used by students for curriculum activities, staff should consider the following important factors before conducting the activity:

- age, capabilities and number of students;
- individual needs / maturity of students within group;
- rationale for activity;
- toxicity of chemical;

- whether the chemical is being used for its intended purpose;
- adequate safety instructions for students and supervisors;
- provision of sufficient safeguards according to requirements on SDS and label;
- adequate supervision will be occurring;
- whether a risk assessment has been documented and approved;
- chemical is stored and disposed of appropriately.

As a preventative mechanism, staff should be advised to minimise the amount of chemicals used and stored in the workplace.

Consultation with workers using chemicals is an effective way of assisting in identifying the level of risk – “significant” or “not significant”.

Nominated Supervisor should ensure that SDS stored in the centre are current. The date the SDS was developed will be displayed on the document (SDS are current for five years from the date of issue).

Ensure all staff including the cleaners and grounds persons and any other person who will use the substance at the workplace reads and familiarises themselves with the contents of the SDS (where one is required) and labels for each product prior to them using the substance.

When a staff member is review a SDS or label they should pay particular attention to the areas listed on the SDS or label:

- Health hazards;
- Precautions for use;
- First Aid treatment;
- What to do in the case of a spill;
- Disposal methods.



# Dealing with Infectious Diseases & Immunisation Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton aims to provide a safe and healthy workplace for staff and to minimising the risk of spreading of infectious diseases and ensuring appropriate management of illness, incident, injury and trauma in services.

To ensure that children are cared for in an environment, which incorporates practices, that minimise the risk of spreading infectious diseases, staff need to be kept up to date with information on best practice in minimising the risk of spreading infectious diseases and to minimise the risk of contracting contagious diseases and spreading infection to others.

Services should also notify families of exclusion periods for infectious conditions, through a poster displayed in the centre. Additionally, where a child has been diagnosed as at risk of anaphylaxis, a notice stating this must be displayed at the service. This notice needs to respect the child and family's confidentiality.

Catholic Education – Diocese of Rockhampton aims to minimise the risk of spreading infectious diseases by encouraging staff at occupational risk to obtain vaccinations as identified by the National Health and Medical Research Council (in the most recent edition of Australian Immunisation Handbook). In addition to this the Nominated Supervisor will provide up to date information on both vaccine preventable and non-vaccine preventable diseases and safe work practices which will minimise the risk of spreading infection.

Please refer to the *Catholic Education Office First Aid Procedures for Catholic Schools & Services in the Rockhampton Diocese* for detailed First Aid procedures.

## Principle: 1 Immunisation for Staff

- All non-immune child care staff are encouraged to be vaccinated against: Hepatitis A and B; MR (Measles, Mumps and Rubella); Varicella (Chicken Pox); Pertussis (Whooping Cough)
- The staff member will be responsible for the upfront costs associated with the visit to their local general practitioner and the administration of any of the above vaccinations.
- During outbreaks of measles and whooping cough non-immune staff may be excluded from the centre for the period recommended by the National Health and Medical Research Council (NHMRC) as directed by QLD Public Health.
- Staff members are required to inform Nominated Supervisor as soon as possible if they are pregnant, and follow the recommendations of QLD Public Health.
- All staff members will be provided with up to date information about vaccine preventable diseases and non-vaccine preventable diseases.

- The Nominated Supervisor will support families in accessing factsheets on immunisation and disease prevention.
- Staff will be kept up to date with information available on minimising the risks of spreading infectious diseases through updates to policy and procedures.
- Good hygiene practices are essential in minimising the risk of spreading infection. Staff must take responsibility for following all hygiene policies and procedures.
- Exclusion Guidelines for infectious diseases are to be applied to both children and staff. After the exclusion period staff are required to provide a medical certificate stating that they are clear to return to work.
- Staff will be made aware of their responsibilities through the staff induction process.

## Principle: 2 Training of Staff

- Staff must complete the Staff Information Kit Checklist – Staff Immunisation Schedule is to be offered to staff to complete at their discretion, as a part of the induction process.
- Staff are also to be informed of the location of all relevant documentation and that exclusion guidelines apply to staff as well as to children.
- Staff are supported in gaining appropriate first aid training through a qualified training organisation.
- Staff will be offered training by relevant Catholic Education Office personnel on request with regard to Health & Safety and Education & Care Services requirements.

## Principle: 3 Children Suffering from an Infectious Disease

- A parent must not send a child to the centre if the parent knows or ought reasonably to know that the parent's child has a contagious condition (s.161, Public Health Act 2005).
- Parents are required to inform the service/centre of their child's immunisation status on the enrolment form. If the family objects, does not provide their child's immunisation records or indicates that the child has not been immunised, the parents are to be informed that their child may, depending upon advice from the public health unit, be excluded from care during outbreaks of some infectious diseases (such as measles and whooping cough), even if their child is well.
- Parents are required to inform the Nominated Supervisor as soon as possible if their child/ren is suspected or diagnosed as having the symptoms of an infectious disease so staff may monitor and protect other children, parents and staff.
- If a staff member suspects that a child has a suspected prescribed condition then they are to advise the Nominated Supervisor immediately (s162, Public Health Act 2005). The Nominated Supervisor is to contact the Catholic Education Office to inform the Work Health & Safety Coordinator of the contagious disease. Advice will be sought from the Public Health Unit Medical Officer (PHMO) at Queensland Health.
- In such circumstance the Exclusion Guidelines are to be implemented. The Nominated Supervisor may advise at least one parent of the child suspected of having a contagious condition. The Nominated Supervisor may also advise the parents of their obligation not to send the child to the service (s 163 Public Health Act 2005).
- The service must notify the parent of their obligation to observe the prescribed period of time out of the centre for the child's condition.
- The responsible person must keep written records of all advice received regarding contagious conditions.
- Parents are to provide a medical certificate stating the child no longer has a contagious condition or the prescribed period of exclusion has been fulfilled prior to the child returning to the centre.
- Where a child exhibits symptoms whilst in care the Nominated Supervisor will contact the parents to collect the child. Where the parents cannot be contacted authorised emergency contacts will be contacted to arrange the collection of the child.

- Parents are required to maintain current information of contact details at all times.
- In the case of non-school age children, parents are encouraged to maintain current immunisation information.
- When an outbreak of an infectious disease occurs, the service will display health alerts informing parents of disease and related symptoms. A notice must be displayed for all families at the entrance of the centre informing of the occurrence of the infectious disease (of a child or staff member) at the centre. This should be done in a manner that is not prejudicial to the rights of any child or staff member.
- The Nominated Supervisor may advise the parent of a child not vaccinated about the suspicion of a vaccine preventable condition *(If the Nominated Supervisor reasonably suspects that a child attending the service has a contagious condition that is a vaccine preventable condition, they may also advise at least 1 parent of a child who has not been vaccinated for the contagious condition and may be at risk of contracting the condition due to contact with another child who is suspected of having the vaccine preventable contagious condition - s, 165, Public Health Act 2005).*
- There are penalties under the *Public Health Act 2005* for failure to act in certain circumstances and failure to heed a lawful direction.

### ***Actions for vaccine preventable conditions***

- If the contagious condition is a vaccine preventable condition and there is a reasonable suspicion that another unvaccinated child may be at risk of contracting the condition:
  - complete the required information within the Letter to Parent: Child who is not immunised against a contagious disease
- If the unvaccinated child continues to attend the service or the parent advises that they still intend to send the child to the centre, seek advice from either the Catholic Education Office WH&S Coordinator in the first instance, PHMO or another doctor, e.g. the child's treating Medical Practitioner.
- At the conclusion of the contagious period, allow an unvaccinated child to be re-admitted if satisfied, on reasonable grounds, that the child is no longer at risk of contracting the condition.
- In the event a child enrolled at the kindergarten is suspected of contracting a contagious condition, Queensland Health or a medical practitioner may advise the centre to remove those children who have **not been vaccinated** for this contagious condition. These children will not be able to return to the centre for a prescribed period as directed by the Nominated Supervisor. Parents/carers are required to continue paying full fees for this prescribed period.

### ***Information sharing with Queensland Health***

- if requested, provide the PHMO with the following information;
- the contact a particular child suspected of having a contagious condition has had with other children at the service;
- names of all the children, including the child suspected of having had contact with the contagious condition
- places and dates of birth of all these children
- home addresses of all these children
- contact details of a parent for each child
- if the condition is vaccine preventable, advise whether the relevant children have been vaccinated against the contagious condition (if known)
- request information held by Queensland Health regarding a child attending the centre where it is necessary for the management of a contagious condition at the centre e.g. whether the child has been vaccinated for a vaccine preventable condition.

## ***Principle: 4 First Aid (Also refer to First Aid Procedures)***

First Aid means the immediate care given to an ill or injured person until more advanced care arrives or the person recovers.



### Who will administer First Aid?

A person with current anaphylaxis and asthma training, First Aid and CPR qualifications must be present at all times that the service is in operation. (Education & Care Services National Reg.). Where possible, the most experienced person will administer first aid.

### First Aid Sign

The use of well recognized, standardized first aid signs assists people to easily locate first aid equipment and facilities. Examples of suitable signs should comply with AS13119-safety signs for the occupational environment.



### First Aid Equipment

A first aid kit must provide for not only children, but also for staff in case of injury. *Refer to First Aid Procedures for detailed lists of suggested contents of first aid kits.*

### Record Keeping

A first aid recording system should be maintained at the workplace for a number of reasons including:

- To identify areas or processes that are likely to give rise to injury
- To review safety procedures for preventing further problems
- To implement safer and healthier work practices
- To identify what and where first aid facilities are services are most needed
- For workers compensation purposes

**Staff:** A copy of the first aid record if possible, should accompany the injured or ill person if the person is transferred for medical treatment. A worker should be given a copy of their first aid record or have access to that record upon request. All staff must complete an incident report when they incur an injury in the workplace.

**Children:** The First Aid/Incident Register is to be used to record **all** first aid administered to children. The *CEO Incident Report - Child* should be completed when the injury is considered to be of a serious nature or a head injury. The original record should be retained at the service.

At least one person with a current Senior First Aid/CPR and anaphylaxis and asthma training qualification must be present on site whenever a service is in operation.

### Emergency Contacts & Medical Plans

All rooms should display:

- A list of emergency contacts for emergency services
- Individual Medical Plans required for the care of staff and children (the confidentiality of information regarding children and their families is to be considered in all cases)
- First Aid – Accident response plans: please consider the procedures outlined in the First Aid Procedure to inform these plans

## Principle: 5 Temperature Control – Illness

### Temperature Illness and Procedure Recording Form

(Procedures align to those advocated by Queensland Health)

#### Temperature Recording Form

The Temperature Recording Form is to be used to track the temperature should a child exhibit high temperatures whilst in care. If the form is completed and the temperature has still not reduced, the parents are to be notified to come and collect the child. Please note, as body temperature is **only one indicator** of illness, it is important for educators to monitor all signs and symptoms before deciding on the most appropriate course of action.

#### Monitoring

If a child presents at or becomes unwell during the course of the session their symptoms are to be monitored for 30 minutes or for a shorter period as determined by the Nominated Supervisor (\*see below for indicators of when to become concerned). If they do not improve during this time, the parents should be contacted. Children who are unwell are to be placed in a quiet, comfortable space and monitored



by staff. A sick bed, comfortable chair, etc. may be used for this purpose. Should vomiting occur, the health and hygiene precautions for managing the clean-up of body fluids apply.

### **Body temperature**

Body temperature is tightly controlled to allow the body to function normally. It is regulated by a part of the brain called the hypothalamus, which acts like a thermostat. Normal body temperature ranges from 36°C to 37.3°C and varies slightly with the time of day. In the evening, the temperature may be up to half a degree higher than it is in the morning. A temperature greater than 41.5°C is called hyperthermia. Hyperthermia is not fever it is caused by drugs, heat stroke or damage to the brain and is a medical emergency.

There are two main ways in which the body may increase its temperature; by increasing the amount of heat it produces (for example, by shivering) and by decreasing the amount of heat it loses to the surroundings (for example, 'goose bumps' and reducing the blood flow to the hands and feet).

There are a number of reasons why someone may develop a fever:

- infection (ie. bacteria, parasites, viruses)
- inflammatory conditions(eg. rheumatoid arthritis, inflammatory bowel disease)
- heat stroke
- malignancy
- drug side effect (eg. allopurinol, antihistamines, certain antibiotics)

### **Signs and symptoms**

Signs and symptoms may vary depending on the reason why you developed a fever. Some of the more common associated symptoms and signs include:

- sweats
- rigors and Chills
- chattering teeth
- headache
- nausea

### **\*When should I be concerned?**

Fever itself is not dangerous; it is part of the body's normal response to Infection/Inflammation, is beneficial and supports the immune system. However fevers can be a sign of serious illness so it is important to contact the child's parent if you are concerned.

Other reasons to contact parents for the child to be collected include:

- failure to improve after three days
- worsening symptoms
- febrile convulsion/seizure
- confusion, lethargy, drowsiness
- a temperature greater than 40°C (38°C for 0-3month olds and 39°C for 3-6month olds)
- severe headache
- vomiting, neck stiffness, skin rash
- recent overseas travel

### **Treatment**

Supportive treatment is also an important part of managing a fever. This includes maintaining hydration by drinking water regularly; as well as using physical aids such as a wet sponge, or cool fan to reduce the body temperature. However, it is important not to become too cold, as this will cause the body to trap more heat.

**In all cases where a child presents with signs of illness, first aid procedures are to be followed.**

# DEALING WITH MEDICAL CONDITIONS POLICY

## Policy Statement

Catholic Education - Diocese of Rockhampton (CEDR) is committed to a high-quality Catholic education for all who seek our values. We respect and honour diversity and, knowing that each person is made in the image and likeness of God, we commit to policies, procedures and daily practices that enhance a genuine culture of inclusion for every person in our community.

## Background

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place for dealing with medical conditions in children.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ Appropriate practice involves awareness of the health and safety implications on individuals and minimising the risk.
- ◆ Actively engaging with families and children about the controls in place to minimise risk within the environment.
- ◆ Collaboration with families and the wider community, including medical professionals and external agencies, about a child's health requirements will occur in a culturally sensitive way.
- ◆ Engaging with research around minimising risk in this area including following the guidelines outlined by recognised authorities such as Queensland Health ([www.health.qld.gov.au/](http://www.health.qld.gov.au/)) and maintaining appropriate training.
- ◆ Individual medical or other relevant plans should be in place prior to the child commencing at the service.
- ◆ Plans must be kept in their most up-to-date format in the enrolment record for the child and emergency evacuation kit, as well as displayed according to the *Dealing with Medical Conditions Procedure*.
- ◆ Medication required for a child with a medical or other condition, is supplied by the family (see *Administration of Medication Procedure*).
- ◆ Once enrolled, communication regarding a child's diagnosed health care needs, allergies or medical conditions must be regular and documented.
- ◆ Families must inform the service as soon as practicable if there are any significant changes to a child's health care needs or their child develops a medical condition while enrolled at the service.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

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### **Links to other policies and procedures**

- ◆ First Aid Policy and Procedure
- ◆ Administration of Medication Policy and Procedure
- ◆ Providing a Child Safe Physical Environment Policy
- ◆ Dealing with Medical Conditions Policy
- ◆ Enrolment Procedure

### **Monitoring, evaluation and review**

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or enquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

## ADMINISTRATION OF MEDICATION PROCEDURE

### Link to industry resources and support documentation

- ◆ Work Health & Safety Act 2011
- ◆ Work Health & Safety Regulation 2011
- ◆ Health (Drugs and Poisons) Regulation 1996
- ◆ Public Health Act 2005
- ◆ Education and Care Services National Law Act 2010
- ◆ Education & Care Services National Regulations 2011
- ◆ Best Practice Guidelines for Anaphylaxis Prevention and Management in Children's Education and Care Services (including Outside School Hours Care) - Retrieved from 31/03/2023, <https://education.nsw.gov.au/early-childhood-education/leadership/resource-library/anaphylaxis-and-allergy>
- ◆ Asthma in Childcare for guidelines in the management of asthma: [http://www.asthmafoundation.org.au/asthma\\_in\\_childcare.aspx](http://www.asthmafoundation.org.au/asthma_in_childcare.aspx).

### Description

Catholic Education – Diocese of Rockhampton aims to provide a safe and healthy workplace for staff by minimising the risk of illness by incorrect administration of medication.

In order to ensure that children are safe, strict procedures have been developed for the administration of medication. Sources consulted to guide this procedure include the documents listed above, with a focus on the *Best Practice Guidelines for Anaphylaxis Prevention and Management*, as this document was developed in partnership with Allergy and Anaphylaxis Australia, National Allergy Strategy and the Australian Society of Clinical Immunology and Allergy.

### Links to CEDR policies and procedures

- ◆ Dealing with Medical Conditions Policy and Procedure
- ◆ Administration of First Aid Policy and Procedure

### Implementation

#### **Applies to ALL Administration of Medication**

- ◆ Only medicines prescribed by a medical practitioner or which have a pharmacy label specific to the child in question are to be administered during operational hours. It is recommended that where possible medication is administered before or after attending the service.
- ◆ Parents must supply clear guidelines from medical practitioners to ensure the accurate administration of medication.
- ◆ Medication will only be administered by staff if:
  - ◇ an authorisation form is signed by the parents.
  - ◇ appropriate training for relevant staff is undertaken for medications that require specialised administration.
  - ◇ it is in its original package with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and expiry date.

- ◇ Where dosage is less than a full unit of the medication (i.e. half a tablet) this must be supplied in a pharmaceutical blister pack where the dosage is correct and does not require measurement by service staff.
- ◆ The Responsible Person in Charge (RPIC) must be aware of the medication that needs to be administered and ensure it is stored in a safe place that is accessible to all educators.
- ◆ Life-saving medication must be kept in an unlocked container.
- ◆ All other medication must be kept in a locked container. If medication requires refrigeration, it must be kept in a locked container in the fridge.
- ◆ All medication is administered under the authority delegated by the parent.
- ◆ Only service educators administer medication. Before administering any medication, the dosage, type and child's name must be checked and confirmed by the service educator and witnessed by another Catholic Education staff member.
- ◆ The *Medication Administration Form* is to be completed each time medication is given.
- ◆ When medication is administered to a child, the following needs to be recorded:
  - ◇ the dosage that was administered;
  - ◇ the manner in which the medication was administered;
  - ◇ the time and date the medication was administered;
  - ◇ the name and signature of the service educator who administered the medication;
  - ◇ the name and signature of the staff member who witnessed the administration.
- ◆ All staff should be familiar with medication requirements stated on individual Action Plans.
- ◆ A completed *Authorisation and Medication Record* is to be kept at the service until archived following record retention procedure.
- ◆ All services have life-saving medication such as inhaler and auto-injectors for anaphylaxis and asthma emergencies.

#### Authorised administration with verbal consent

In case of an emergency, administration of medication at the prescribed dose on the packaging is authorised if verbal consent is obtained from a parent or person named in the child's enrolment record as authorised to consent to administration of medication. If this person cannot be contacted, a registered medical practitioner or medical emergency services can provide verbal consent. If medication is administered to a child based on verbal consent from a registered medical practitioner or medical emergency services, the service must ensure written notice is given to a parent or other family member as soon as practicable. Notification to the Rockhampton Catholic Education Office is required, as soon as practicable.

#### **Administration of Medication for a Medical Condition**

- ◆ For asthma and anaphylaxis medication, the parent/guardian will provide the service with a completed Action Plan and only when permission is granted will the medical plans be displayed (signed by a medical practitioner or authorised asthma professional).
- ◆ Any medication listed on a Health or Action Plan must match what is provided for the child i.e. if the plan lists Ventolin the inhaler supplied must be the Ventolin brand.

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- ◆ In the case of a child requiring insulin or other medications where the dosage fluctuates and requires staff to make complex judgements as to how much is required, families will be contacted to administer this medication. CEDR staff will not administer this medication.

### **Administration of Incidental Medication**

- ◆ Should the requirement for medication administration need to be suspended or exceed 10 consecutive operating days, the parent must notify the service in writing. A new authorisation form needs to be completed if the parent wishes the administration of medication to recommence.

### **Administration of Life-saving Medication**

- ◆ Life-saving medication should be administered as soon as required based on permission granted in enrolment terms and conditions.
- ◆ The service should attempt to contact the child's parents/carers where possible prior to the administration of life-saving medication. However, if this is not possible, as soon as possible after medication is administered. In emergencies, qualified staff should demonstrate duty of care in all instances – parents are asked to sign the Enrolment Form or Re-enrolment Form that authorises the use of life-saving medication (as per Section 256A or Section 256B of the Health, Drugs and Poisons, Regulation 1996).

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### **CHILD'S PERMISSION TO SELF-MEDICATE**

Contemporary management of chronic health conditions encourages children to recognise the signs and symptoms of their condition, administer their own medication or perform a health procedure, and participate in the full range of activities offered by the service. In the event of an emergency situation, it may be necessary for a child to be assisted with the administration of medication (e.g. when using an adrenaline auto-injector to treat anaphylaxis or an asthma reliever).

In all cases where a child presents with signs of illness, first aid procedures or the child's Action Plan (signed by a medical practitioner) are to be followed.

- ◆ A Nominated Supervisor may permit a child over preschool age to self-administer medication if:
  - ◇ Written authorisation is provided by a person with the authority to consent to the administration of medication.
- ◆ The Nominated Supervisor provides authorisation for the child to self-administer medication (taking into consideration the age of the child, medical practitioner's recommendation, severity of the condition, family and staff consultation), provided that:
  - ◇ The child is supervised by an educator whilst administering the medication
  - ◇ The child is required to notify an educator when medication has been self-administered.

- ◇ The educator records the child's self-administration on the service's *Authorisation and Medication Record*. Method of administration must be recorded as 'Self-method of administration' e.g. for Ventolin inhaler write 'Self-inhaler'.
- ◇ Parent/carer to sign *Authorisation and Medication Record* where indicated to acknowledge self-medication has occurred.

## SUSPENSION OR TERMINATION OF MEDICATION

If parents wish to suspend the administration of medication for a particular day, they must note this on the *Authorisation and Medication Record* by listing the date, writing 'no medication' and sign and date the entry.

If medication is no longer necessary or required for the child, the family must notify the service in writing.

All unused medication will be returned to the family on collection of the child.

## Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Authorisation and Medication Record</b>	To record all details related to the administration of medication to a child, as authorised by family.	OSHC SharePoint site Kindergarten SharePoint site
<b>Self-Administration of Medication Consent Form</b>	For families to provide consent for their child to self-administer medication.	OSHC SharePoint site Kindergarten SharePoint site



## DEALING WITH MEDICAL CONDITIONS PROCEDURE

### Link to industry resources and support documentation

- ◆ Work Health & Safety Act 2011
- ◆ Work Health & Safety Regulation 2011
- ◆ First Aid Code of Practice 2004
- ◆ Public Health Act 2005
- ◆ National Education & Care Services Regulations 2011
- ◆ National Education & Care Services Law Act 2010

### Description

Catholic Education – Diocese of Rockhampton aims to offer programs that ensure the health and well-being of those who participate in experiences at Early Learning and Care Services. In doing so, CEDR recognises that the management of medical/health conditions requires a particular process and documentation to ensure all children are safe in the learning environment. Some conditions that fall into this category include but are not limited to: asthma; diabetes; or a diagnosis that a child is at risk of anaphylaxis. This can be through education, procedural steps, control measures, supervision and compliance with safe practice.

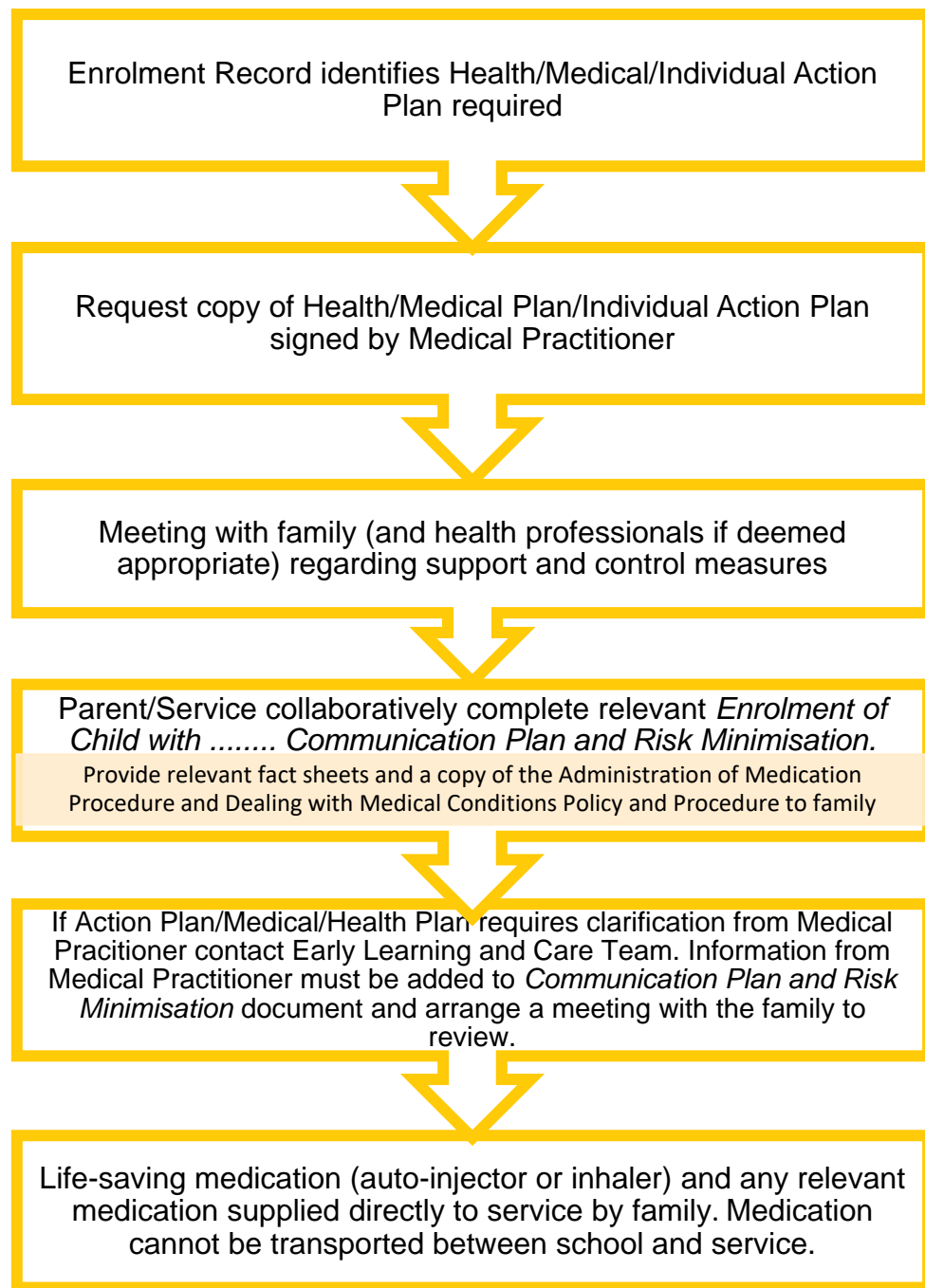
### Links to CEDR policies and procedures

- ◆ First Aid Policy and Procedure
- ◆ Administration of Medication Policy and Procedure
- ◆ Providing a Child Safe Physical Environment Policy
- ◆ Dealing with Medical Conditions Policy
- ◆ Enrolment Policy and Procedure

### Implementation

It is essential that the staff member who confirms enrolments are complete before a child commences at the service (refer to the CEDR Delegations Framework) particularly checks for any attachments or information on the enrolment record that would indicate the enrolling child has a medical/health condition.

The following flow chart will guide Nominated Supervisors and delegates through the process of enrolment for children with Action Plans or Health Plans (as identified on a child's Enrolment Form).



## ENROLMENT OF CHILD WITH ANAPHYLAXIS OR SUSPECTED ANAPHYLAXIS

When a child enrolls at the service with suspected or diagnosed anaphylaxis, this process must be followed to finalise their enrolment.

- ◆ The initial enrolment interview will be conducted by the Nominated Supervisor or delegate, with the parents enrolling the child with anaphylaxis.
- ◆ *Enrolment of Child with Anaphylaxis Communication Plan and Risk Minimisation* document will be used to guide these discussions.
- ◆ Communication with all relevant parties is to be ongoing and updated on the *Enrolment of Child with Anaphylaxis Communication Plan and Risk Minimisation* document accordingly. This may extend to engaging medical professionals to guide practice.

- ◆ Parents of the child with a medical condition who is enrolling at the service, will be provided with a copy (either in hard copy or electronic version) of the most up-to-date Policy and Procedures, and the finalised *Enrolment of Child with Anaphylaxis Communication Plan and Risk Minimisation* document. These documents will outline the processes for supporting their child with a medical condition.
- ◆ If it is necessary to clarify information contained in the child's Medical Action Plan or parent or Nominated Supervisor (or delegate's) requests, then contact will be made with the Early Learning and Care Team.
- ◆ All staff members and volunteers will be informed about the Administration of Medication Procedure and associated Workplace Health and Safety Policy.
- ◆ An annual review will be conducted by the Nominated Supervisor or delegate, of all plans to ensure they continue to be relevant, including the child's Medical Action Plan, the *Enrolment of Child with Anaphylaxis Communication Plan and Risk Minimisation* document and any guidance provided by Medical Professionals and/or parents.
- ◆ This will be used as the reference document to collect all relevant and ongoing information. It will be stored in a location available to all educators.
- ◆ Notification of changes to the Medical Plan, *Enrolment of Child with Anaphylaxis Communication Plan and Risk Minimisation* document or medication must be recorded in writing on the relevant document and communicated to relevant staff immediately, or prior to when the staff member is working with the child e.g. a change in medication will require amendments on all documents.
- ◆ The *Enrolment of Child with Anaphylaxis Communication Plan and Risk Minimisation* document, in alignment with the child's Medical/Action/Individual Plan or other specific plan, will outline:
  - ◇ the assessment and minimisation controls of risks relating to the child's diagnosed health care need, allergy or relevant medical condition. These must be updated as communicated by the medical practitioner/ specialised health professional.
  - ◇ if relevant, that practices and procedures are in place, including the safe handling, preparation, consumption and serving of food.
  - ◇ that the parents are notified of any known allergens in the service environment that pose a risk to a child and strategies for minimising the risk where these allergens cannot be eliminated.
  - ◇ any new information recorded in writing on the *Enrolment of Child with Anaphylaxis Communication Plan and Risk Minimisation* document and that relevant staff members have been notified prior to the child attending the service.
  - ◇ that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
  - ◇ if relevant, that the child does not attend the service unless the child has at the service their relevant medications if this would pose a significant risk (regulation 90(1)(c)(iii)).

All staff must be supplied with the finalised documentation for the enrolling child to ensure they are all aware of the medical requirements and risk minimisation plan in place for the safety of the child.

It is understood by all parties that enrolment with the service will not be considered finalised until this documentation is completed, specialised training provided for service staff (if required), and medication (in original packaging and with pharmacist label) is received by the service.

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## ENROLMENT OF CHILD WITH ASTHMA

When a child enrolls at the service with asthma, this process must be followed to finalise their enrolment.

- ◆ The initial enrolment interview will be conducted by the Nominated Supervisor or delegate, with the parents enrolling the child with asthma.
- ◆ *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document will be used to guide these discussions.
- ◆ Communication with all relevant parties is to be ongoing and updated on the *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document accordingly. This may extend to engaging medical professionals to guide practice.
- ◆ Parents of the child with a medical condition who is enrolling at the service, will be provided with a copy (either in hard copy or electronic version) of the most up-to-date Policy and Procedures, and the finalised *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document. These documents will outline the processes for supporting their child with a medical condition.
- ◆ If it is necessary to clarify information contained in the child's Medical Action Plan or parent or Nominated Supervisor (or delegate's) requests, then contact will be made with the Early Learning and Care Team.
- ◆ All staff members and volunteers will be informed about the Administration of Medication Procedure and associated Workplace Health and Safety Policy.
- ◆ An annual review will be conducted by the Nominated Supervisor or delegate, of all plans to ensure they continue to be relevant, including the child's Medical Action Plan, the *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document and any guidance provided by Medical Professionals and/or parents.
- ◆ This will be used as the reference document to collect all relevant and ongoing information. It will be stored in a location available to all educators.
- ◆ Notification of changes to the Medical Plan, *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document or medication must be recorded in writing on the relevant document and communicated to relevant staff immediately, or prior to when the staff member is working with the child e.g. a change in medication will require amendments on all documents.
- ◆ The *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document, in alignment with the child's Medical/Action/Individual Plan or other specific plan, will outline:
  - ◇ the assessment and minimisation controls of risks relating to the child's diagnosed health care need, allergy or relevant medical condition. These must be updated as communicated by the medical practitioner/ specialised health professional.
  - ◇ if relevant, that practices and procedures are in place, including the safe handling, preparation, consumption and serving of food.

- ◇ that the parents are notified of any known allergens in the service environment that pose a risk to a child and strategies for minimising the risk where these allergens cannot be eliminated.
- ◇ any new information recorded in writing on the *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document and that relevant staff members have been notified prior to the child attending the service.
- ◇ that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
- ◇ if relevant, that the child does not attend the service unless the child has at the service their relevant medications if this would pose a significant risk (regulation 90(1)(c)(iii)).

**If child is diagnosed with asthma but there is no Action Plan (seasonal/mild asthma):**

- ◆ The initial enrolment interview will be conducted by the Nominated Supervisor or delegate, with the parents enrolling the child with asthma.
- ◆ *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document will be used to guide these discussions.
- ◆ Communication with all relevant parties is to be ongoing and updated on the *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document accordingly. This may extend to engaging medical professionals to guide practice.
- ◆ Parents of the child with a medical condition who is enrolling at the service, will be provided with a copy (either in hard copy or electronic version) of the most up-to-date Policy and Procedures, and the finalised *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document. These documents will outline the processes for supporting their child with a medical condition.
- ◆ A letter from a medical professional will be required to state that the enrolling child does not qualify for an Action Plan.
- ◆ All staff members and volunteers will be informed about the Administration of Medication Procedure, First Aid Procedure and associated Workplace Health and Safety Policy.
- ◆ An annual review will be conducted by the Nominated Supervisor or delegate, of all plans to ensure they continue to be relevant, including the *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document and any guidance provided by Medical Professionals and/or parents.
- ◆ This will be used as the reference document to collect all relevant and ongoing information. It will be stored in a location available to all educators.
- ◆ Notification of changes to the child's asthma must be noted on their *Enrolment of Child with Asthma Communication Plan and Risk Minimisation* document and other relevant documents e.g. a change in medication will require amendments to the communication plan and authorisation to administer medication form.
- ◆ The service will not store medication for this child if it is already part of the service First Aid kit (e.g. asthma puffers). Instead, in the event that it is required, the service device will be used and normal First Aid procedures applied to the situation.
- ◆ It is the responsibility of the service to ensure that the First Aid kit is kept up to date, and if a particular item is consumed, that it is replaced as soon as possible.
- ◆ A staff member training in First Aid will always be available during service operational hours. Catholic Education encourages all staff to undertake training in the

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administration of First Aid, whilst maintaining accurate records of the qualifications of staff.

All staff must be supplied with the finalised documentation for the enrolling child to ensure they are all aware of the medical requirements and risk minimisation plan in place for the safety of the child.

It is understood by all parties that enrolment with the service will not be considered finalised until this documentation is completed, specialised training provided for service staff (if required), and medication (in original packaging and with pharmacist label) is received by the service.

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## ENROLMENT OF CHILD WITH DIABETES

When a child enrolls at the service with diabetes, this process must be followed to finalise their enrolment.

- ◆ The initial enrolment interview will be conducted by the Nominated Supervisor or delegate, with the parents enrolling the child with diabetes.
- ◆ *Enrolment of Child with Diabetes Communication Plan and Risk Minimisation* document will be used to guide these discussions.
- ◆ Communication with all relevant parties is to be ongoing and updated on the *Enrolment of Child with Diabetes Communication Plan and Risk Minimisation* document accordingly. This may extend to engaging medical professionals to guide practice.
- ◆ Parents of the child with a medical condition who is enrolling at the service, will be provided with a copy (either in hard copy or electronic version) of the most up-to-date Policy and Procedures, and the finalised *Enrolment of Child with Diabetes Communication Plan and Risk Minimisation* document. These documents will outline the processes for supporting their child with a medical condition.
- ◆ If it is necessary to clarify information contained in the child's Medical Action Plan or parent or Nominated Supervisor (or delegate's) requests, then contact will be made with the Early Learning and Care Team.
- ◆ All staff members and volunteers will be informed about the Administration of Medication Procedure and associated Workplace Health and Safety Policy.
- ◆ Staff complete appropriate training modules as directed by a diabetes educator.
- ◆ An annual review will be conducted by the Nominated Supervisor or delegate, of all plans to ensure they continue to be relevant, including the child's Medical Action Plan, the *Enrolment of Child with Diabetes Communication Plan and Risk Minimisation* document and any guidance provided by Medical Professionals and/or parents.
- ◆ This will be used as the reference document to collect all relevant and ongoing information. It will be stored in a location available to all educators.
- ◆ Notification of changes to the Medical Plan, *Enrolment of Child with Diabetes Communication Plan and Risk Minimisation* document or medication must be recorded in writing on the relevant document and communicated to relevant staff immediately, or prior to when the staff member is working with the child e.g. a change in medication will require amendments on all documents.



- ◆ The *Enrolment of Child with Diabetes Communication Plan and Risk Minimisation* document, in alignment with the child's Medical/Action/Individual Plan or other specific plan, will outline:
  - ◇ the assessment and minimisation controls of risks relating to the child's diagnosed health care need, allergy or relevant medical condition. These must be updated as communicated by the medical practitioner/ specialised health professional.
  - ◇ if relevant, that practices and procedures are in place, including the safe handling, preparation, consumption and serving of food.
  - ◇ that the parents are notified of any known allergens in the service environment that pose a risk to a child and strategies for minimising the risk where these allergens cannot be eliminated.
  - ◇ any new information recorded in writing on the *Enrolment of Child with Diabetes Communication Plan and Risk Minimisation* document and that relevant staff members have been notified prior to the child attending the service.
  - ◇ that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
  - ◇ if relevant, that the child does not attend the service unless the child has at the service their relevant medications if this would pose a significant risk (regulation 90(1)(c)(iii)).

All staff must be supplied with the finalised documentation for the enrolling child to ensure they are all aware of the medical requirements and risk minimisation plan in place for the safety of the child.

It is understood by all parties that enrolment with the service will not be considered finalised until this documentation is completed, specialised training provided for service staff (if required), and medication (in original packaging and with pharmacist label) is received by the service.

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## ENROLMENT OF CHILD WITH MEDICAL CONDITION

When a child enrolls at the service with any other medical condition, this process must be followed to finalise their enrolment.

- ◆ The initial enrolment interview will be conducted by the Nominated Supervisor or delegate, with the parents enrolling the child with medical condition.
- ◆ *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document will be used to guide these discussions.
- ◆ Communication with all relevant parties is to be ongoing and updated on the *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document accordingly. This may extend to engaging medical professionals to guide practice.
- ◆ Parents of the child with a medical condition who is enrolling at the service, will be provided with a copy (either in hard copy or electronic version) of the most up-to-date Policy and Procedures, and the finalised *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document. These documents will outline the processes for supporting their child with a medical condition.



- ◆ If it is necessary to clarify information contained in the child's Medical Action Plan or parent or Nominated Supervisor (or delegate's) requests, then contact will be made with the Early Learning and Care Team.
- ◆ All staff members and volunteers will be informed about the Administration of Medication Procedure and associated Workplace Health and Safety Policy.
- ◆ An annual review will be conducted by the Nominated Supervisor or delegate, of all plans to ensure they continue to be relevant, including the child's Medical Action Plan, the *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document and any guidance provided by Medical Professionals and/or parents.
- ◆ This will be used as the reference document to collect all relevant and ongoing information. It will be stored in a location available to all educators.
- ◆ Notification of changes to the Medical Plan, *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document or medication must be recorded in writing on the relevant document and communicated to relevant staff immediately, or prior to when the staff member is working with the child e.g. a change in medication will require amendments on all documents.
- ◆ The *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document, in alignment with the child's Medical/Action/Individual Plan or other specific plan, will outline:
  - ◇ the assessment and minimisation controls of risks relating to the child's diagnosed health care need, allergy or relevant medical condition. These must be updated as communicated by the medical practitioner/ specialised health professional.
  - ◇ if relevant, that practices and procedures are in place, including the safe handling, preparation, consumption and serving of food.
  - ◇ that the parents are notified of any known allergens in the service environment that pose a risk to a child and strategies for minimising the risk where these allergens cannot be eliminated.
  - ◇ any new information recorded in writing on the *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document and that relevant staff members have been notified prior to the child attending the service.
  - ◇ that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
  - ◇ if relevant, that the child does not attend the service unless the child has at the service their relevant medications if this would pose a significant risk (regulation 90(1)(c)(iii)).

**If child is diagnosed with a medical condition but there is no Action/Medical Plan (e.g. allergies, eczema, ADHD):**

- ◆ The initial enrolment interview will be conducted by the Nominated Supervisor or delegate, with the parents enrolling the child with the medical condition.
- ◆ *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document will be used to guide these discussions.
- ◆ Communication with all relevant parties is to be ongoing and updated on the *Enrolment of Child with Medical Condition Communication Plan and Risk*

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*Minimisation* document accordingly. This may extend to engaging medical professionals to guide practice.

- ◆ Parents of the child with a medical condition who is enrolling at the service, will be provided with a copy (either in hard copy or electronic version) of the most up-to-date Policy and Procedures, and the finalised *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document. These documents will outline the processes for supporting their child with a medical condition.
- ◆ A letter from a medical professional will be required to state that the enrolling child does not qualify for an Action/Medical Plan for their medical condition.
- ◆ All staff members and volunteers will be informed about the Administration of Medication Procedure, First Aid Procedure and associated Workplace Health and Safety Policy.
- ◆ An annual review will be conducted by the Nominated Supervisor or delegate, of all plans to ensure they continue to be relevant, including the *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document and any guidance provided by Medical Professionals and/or parents.
- ◆ This will be used as the reference document to collect all relevant and ongoing information. It will be stored in a location available to all educators.
- ◆ Notification of changes to the child's asthma must be noted on their *Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation* document and other relevant documents e.g. a change in medication will require amendments to the communication plan and authorisation to administer medication form.
- ◆ The service will not store medication for this child if it is already part of the service First Aid kit (e.g. asthma puffers). Instead, in the event that it is required, the service device will be used and normal First Aid procedures applied to the situation.
- ◆ It is the responsibility of the service to ensure that the First Aid kit is kept up to date, and if a particular item is consumed, that it is replaced as soon as possible.
- ◆ A staff member training in First Aid will always be available during service operational hours. Catholic Education encourages all staff to undertake training in the administration of First Aid, whilst maintaining accurate records of the qualifications of staff.

All staff must be supplied with the finalised documentation for the enrolling child to ensure they are all aware of the medical requirements and risk minimisation plan in place for the safety of the child.

It is understood by all parties that enrolment with the service will not be considered finalised until this documentation is completed, specialised training provided for service staff (if required), and medication (in original packaging and with pharmacist label) is received by the service.

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## ONGOING COMMUNICATION AND DOCUMENTATION

Families must inform the service as soon as practicable if there are any significant changes to a child's health care needs. Based on this information, the service may request updated information from a medical practitioner and will initiate an update of the child's communication plan and risk minimisation. These documents serve to ensure that the child's engagement in learning experiences does not contravene their health and safety.

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Families must inform the service as soon as practicable if their child develops a medical condition while enrolled at the service. When informed, the service will request a meeting with the family to complete the communication plan and risk minimisation and collect any relevant documentation. Depending on the nature of the condition, the service may suspend the child's attendance until necessary medication or staff training can be supplied. It is the service's responsibility to prioritise any required training to minimise the interruption to the child's attendance.

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## DISPLAY REQUIREMENTS

- ◆ Action/Medical Plans will be displayed (with permission from the family) where staff can easily access and refer to them in the event they must be enacted.
- ◆ Where families do not consent to the Action/Medical plans being displayed, it must be kept in a confidential location that is easily accessed by educators (this is to be noted on the communication documentation).
- ◆ Where a child has been diagnosed as at risk of anaphylaxis, the *Allergy Alert Poster* must be displayed at the service and list what families should avoid bringing to the premises to reduce the risk to the child. This notice needs to respect the child and family's confidentiality by not identifying the child themselves.

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## MEDICATION

Where medication is required, the *Administration of Medication Procedure* must be followed. It is important for the service to ensure the families are informed and a record of that communication is made where:

- ◆ The supply of a child's required medications is the responsibility of the parent.
- ◆ The child and service's life-saving medication (only) is to be kept in an unlocked location, accessible to educators but not accessible to children (unless the child has permission by the Nominated Supervisor to self-administer medication – see below). This includes ensuring educators have access to a child's medication whilst on excursions, transporting children or on regular outings.
- ◆ All other medications are to be kept in a location, inaccessible to children.
- ◆ Medications will not be transferred from a third-party – parents are to supply all medications required by their child to the service directly i.e. no medication will be transferred from a location in the school to the service's premises each time the child attends the service.
- ◆ In the case of an OSHC operating from the room where medication is already stored for a child, then the medication for the child attending the kindergarten or school and OSHC program may use the same medication (as there is no responsibility on staff to transfer medications from one location to another).
- ◆ A Medication Record is kept for each child to whom medication is to be administered by the service. The record must include:
  - ◇ the authorisation to administer medication (including, if applicable, self-administration, Reg 96), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication (Reg 92).
- ◆ Medication can only be administered if it has been prescribed by a registered medical practitioner:

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- ◇ from its original container with the original label including the name of the child for whom it is prescribed, and before the expiry or use-by date,
  - or
  - ◇ from its original container, with the original label and instructions and before the expiry or use-by date, and in accordance with any instructions attached to the medication or provided by a registered medical practitioner, either verbally or in writing.
  - ◆ A second Catholic Education staff member must check the dosage of the medication, the identity of the child receiving the medication and witness its administration.
  - ◆ If medication held at the service has expired and needs to be replaced, it is the responsibility of the family to take the expired medication and dispose of it appropriately.
  - ◆ The child is unable to attend until the required medication is supplied to the service (medication that has expired is not to be used by staff).
  - ◆ The service requires an updated Action Plan, and as stated on the child's Enrolment Form, that the child is unable to attend the service, until an updated Action Plan is supplied to the service.

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## STAFF RESPONSIBILITIES

All who are staff at the service are responsible for, but not limited to:

- ◆ Identifying and where practical, minimising triggers.
- ◆ Following action plans immediately, if children at risk show any signs of their condition.
- ◆ Ensuring children are not left alone if their health deteriorates.
- ◆ Ensuring ongoing support is provided to the child through any emergency situation.
- ◆ Providing details to ambulance officers, parents or medical practitioners (as applicable) about the child's condition, treatment provided, time and type of medication administered.
- ◆ Implementing strategies that inform the emergency services, including but are not limited to:
  - ◇ writing on a child's arm, in permanent marker pen, details of the following:
    - the child's name
    - the time medication was given
  - ◇ providing original packaging of the child's medication previously dispensed
  - ◇ supplying a copy of the child's action plan, to assist ambulance or medical staff in managing the child's condition.
- ◆ Administering medication as per the child's action plan (if appropriately trained), and documenting details accurately.
- ◆ Following and ensuring all staff adhere to procedures relating to first aid, administration of medication, critical incident, health and safety, hygiene and infection control.

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## PARENTS/AUTHORISED NOMINEES ON THE CHILD'S ENROLMENT FORM - RESPONSIBILITIES

Parents/Authorised Personnel on the Child's Enrolment Form, responsibilities include, but are not limited to:

- ◆ Labelled preventative or prescribed medications should be given prior to attendance at a service.
- ◆ Cooperating with the staff in relation to health directions.
- ◆ Informing the service of the health needs of their child at enrolment or when health conditions develop, and negotiate reasonable and practicable procedures to support the child in the educational setting.
- ◆ Providing details of triggers, possible triggers, and child's reactions.
- ◆ Liaising with the child's medical practitioner about the implications of any health condition and relay this information to the service, staff/carers (e.g. if symptoms presented during the night at home).
- ◆ Providing all prescribed medications to the service required by their child for management of the child's health support needs, including replenishing medication which has expired, providing additional medication to ensure quantities are sufficient, and ensuring all devices and medication are clearly labelled in their original pharmacy container with the child's name, expiry dates and dosage. No third-party handling of medication will occur; service staff will not collect medication from associated school or kindergarten and return it to same – each care environment must have their own medication.
- ◆ Disposing of expired medication that has been prescribed to their child.
- ◆ Providing a signed (by an authorised medical practitioner) Action Plan for their child, reviewed annually or as conditions, medication, or treatment plans change. Otherwise, in the event of an emergency, first aid procedures will always be followed.
- ◆ Negotiating the positioning of their child's action plans (and providing permission by signing the back of their child's action plans), so that they are immediately accessible and visible to educators.
- ◆ Participating in the development of a risk minimisation and communication plan in consultation with the service, and if necessary, seeking further clarification from the medical practitioner.

### Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Enrolment of Child with Anaphylaxis Communication Plan and Risk Minimisation</b>	For children with anaphylaxis who enrol at the service	Kindergarten SharePoint Site OSHC SharePoint Site
<b>Enrolment of Child with Asthma Communication Plan and Risk Minimisation</b>	For children with asthma who enrol at the service	Kindergarten SharePoint Site OSHC SharePoint Site
<b>Enrolment of Child with Diabetes Communication Plan and Risk Minimisation</b>	For children with diabetes who enrol at the service	Kindergarten SharePoint Site OSHC SharePoint Site

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**Enrolment of Child with Medical Condition Communication Plan and Risk Minimisation**

For children who have a diagnosed medical condition that does not fall under the three documents listed above.

Kindergarten SharePoint Site  
OSHC SharePoint Site

**Allergy Alert Poster**

To be displayed at a service to communicate to families what should not be brought to the service as a child is allergic.

Kindergarten SharePoint Site  
OSHC SharePoint Site





# Death of a Child Whilst in Care Procedure

## Legislation & Support Documentation Legislation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *National Education & Care Services Regulations 2011*
- *National Education & Care Services Law Act 2010*

Catholic Education – Diocese of Rockhampton aims to provide a safe and healthy workplace for all, minimising risk of incident, injury and trauma. If the tragic death of a child should occur whilst the child is in care, the service will do everything possible to support the parents of the child, the other children in the service, the staff and all those directly involved. Support and referral to appropriate agencies will be offered.

It is essential that the Nominated Supervisor or delegate notifies the Diocesan Director (as the Key Contact for the Approved Provider) as soon as is practicable after the event. The safety of the other children in care and the staff must be the primary priority.

## Principle: 1 Initial Response

- Please see the *Emergency Response Procedure* for the **Catholic Education Services Critical Incident Response Plan** which will be put into place in the event of a child who dies whilst in an education and care service.
- The person with the highest qualification of first aid training will carry out first aid on the child.
- The Ambulance is rung as soon as possible.
- Parents of the child will be contacted and advised that a serious incident has occurred and that the ambulance has been called and their urgent attendance is required.
- Ensure the safety and well-being of all other children and staff.
- CEO will contact the regulatory authority within 24 hours of the incident.
- Preserving the site:

All personnel must ensure so far as is reasonably practicable, that the site where the incident occurred is not disturbed until an inspector arrives at the site or any earlier time that an inspector directs.

However, this does not prevent any action—

- (a) to assist an injured person; or
- (b) to remove a deceased person; or
- (c) that is essential to make the site safe or to minimise the risk of a further notifiable incident; or
- (d) that is associated with a police investigation; or
- (e) for which an inspector or the regulator has given permission.

- Resuscitation/first aid should continue until the Ambulance officers take over. If the child is confirmed as deceased, the Ambulance officers will support the people at the service and ensure the Police are notified.
- Removal of the deceased child is a Police decision and the timing of this will depend on the individual circumstances of the death and the notification of the child's parents. It is the duty of the Police to advise the child's parents (in person, not over the telephone) and every effort should be made to assist the Police.
- If the child is known to be a Catholic, the Priest should be urgently contacted to administer the last rites.
- Staff will be made aware of their responsibilities through the staff induction process.



## Principle: 2 Support will be offered to the Bereaved Family

- On arrival at the service the parents of the deceased child may need time alone with their child and the staff should respect this need.
- The bereaved family may wish to travel in the Ambulance with the child to the hospital or the place where a post-mortem will be conducted. The staff may be able to assist with transport arrangements.
- Assistance, such as trauma counselling will be offered by the service to children, parents and staff through a Catholic Education Office appointed counselling service.

## Principle: 3 Continued Support for Families & Staff

- Other children in the service may need to be collected or moved to another area in the service.
- Parents of the other children will be informed in person of the child's death, on collection of their children by a person designated by the Catholic Education Office.
- Some of the children in care may be aware of what has happened and may need help in understanding. Explanations to children will be issued through the Catholic Education Office.
- A Priest or pastoral worker should be contacted to offer support.
- Assistance, such as trauma counselling will be offered by the service to children, families and staff.

## Principle: 4 Reporting

- A written record of the circumstances of the child's death must be kept and retained for the required period. This written record should be signed by the Diocesan Director and remain confidential, subject to legal proceedings. A copy must be forwarded to Catholic Education Office as soon as possible.
- The Approved Provider must notify the regulatory authority immediately of the circumstances of the child's death. Copies of the relevant reports, as directed by the regulatory authority, are to be forwarded as soon as possible.
- Catholic Education Office personnel must notify Workplace Health and Safety Queensland immediately of the circumstances of the child's death. A copy of the written record is to be forwarded to Workplace Health and Safety Queensland immediately.
- The Catholic Education Office is to notify Catholic Church Insurances.

## Principle: 5 External Management

**All communication with parties is to be conducted in consultation with the Catholic Education Office: Early Learning & Care Coordinator, Media Department, Assistant Director Schools and Diocesan Director.**



# Dental Health Procedure

## Legislation & Support Documentation

- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton is committed to providing a safe and healthy environment for all children and staff at the Centre. Our centres recognise the importance in establishing and reinforcing effective dental health care practices for each child.

## Principle: 1 Programs Perspective Dental Health

The Nominated Supervisor will ensure staff, parents/carers are provided with appropriate, consistent and up to date information on the development and maintenance of good oral health for early childhood.

- The centre will display and regularly provide dental health information and resources as it becomes available for all families at the centre.
- Parents will receive information on both suitable and unsuitable food to provide for children
- Appropriate food will be refrigerated and served at safe room temperatures.
- Special occasions will be celebrated with a variety of healthy and treat foods.
- Food awareness activities will be included in the children's programs.
- The centre resources will provide healthy pretend food resources to be utilised in the children's play.
- Only milk and water will be provided for children to drink.
- Water will be available at all times and children will be encouraged to drink regularly.

## Principle: 2 Staff Responsibilities

**Suggested** ideas that may be considered in a dental hygiene program:

- Staff including teaching children about food and nutrition in the program
- Safe food handling throughout the centre.
- Children will wash hands with liquid soap before handling food or eating.
- Staff will wash hands before handling food.
- An oral health program is implemented in all age groups at some time throughout the year.
- The oral health program includes teaching children to "swish and swallow" with water at the end of a meal.
- Staff may remind parents to have their baby's teeth checked by a dental health professional from their first birthday
- Staff may provide puppets, dolls or toys that have teeth for children to play with.
- There may be books about dentists and healthy food choices available for children when appropriate.
- Posters depicting concepts such as visits to the dentist, health foods, fruits and vegetables displayed when available.

### Principle: 3 Informing Families

Suggested ideas for communication with families:

- Centre staff to liaise with families to promote effective dental health practices.
- Parents may be provided with information about how to prevent bottle decay.
- Information to parents may include the importance of healthy foods, dental health checks, thumb sucking, use of dummies.
- Strategies for tooth brushing in the home provided to parents if available.

# EMERGENCY RESPONSE POLICY

## Policy Statement

Catholic Education – Diocese of Rockhampton will actively identify safety issues and put in place appropriate controls where required. In addition, the development and implementation of health and safety procedures will align with current research in best practices and relevant legislation.

## Background

Training and awareness of health and safety procedures are ongoing processes, embedded in centre culture. Emergency procedures, where possible, align with those of the centre's adjoining school, to ensure consistency for children.

The priority in all emergency responses is the health and safety of the children, staff and community.

Critical Incident Management Plan provides services with a plan that assists them in preparing for and responding to emergencies and \*critical incidents. The management plan is displayed in a prominent position to inform the process of managing emergencies of a critical nature. \*A critical incident is "any event which has a stressful impact, sufficient enough to overwhelm the usually effective coping skills of either an individual or a group".

- ◆ natural disasters e.g. cyclones, floods, bushfires
- ◆ industrial accidents e.g. chemical spill, explosion
- ◆ incidents relating to school activities e.g. bus accidents, fire
- ◆ death of a student or staff member
- ◆ hostage situations or incidents resulting from child custody issues
- ◆ incidents involving the use of drugs, illegal substances, unsanctioned substances.
- ◆ public displays of aggression or physical violence towards members of the school/college community
- ◆ Wildlife and stray animals

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ The safety, health and wellbeing of children is a paramount consideration for our service. Therefore, we conduct rehearsals and reviews of our emergency and evacuation procedures.
- ◆ Our educational program promotes opportunities for children to learn and develop in all aspects of the program. Key skills such as gross motor, coordination, language and cognitive skills can be practiced during evacuation rehearsals.
- ◆ We are committed to regular communication with families about all aspects of the educational program, their child's development, and the service. This includes information about emergency response procedures.

- ◆ Our educators and staff are key to our service's effective operation. Part of the training and development they receive focuses on our emergency response policy and procedures. This includes conducting and documenting evacuation rehearsals in accordance with regulatory requirements.
- ◆ Due to the differences in locations and service types across the Diocese, emergency response procedures must be site-specific for each kindergarten and service.

### **Key Terms**

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

### **Links to other policies and procedures**

- ◆ Providing a child safe environment
- ◆ Dealing with medical conditions in children
- ◆ Enrolment and orientation
- ◆ Excursions
- ◆ Delivery of children to, and collection from, education and care service premises
- ◆ Incident, injury, trauma and illness
- ◆ The administration of first aid

### **Monitoring, evaluation and review**

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or enquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

# EMERGENCY RESPONSE PROCEDURE - EVACUATION

## Link to policy and support documentation

- ♦ *Work Health & Safety Act 2011*
- ♦ *Work Health & Safety Regulation 2011*
- ♦ *Building Fire Safety Regulation 2008*
- ♦ *Education and Care Services National Law Act 2010*
- ♦ *Education & Care Services National Regulations 2011*
- ♦ *Emergency and Evacuation Policy and procedure guidelines, ACECQA, June 2021*

## Description

The Education and Care Services National Regulations (Qld) defines emergency, 'in relation to an education and care service, means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the education and care service.' There are an indefinite number of emergencies all with different circumstances, which could arise at an Education and Care Service. Flexibility in this procedure will be required to respond to unforeseen emergencies.

## Policies that Inform the Procedure

Critical Incidents Policy (CEDR)

Outside School Hours Care in Catholic Schools (CEDR)

Risk Management (CEDR)

Work Health and Safety (CEDR)

Emergency Response Policy

## Implementation

A list of potential emergencies and critical incidents for each kindergarten and service can be found in their *Risk Minimisation Potential Emergencies or Critical Incidents* document. This document is then used as a basis for all scenarios rehearsed by the kindergarten or service to prepare children and staff in the event of an actual emergency or critical incident. These rehearsals must take place over different days and times of the week, and ensure that all children and staff participate in an evacuation and a lockdown rehearsal every three months. These must be planned, scheduled, and notified to children, staff, and families where possible. If during School hours, the School office must be notified as well.

In the event of an emergency, staff should decide on the most appropriate initial response. If required, emergency services should be contacted, followed by Catholic Education Office. Further response will be coordinated through the Catholic Education Office including notification to relevant parties, media announcements and notifications to regulatory authorities.

Nominated Supervisors must maintain a plan of action to be taken in the event of an emergency. They must provide adequate instructions to people in the centre concerning evacuations.

The Nominated Supervisor or delegate must give to every person employed and in a volunteer capacity, instruction on:



- ◆ The procedures to be followed in the event of an emergency; and
- ◆ The means of escape from the building in the event of an emergency.

Nominated Supervisors or their delegate must ensure staff are instructed in the following:

- ◆ Evacuating children;
- ◆ Collecting roles and staff sign on sheets to ensure all are evacuated;
- ◆ Instructing members of the public/parents to exits;
- ◆ Marshalling everyone to a safe place (assembly area – where possible, this should be the same location as the adjoining school);
- ◆ Checking whether all the persons are present at the assembly area;
- ◆ If any members of the public are found not to be present at the assembly area – report that fact to the Nominated Supervisor or delegate and if safe to do so, attempts made to locate the person.

**All staff must be instructed in evacuation procedures at least once every 12 months. New staff must be instructed in evacuation procedures as soon as is practicable on commencement of employment.**

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### EMERGENCY RESPONSE: EVACUATION

Below is the prescribed procedure to be followed in the event an evacuation is required in response to an emergency situation. This procedure must be edited to be specific to each kindergarten or service site and displayed at every emergency exit. Refer to the *Emergency Response (Evacuation) Procedure Poster* document.

1. For rehearsals, notify families that an evacuation rehearsal will be conducted, approximate time and duration via <Childcare Software e.g. Xplor, StoryPark>
2. Use emergency alert <specify what is used e.g. built in alarm system, whistle etc.>
3. Announce Emergency and gain attention (stop, look, listen and gather to person with <Alert device> or nearest Educator).
4. EDUCATOR 1- to attend to those impacted by the emergency and provide first aid (if required), immediately. This educator is to collect first aid kit.
5. Available Educator - to collect roll, visitor log, emergency contacts, medication and action plans and mobile phone (all in emergency kit).
6. Lead children to evacuation area via planned route. Commence head count to ensure all children are following to evacuation area\*.
7. Confirm all children, staff and visitors are accounted for. If anyone is unaccounted for, an educator is to follow the evacuation path back to <service/kindergarten> to locate that child/staff/visitor.
8. Immediately Contact Emergency Services if required – 000
9. Further action to ensure wellbeing of children and staff <e.g. sit in the shade, put on hats etc.> taken if required.
10. Any person with \*\*special needs is to be supported by a nominated person in moving to the most appropriate location and throughout emergency situation.
11. EDUCATOR 2 - Phone School or principal / Catholic Education Office (if required) to alert them to emergency response and receive further support.
12. After incident or rehearsal, notify families of outcome/ rehearsal concluded via <Childcare Software e.g. Xplor, StoryPark>

\* If threat is too immediate, evacuation may be completed and then head count conducted.

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\*\*For arranging the safe movement of persons to an appropriate location, a person with special needs is a person for whom it is reasonable to make different arrangements from other persons because:

- The person has a disability.
- The person is a child.
- The person is affected by liquor.

*Fire Safety Regulation 2008*

During an evacuation, all staff should:

- ◆ Remain calm and reassuring for the children in their care
- ◆ Put necessary controls in place to minimise the impact of an incident e.g. shutting doors to contain fire.

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## RECORDS

The *Emergency Response Evaluation* form is to be completed after every rehearsal, and every actual use, of an emergency response, whether it is an evacuation or a lockdown. This document must be signed off by the Nominated Supervisor after staff and children have had time to reflect on the rehearsal and note any improvement or modifications that may be required. Where it is identified that changes or improvements should be implemented, these must be brought to the attention of the Nominated Supervisor in writing. The Nominated Supervisor will be responsible for implementing the improvements, and liaising with Catholic Education Office where required.

If an incident, injury, trauma or illness occurs at the same time or as a result of an emergency response, a separate RiskMan report must be created for that incident. For example, if while evacuating, a child trips and injures their wrist, which is discovered to be broken upon assessment by a medical professional, the incident must be treated according to the *Incident, Injury, Trauma and Illness Procedure*.

Records must be kept of any fire safety training, fire evacuation drills, fire safety equipment installed and maintenance of that equipment as per legislative requirements.

The fire safety training records must show:

- ◆ The date of the training
- ◆ The training officer/person
- ◆ The contents of the training program
- ◆ The names of the attendees
- ◆ The signatures of the attendees
- ◆ The location/site where the attendees work

In addition the following must be kept on site and additional copies at the Catholic Education Office:

- ◆ A completed annual occupiers statement
- ◆ Evacuation sign and diagram may be required as per legislative requirements
- ◆ A certificate of classification (9B) (displayed)

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## BOMB THREATS

Evacuation is the standard emergency response for a bomb threat. However, if different instructions are provided by emergency services, ensure that these instructions are followed.

If the threat is external, then it may be more appropriate to either move to another location or gather the children and stay inside the centre.

The following phases may occur simultaneously.

#### Phase 1 – Receipt of Call

- ◆ Staff member receiving call to follow Bomb Threat Checklist.
- ◆ Alert someone around them.
- ◆ Don't hang up (record call if possible).

#### Phase 2 - Notification of Relevant Parties

##### Police

- ◆ Nominated Supervisor/Responsible Person in Charge to ring police to inform them:
  - ◇ Threat has been received.
  - ◇ \*Whether staff and children will begin evacuation procedures.
  - ◇ Nominated Supervisor/Responsible Person in Charge/the staff member who took the call, will also evacuate and be contacted by phone at the assembly area.
  - ◇ The centre's mobile contact for further communication.

##### Catholic Education Office

- ◆ Nominated Supervisor / Responsible Person in Charge to ring Catholic Education Office on mobile phone.
- ◆ This staff member to inform Catholic Education Office:
  - ◇ Threat has been received.
  - ◇ \*Whether the evacuation has commenced.
  - ◇ The phone number that should be used by Catholic Education Office to communicate with the centre.

#### Phase 3 - Initiate Evacuation Procedures

##### Points to Note

- ◆ If threat is made that may endanger individuals at the \*evacuation point, the evacuation is to be delayed until advice from police is sought. If no such threat is made, the centre staff are to evacuate immediately.
- ◆ \*The centre is to follow their normal evacuation procedures.
- ◆ Staff and children are not to take belongings with them.
- ◆ Once all staff / children/ visitors are accounted for, Catholic Education Office should be contacted immediately so information can be sent to parents.
- ◆ Once safety is assured, a decision about the need to evacuate to an off-site location can be considered after discussions with police.
- ◆ Catholic Education staff are not to return to or remain in the building under any circumstances, until it has been declared safe by police. Catholic Education staff are not to be involved in a search of the centre.

#### Phase 4 - Communication

- ◆ If someone is unaccounted for, contact the Nominated Supervisor/Responsible Person in Charge to inform police.

- 
- ◆ Confirm that the Catholic Education Office has been informed of the evacuation status of all children, staff and visitors.
  - ◆ The Catholic Education Office is to send text to parents alerting them of the situation.
  - ◆ Discuss with children the necessity to practise emergency procedures. The Nominated Supervisor/Responsible Person in Charge will consult with the Catholic Education Office regarding the appropriate language to be used to discuss the incident.
  - ◆ Parents may begin to arrive to pick up their children. Release of children to parents must be managed by a staff member and records kept.
  - ◆ It is likely the media will attend or make contact with the centre. Ensure all staff are aware of the Catholic Education Office media protocols. In the case of media, contact the Media Department at the Catholic Education Office.

#### Phase 5 – Return to Centre

- ◆ Once the centre is declared safe, the Nominated Supervisor/Responsible Person in Charge should inform the Catholic Education Office.
- ◆ The Catholic Education Office will send text to parents to inform them that the normal program will resume.
- ◆ Children are to return to the program.
- ◆ Debriefing/counselling of children and staff is to occur as required.
- ◆ Nominated Supervisor/Responsible Person in Charge should be given copies of the text sent to parents to use as a script for phone calls.

#### Phase 6 – Briefing Parents Regarding Events

- ◆ The Catholic Education Office is to prepare a letter that provides information to parents regarding the action taken.
- ◆ E-mail or letter is to be sent home, along with a text alerting parents of its arrival.

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### CLOSURE OF SERVICES

Natural emergency closures are notified to the delegated agency via the online portal. Centres are not to close without prior authorisation from the Diocesan Director or an Assistant Director Schools or Administration – notification of closures is instigated by the Rockhampton Catholic Education Office.

## RISK MANAGEMENT MATRIX

This matrix is to be used to determine the likelihood and consequences of potential emergency risk, and is located in all risk minimisation plans;

Risk Matrix						
Consequences	Likelihood					
		Rare	Unlikely	Possible	Likely	Almost Certain
	Major Death	Moderate	High	High	Critical	Critical
	Significant Extensive permanent injury. Extended hospitalisation	Moderate	Moderate	High	High	Critical
	Moderate Admitted to Hospital	Low	Moderate	Moderate	High	High
	Minor Medical Treatment provided by medical professional.	Very low	Low	Moderate	Moderate	Moderate
	Insignificant First aid treatment only	Very low	Very low	Low	Moderate	Moderate

## Required Documentation

Document Title	Purpose	Location
<b>Risk Minimisation Potential Emergencies or Critical Incidents</b>	Detailed list of potential emergencies or critical incidents for OSHC services or Kindergartens. All scenarios rehearsed must come from this document.	OSHC Staff Portal Kindergarten Staff Portal
<b>Emergency Response Evaluation Form</b>	To be completed each time an emergency response is rehearsed – evacuation and lockdown. Also to be completed if a emergency or critical incident occurs and an evacuation or lockdown is performed.	OSHC Staff Portal Kindergarten Staff Portal
<b>Emergency Response (Evacuation) Procedure Poster</b>	To be displayed near exits and alarms. Lists step by step procedures for an	OSHC Staff Portal Kindergarten Staff Portal

	evacuation that must be site-specific.	
<b>Emergency Evacuation Site Plan</b>	To be displayed near exits. Provided by WHS officer at School.	School WHS Officer
<b>Emergency Contact List</b>	List of children's family contact details.	Can be extracted as a report from Child Care Management Software (e.g. TASS/Xplor)

#### Monitoring, evaluation and review

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or enquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.



# EMERGENCY RESPONSE PROCEDURE - LOCKDOWN

## Link to policy and support documentation

- ◆ *Work Health & Safety Act 2011*
- ◆ *Work Health & Safety Regulation 2011*
- ◆ *Building Fire Safety Regulation 2008*
- ◆ *Education and Care Services National Law Act 2010*
- ◆ *Education & Care Services National Regulations 2011*

## Description

Catholic Education – Diocese of Rockhampton will actively identify safety issues and put in place appropriate controls where required. In addition, the development and implementation of health and safety procedures will align with current research in best practices and relevant legislation.

Training and awareness of health and safety procedures are ongoing processes, embedded in centre culture. Emergency procedures, where possible, align with those of the centre's adjoining school, to ensure consistency for children.

The priority in all emergency responses is the health and safety of the children, staff and community.

The emergency response procedures are to be rehearsed every 3 months by the staff members, volunteers and children present at the centre. These are to be documented on the *Emergency Response Evaluation* Form and kept on the premises. All rehearsals must be planned, scheduled, and notified to children, staff, and families where possible. If during School hours, the School office must be notified as well.

Critical Incident Management Plan provides services with a plan that assists them in preparing for and responding to emergencies and \*critical incidents. The management plan is displayed in a prominent position to inform the process of managing emergencies of a critical nature. \*A critical incident is "any event which has a stressful impact, sufficient enough to overwhelm the usually effective coping skills of either an individual or a group".

- ◆ natural disasters e.g. cyclones, floods, bushfires
- ◆ industrial accidents e.g. chemical spill, explosion
- ◆ incidents relating to school activities e.g. bus accidents, fire
- ◆ death of a student or staff member
- ◆ hostage situations or incidents resulting from child custody issues
- ◆ incidents involving the use of drugs, illegal substances, unsanctioned substances.
- ◆ public displays of aggression or physical violence towards members of the school/college community
- ◆ Wildlife and stray animals

## Policies that Inform the Procedure

Critical Incidents Policy (CEDR)

Outside School Hours Care in Catholic Schools (CEDR)

Risk Management (CEDR)



### EMERGENCY RESPONSE: LOCKDOWN

Below is the prescribed procedure to be followed in the event a lockdown is required in response to an emergency situation. This procedure must be edited to be specific to each kindergarten or service site and displayed at every emergency exit. Refer to the *Emergency Response (Lockdown) Procedure Poster* document.

1. For rehearsals, notify families that a lockdown rehearsal will be conducted, approximate time and duration via <Childcare Software e.g. Xplor, StoryPark>
2. Use emergency alert <specify what is used e.g. built in alarm system, whistle etc.>
3. Announce Emergency and gain attention (stop, look, listen and gather to person with <Alert device> or nearest Educator).
4. EDUCATOR 1- to attend to those impacted by the emergency and provide first aid (if required), immediately. This educator is to collect first aid kit.
5. Available Educator - to collect roll, visitor log, emergency contacts, medication and action plans and mobile phone.
6. Lead children into building/room that will be locked down. Commence head count to ensure all children are in the lock down area\*.
7. Once confirmed all children, staff and visitors are accounted for, close/lock windows, doors etc. to ensure building cannot be entered.
8. Immediately Contact Emergency Services if required – 000
9. Further action to minimise visibility of children and staff <write whether you sit against one wall, hide under tables etc.> taken if required.
10. Any person with \*\*special needs is to be supported by a nominated person in moving to the most appropriate location and throughout emergency situation.
11. EDUCATOR 2 - Phone School or principal / Catholic Education Office (if required) to alert them to emergency response and receive further support.
12. After incident or rehearsal, notify families of outcome/ rehearsal concluded via <Childcare Software e.g. Xplor, StoryPark>

\* If threat is too immediate, room may be locked down and then head count conducted.

\*\*For arranging the safe movement of persons to an appropriate location, a person with special needs is a person for whom it is reasonable to make different arrangements from other persons because:

- The person has a disability.
- The person is a child.
- The person is affected by liquor.

*Fire Safety Regulation 2008*

During a lockdown, all staff should:

- ◆ Remain calm, quiet and reassuring for the children in their care

### RECORDS

The *Emergency Response Evaluation* form is to be completed after every rehearsal, and every actual use, of an emergency response, whether it is an evacuation or a lockdown. This

document must be signed off by the Nominated Supervisor after staff and children have had time to reflect on the rehearsal and note any improvement or modifications that may be required. Where it is identified that changes or improvements should be implemented, these must be brought to the attention of the Nominated Supervisor in writing. The Nominated Supervisor will be responsible for implementing the improvements, and liaising with Catholic Education Office where required.

If an incident, injury, trauma or illness occurs at the same time or as a result of an emergency response, a separate RiskMan report must be created for that incident. For example, if while evacuating, a child trips and injures their wrist, which is discovered to be broken upon assessment by a medical professional, the incident must be treated according to the *Incident, Injury, Trauma and Illness Procedure*.

Records must be kept of any fire safety training, fire evacuation drills, fire safety equipment installed and maintenance of that equipment as per legislative requirements.

The fire safety training records must show:

- ◆ The date of the training
- ◆ The training officer/person
- ◆ The contents of the training program
- ◆ The names of the attendees
- ◆ The signatures of the attendees
- ◆ The location/site where the attendees work

In addition the following must be kept on site and additional copies at the Catholic Education Office:

- ◆ A completed annual occupiers statement
- ◆ Evacuation sign and diagram may be required as per legislative requirements
- ◆ A certificate of classification (9B) (displayed)

## RISK MANAGEMENT MATRIX

This matrix is to be used to determine the likelihood and consequences of potential emergency risk, and is located in all risk minimisation plans;


Risk Matrix						
Consequences	Likelihood					
		Rare	Unlikely	Possible	Likely	Almost Certain
	<b>Major</b> Death	Moderate	High	High	Critical	Critical
	<b>Significant</b> Extensive permanent injury. Extended hospitalisation	Moderate	Moderate	High	High	Critical

<b>Moderate</b> Admitted to Hospital	Low	Moderate	Moderate	High	High
<b>Minor</b> Medical Treatment provided by medical professional.	Very low	Low	Moderate	Moderate	Moderate
<b>Insignificant</b> First aid treatment only	Very low	Very low	Low	Moderate	Moderate

### Required Documentation

Document Title	Purpose	Location
<b>Risk Minimisation Potential Emergencies or Critical Incidents</b>	Detailed list of potential emergencies or critical incidents for OSHC services or Kindergartens. All scenarios rehearsed must come from this document.	OSHC Staff Portal Kindergarten Staff Portal
<b>Emergency Response Evaluation Form</b>	To be completed each time an emergency response is rehearsed – evacuation and lockdown. Also to be completed if a emergency or critical incident occurs and an evacuation or lockdown is performed.	OSHC Staff Portal Kindergarten Staff Portal
<b>Emergency Response (Lockdown) Procedure Poster</b>	To be displayed near exits and alarms. Lists step by step procedures for an evacuation that must be site-specific.	OSHC Staff Portal Kindergarten Staff Portal
<b>Emergency Evacuation Site Plan</b>	To be displayed near exits. Provided by WHS officer at School.	School WHS Officer
<b>Emergency Contact List</b>	List of children's family contact details.	Can be extracted as a report from Child Care Management Software (e.g. TASS/Xplor)
<b>Emergency Contact Information Sheet</b>	List of contact details in the event of an emergency – Police, Fire department, CEDR key contacts etc.	OSHC Staff Portal Kindergarten Staff Portal

### Monitoring, evaluation and review



Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or enquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

# EXCURSION POLICY

## Policy Statement

Excursions are an important part of our educational programs to introduce children to locations and opportunities within their own communities.

## Background

Well-planned excursions have the potential to provide enjoyment, stimulation, challenge, new experiences and a meeting point between the centre and the wider community. Catholic Education – Diocese of Rockhampton considers that excursions need to be planned carefully to ensure that they are appropriate for the age and development of participating children. A risk minimisation plan will be completed before any proposed excursion is approved and written parent permission will be obtained before children are taken on excursion.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ♦ Children's connection with the world around them contributes to their sense of belonging. Therefore, our educational program includes excursions and regular outings to promote opportunities for the children to build connections with the local community.
- ♦ Children's safety, health and wellbeing is paramount, and all experiences for the service, including excursions and regular outings, will be conducted in a way that minimises and addresses any risks identified.
- ♦ Clear and concise roles and responsibilities will ensure management, educators and staff are aware of their roles and responsibilities in relation to excursions and regular outings.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

## Links to other policies and procedures

- ♦ Incident, injury, trauma and illness
- ♦ Dealing with medical conditions in children
- ♦ Emergency and evacuation
- ♦ Safe transportation of children
- ♦ Providing a child safe environment
- ♦ Nutrition, food and beverages, dietary requirements
- ♦ Sun protection
- ♦ Water safety

- ◆ Sleep and rest for children
- ◆ Acceptance and refusal of authorisations
- ◆ Delivery of children to, and collection from, education and care service premises

### **Monitoring, evaluation and review**

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or inquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.



## EXCURSION PROCEDURE

### Link to policy and support documentation

- ◆ Education and Care Services National Law Act 2010
- ◆ Education and Care Services National Regulations 2011

### Description

A centre-based service approval states the maximum number of children that may be educated and cared for at any one time, and the approved provider must ensure this number is not exceeded (except for children being educated and cared for in an emergency under regulation 123). An approved provider must also ensure the maximum number of children is not exceeded during excursions.

Children are considered as being educated and cared for by a service if they are enrolled at the service and have been signed in. Ratios are not set specifically for excursions. However, centres have to meet the same minimum ratios that apply while at the service. Nominated Supervisors must consider that they will need extra people to provide adequate supervision at all times.

To support adequate supervision and align with best practice regarding child safety, it is strongly recommended that a minimum of two staff members are available at all times children are in attendance on an excursion.

A risk minimisation plan must be completed before an excursion.

If the excursion is a regular outing, parent authorisation is only required to be obtained once in a 12 month period.

### Links to other policies and procedures

- ◆ Excursion Policy
- ◆ Safe Transportation of Children Policy
- ◆ Safe Transportation of Children Procedure
- ◆ Delivery to and Collection From Service Premises Policy
- ◆ Incident, Illness, Injury and Trauma Policy
- ◆ Enrolment and Orientation Policy

### Implementation

#### PRIOR TO THE EXCURSION

When planning excursions, educators will take into account children's age, interests, abilities, as well as whether the cost of venues and transport is reasonable for families.

The Nominated Supervisor, delegate or organising educator of the planned excursion will visit the proposed venue and conduct a risk assessment ahead of schedule. When developing a risk minimisation plan, the following must be considered:

- ◆ The proposed route and destination for the excursion
- ◆ Any water hazards
- ◆ Any risk associated with water-based activities

- 
- ◆ The transport to and from the proposed destination for the excursion
  - ◆ The number of adults and children involved in the excursion
  - ◆ Given the risks posed by the excursion, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required (e.g. lifesaving skills)
  - ◆ The proposed activities
  - ◆ The proposed duration of the excursion
  - ◆ The items that should be taken on the excursion (e.g. mobile phone, emergency contacts)
  - ◆ Any additional risk minimisation requirements as a result of COVID-19 guidelines. Please consult the latest guidelines to ensure that staff are familiar with latest guidelines and expectations before each excursion.

Once the risk minimisation plan has been completed and the excursion has been approved by the Nominated Supervisor (written consent is recorded on the risk minimisation plan), parent permission forms will be required to be signed by a parent or guardian (named in the child's enrolment record as being able to authorise their child being taken outside the education and care premises by an educator) prior to their child/children participating in the outing.

The parent's written authorisation must include:

- ◆ The child's name
- ◆ The reason the child is to be taken outside the premises
- ◆ The date the child is to be taken on the excursion (unless the authorisation is for a regular outing)
- ◆ A description of the proposed destination for the excursion
- ◆ The method of transport to be used for the excursion
- ◆ The proposed activities to be undertaken by the child during the excursion
- ◆ The period the child will be away from the premises
- ◆ The anticipated number of children likely to be attending the excursion
- ◆ The anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion
- ◆ The anticipated number of staff member and any other adults who will accompany and supervise the children on the excursion
- ◆ That a risk minimisation plan has been prepared and is available at the service
- ◆ If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period.

All supervising educators are required to sign the risk minimisation plan prior to the excursion as recognition that the information contained therein has been read and understood.

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## DURING THE EXCURSION

The following items will be taken on all excursion and be readily accessible to educators at all times:

- ◆ First aid kit and medical devices as required
- ◆ Attendance record/roll and staff roster

- ◆ Emergency contact numbers/ enrolment forms
- ◆ Centre's mobile phone
- ◆ Action plans and associated medication, if required

During the excursion the following suggested control measures are to be enacted:

- ◆ Educators in charge of groups call roll at assembly area (ensure all contact and medical information is attached to roll).
- ◆ Remind children to keep personal belongings secure while moving to the bus.
- ◆ Escort groups to the bus.
- ◆ Count children onto bus.
- ◆ Record the number of children entering the bus.
- ◆ **Head counts will be made at regular intervals and when moving from one area to another during excursion.**
- ◆ Clear instructions given regarding behaviour expectations on bus – stay seated, wear seatbelts, noise level, arms inside windows etc.
- ◆ Enforce these expectations.
- ◆ Before disembarking the bus, establish a safe area for children to alight and gather for further instructions.
- ◆ On arrival at venue (or before if children are familiar with the venue) children are informed of the boundary areas. 'No Go' zones are explicitly explained. Procedures for gaining permission and staying with partner/ group to go to toilets/ filling water bottles are clarified. These procedures will depend on the venue and other circumstances specific to the occasion.
- ◆ Responsible Person in Charge is to assess the venue for any hazards.
- ◆ Emergency plans for the venue are to be clarified with all participants on arrival.
- ◆ Sunsmart requirements are enforced.
- ◆ Children are to have access at all times during the excursion to drinking water.
- ◆ All participants are made aware that closed-in footwear is recommended.
- ◆ If the groups are separating:
  - ◇ Assembly area, if separated from the group should also be clearly articulated to children and adults.
  - ◇ Correct ratios are to be adhered to at all times.
  - ◇ Contact details of the Responsible Person in Charge are to be made available to all responsible adults supervising.
  - ◇ Contact numbers and medical history/ identified needs e.g. children with special needs are kept with the Responsible Person in Charge – if a child requires specific and regular action plan, copies of medical information & plan should be provided to the child's responsible adult.
  - ◇ All responsible adults are to have access to a first aid kit and phone (depending on venue)

Recognition of media permission associated with the recording of material involving children needs to be strictly adhered to at all times during the excursion. This includes ensuring no images of children are taken on any other devices other than, the centre ICT. Refer to ICT Protocols for further information.

In the event of injury during an excursion, procedures as set out in the Illness, Injury and Incident Trauma Procedure will be followed.

## AFTER THE EXCURSION

- ◆ At the conclusion of the activities, participants gather at assembly area for head count.
- ◆ Remind children to keep personal belongings secure while moving to the bus.
- ◆ Escort children to the bus.
- ◆ Call out individual names of children as they enter the bus.
- ◆ After arriving at the centre, establish the area children will gather after leaving the bus.
- ◆ Escort children to the certified space.
- ◆ The excursion will be reviewed and evaluated to ensure learning outcomes were met.

### Required Documentation

When printed, any documents listed are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Excursion Planning and Review Form</b>	To be completed throughout the excursion process. Covers pre-excursion checklist and risk minimisation plan	OSHC SharePoint site Kindy SharePoint site
<b>Excursion and Transportation Authorisation Form</b>	Permission form to be completed for one-off and annual excursions	OSHC SharePoint site Kindy SharePoint site



# Food Safety Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Public Health Act 2005; Related Food Act 2006 (Qld)*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*
- *Food Standards Australia New Zealand Act 1991*
- *Australia New Zealand Food Standards Code*  
<http://www.foodstandards.gov.au/Pages/default.aspx>. Retrieved from internet June 30 2017  
<http://www.foodstandards.gov.au/code/Pages/default.aspx>. Retrieved from internet August 3 2017
- *Tool for development of a food safety program – Childcare facilities (Queensland Health, 2015)*,  
Retrieved from internet June 30 2017

Food that has not been hygienically stored, prepared and handled can become potentially hazardous substance and a source of illness to a person who consumes that food. In Queensland these food areas are governed by the *Food Standards Australia New Zealand Act 1991* which is supplemented by Australia New Zealand Food Standards Code. The *Tool for development of a food safety program – Childcare facilities (Queensland Health, 2015)* provides centres with clear and comprehensive guidelines on the correct food safety procedures. This guide should be resourced for specific details regarding safe food handling as it is sanctioned by the highest entity for Queensland (as opposed to Staying Healthy 5<sup>th</sup> Ed that is Nationally sanctioned).

Additionally, each service where food is handled must comply with the State legislation and standards. People handling food must have an understanding of the guidelines contained in the relevant documents.

## Principle: 1 Definitions

### **Food Handler**

A food handler is anyone who either handles food or surfaces that are likely to be in contact with food such as cutlery, plates and bowls. Handling of food includes the making, manufacturing, producing, collecting, extracting, processing, storing, transporting, delivering, preparing, treating, preserving, packing, cooking, thawing, serving or displaying of food.

### **Calibrating thermometers**

All facilities are required to have at least one thermometer accurate to  $\pm 1^{\circ}\text{C}$ , available for use at all times. Your thermometer does not have to be expensive, but must meet the minimum requirements.

### **Cleaning**

Cleaning in the food industry is a process that removes visible contamination such as food waste, dirt and grease from a surface. This process is usually achieved by the use of water and detergent. Micro-organisms (bacteria etc.) will be removed, but the cleaning process is not designed to destroy micro-organisms.

### **Sanitising**

Sanitising is a process that destroys micro-organisms, thereby reducing the numbers of microorganisms present on a surface. This is usually achieved by the use of heat and chemicals or chemicals.

Cleaning and sanitising should be done as separate processes. A surface needs to be thoroughly cleaned before it is sanitised as sanitisers are unlikely to be effective in the presence of food residues, grease and detergents.

## Principle: 2 Requirements for Food Handlers in Case of Illness or Injury

If a food handler has a food-borne illness he/she must tell their supervisor if they have any of the following symptoms while they are at work – vomiting, diarrhoea, a fever or sore throat with a fever. The only exception to this is if the food handler knows that he/she has these symptoms for a different reason.

Food handlers must also tell their supervisor if they have been diagnosed as having or carrying a food borne illness.

Note: Illnesses that can be passed on through food include Hepatitis A and those caused by giardia, salmonella and campylobacter.

As well as reporting the food borne illness, the food handler must not handle any food where there is a chance they might make the food unsafe or unsuitable because of their illness. Also, if a handler stays on at work to do other tasks, he or she must do everything reasonable to make sure that they do not contaminate any food.

If a food handler has skin injuries or sores or is otherwise unwell he/she must tell their supervisors about any infections or conditions like a cold that may result in discharges from ears, nose or eyes, if there is any chance that they might make food unsafe or unsuitable for people to eat as result of their condition.

If they continue to handle food with such condition, food handlers must do whatever is reasonable to make sure that they do not contaminate any food. For example, an infected sore could be completely covered by a bandage and clothing or by a waterproof covering if on an area of bare skin, and medication can be used to dry up discharges.

If a food handler knows or suspects he or she might have some contaminated food, food handlers must tell their supervisor if they know or think they may have made any food unsafe or unsuitable to eat e.g. jewellery worn may have fallen into some food.

## Principle: 3 Personal Hygiene for Food Handlers

Food handlers must minimize risk of food contamination by:

- Doing whatever is reasonable to prevent their body, anything from their body or anything they are wearing coming into contact with food or food contact surfaces; and
- Doing whatever is reasonable to stop unnecessary contact with ready to eat food; and
- Wearing clean outer clothing, depending on the type of work they do; and
- Making sure bandages or dressings on any exposed parts of the body are covered with a waterproof brightly coloured covering; and
- Not eating over unprotected food or surfaces likely to come in contact with food; and
- Not sneezing, blowing or coughing over unprotected food or surfaces likely to come in contact with food; and
- Not spitting, smoking or using tobacco or similar preparations where food is handled;

Staff who are involved in any aspect of food handling may also be supplied with:

- gloves (non-powdered latex or powdered vinyl);
- headress and aprons.
- Gloves may be used if the preparer is unwell, has infections on the hands, cannot remove jewellery/ nail polish etc.

## Principle: 4 Hand Washing Procedures



Hand washing is one of the most important aspects of “**infection control**” in all activities of life. Each person at a workplace can easily contribute to satisfactory infection control procedures being maintained. Food handlers are expected to wash their hands whenever they are likely to contaminate food. This includes:

- Immediately before working with ready to eat food after handling raw food;
- Immediately after using the toilet;
- Before they start handling food or go back to handling food after other work;
- Immediately after smoking, coughing, sneezing, using a disposable tissue or handkerchief, eating or drinking; and
- After touching their hair, scalp or a body opening.
- Cleaning of food preparation areas
- Cleaning of food storage areas
- Cleaning of food utensils

#### **Apply the Following Method to Wash Hands Properly**

- Use soap and running water. Warm to hot water is best.
- Wet hands thoroughly and lather with soap.
- Rub hands vigorously for at least 10-15 seconds as you wash them.
- Pay attention to the backs of hands, wrists, between fingers, and under fingernails.
- Rinse hands well under running water.
- Dry hands with a disposable paper towel or a clean towel. To minimise chapping (reddening, roughening or cracking of skin) of hands, pat dry rather than rub them. Electric hand driers may be used.
- Dispose of the used paper towel in a proper waste paper container which should be located adjacent to the hand-washing basin.
- Turn off the tap with the used towel if available.
- Use skin lotion, if necessary, to prevent dry cracked skin. If you use skin lotion, it should be rinsed off before preparing or handling food.
- Correct hand washing is a duty of staff and volunteers at every workplace

#### **Hand Washing Facilities**

- Cake soap and cotton hand towels are not considered adequate infection control when hand washing. A reason that cake soap is not satisfactory is that infection can remain on that soap and be passed from one person to another. Especially when the soap is not used continuously and the cake of soap dry out and cracks. These cracks harbour infection. In a similar manner, cotton hand towels can harbour infection and become an instrument of infection transmission.
- Use liquid soap from a container fitted with the appropriate dispenser. This dispenser should be kept at the hand-washing basin. Preferably it may be affixed to the wall at that basin.  
Hand washing Basins
- These basins are to be kept clean at all times and free from any waste/residue that has not been properly washed down the waste pipe.
- These basins are to be free of cracks and chips as such can harbour infection.
- The taps are to work correctly and be kept clean – no waste is left on the handles of the taps.

## **Principle: 5 Guidelines for Food Preparation**

### **Washing**

All raw fruits and vegetables should at least be washed thoroughly in drinkable water to remove soil and other contaminants before being cut and combined with other ingredients.

### **Thawing**

Product should be dated and labelled when removed from the freezer for defrosting. Frozen foods can be thawed in a microwave a refrigerator or in a sealed plastic bag under cold running water as long as the temperature of the product does not rise above 4°C.

## Reheating

**Food should not be reheated.**

## Cooling food

If you cook potentially hazardous food that you intend to cool and use later, you need to cool the food to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria are able to grow or form toxins. The standards require food to be cooled:

- from 60°C to 21°C in a maximum of two hours;
- from 21°C to 5°C within a further maximum period of four hours.
- If these times are not met the food must be thrown out.

Smaller quantities will cool faster so large amounts should be broken down into smaller containers.

Cool products on racks rather than on shelves as the air flow will cool the products faster.

Putting lids on containers will slow the cooling process. However, ensure the food will not be exposed to pests if left uncovered. Cooling products must be date labelled before being refrigerated.

## Principle: 6 Cleaning & Sanitising

Cleaning and sanitising should usually be done as separate processes. A surface needs to be thoroughly cleaned before it is sanitised as sanitisers are unlikely to be effective in the presence of food residues, grease and detergents. **Anything that comes into contact with food must be cleaned and sanitised.** Items which do not come into contact with food need only be cleaned.

### Cleaning procedures and records

A cleaning procedure is a set of written instructions that describe everything that needs to be done to keep your business clean. It sets out the tasks of Cleaning and sanitising, how often each job needs to be done, how it should be done, and who should do it.

A cleaning record is a way of documenting that the cleaning tasks have been done by the responsible personnel.

### Six steps to proper cleaning

1. Pre-clean: scrape, wipe or sweep away food scraps and rinse with water;
2. Wash: use hot water and detergent to take off any grease and dirt. Soak if needed;
3. Rinse: rinse off any loose dirt or detergent foam;
4. Sanitise: use a sanitiser to kill any remaining germs;
5. Final rinse: wash off sanitiser (read sanitiser's instructions to see if you need to do this);
6. Dry: allow to drip-dry if not possible, dry with a clean tea-towel.

### How to sanitise

Most food poisoning bacteria are killed if they are exposed to chemical sanitisers, heat, or a combination of both. To sanitise:

- soak items in water at 77°C for 30 seconds; or
- use a commercial sanitiser following the manufacturer's instructions; or
- soak items in water which contains bleach. The water temperature required will vary with the concentration of chlorine. The table below shows the amount of bleach required and the corresponding water temperature to make sanitising solutions.

With household bleach  
(4% chlorine)

With commercial bleach  
(10% chlorine)

Minimum water temperature	49°C	38°C	13°C	49°C	38°C	13°C
Concentration required	25 ppm	50 ppm	100 ppm	25 ppm	50 ppm	100 ppm
5 Litres	3.12 mL	6.25 mL	12.5 mL	1.25 mL	2.5 mL	5 mL
10 Litres	6.25 mL	12.5 mL	25 mL	2.5 mL	5 mL	10 mL
15 Litres	31.25 mL	62.5 mL	125 mL	12.5 mL	25 mL	50 mL

ppm - parts per million

## Principle: 7 Dishwashing

If the dishwasher is using a combination method of water and chemicals to clean dishes, utensils and equipment then rinse cycle must achieve a temperature of 50°C or higher.

If just water is being used then a water temperature of 75°C or higher must be used.

If washing dishes by hand it must be done in a double bowl sink with one bowl used for the washing and the other bowl used for rinsing. The rinsing bowl must contain hot water that is 75°C or higher. As this water temperature is too hot for human hands this method of rinsing can only be done by using a dunking basket or similar method.

**As placing hands into a sink with water temperatures above 75°C is a Workplace Health and Safety concern sanitising with just hot water is not recommended.**

A combination method of chemicals and hot water is a much safer and preferred method for sanitising.

- All utensils and equipment used for preparing and serving food must be washed and sanitised after each use.
- Very dirty items should be pre-soaked in warm water and detergent.
- Sink water should be changed regularly as it cools or dirties and not just topped up with hot water or extra detergent.
- Glasses should be washed and sanitised in the glass washer or by hand in the sink as instructed above.
- Dishes and utensils should be air dried on racks.

## Principle: 8 Temperature Control

To help keep food at safe temperatures it is important that all services take regular temperature reading of both the food and the storage areas it is kept in.

- Danger Zone – Temperatures between 5°C and 60°C best for growth of bacteria
- Zone of inactivity – Temperatures below 5°C make growth of bacteria very slow.
- Zone of destruction – Temperatures above 60°C kill most bacteria.
- Freezing temperatures, bacteria are dormant. FREEZING DOES NOT KILL BACTERIA.

It is important to note that at freezing temperatures, bacteria are dormant. FREEZING DOES NOT KILL BACTERIA.

### **Measuring Temperatures the Right Way:**

Calibrate the thermometer regularly (at least once a quarter) to ensure it is accurate to within 1°C. This can be done one of two ways:

- Place the thermometer in an ice bath (a mixture of cold water and ice). It should read 0°C.
- Place the thermometer in just boiled water. It should read 100°C.
- Record the calibration results on the temperature record sheet for noting refrigeration temperatures.
- If there is a variation on the above of greater than 1°C a new thermometer will be required.

## Principle: 9 Storage

### **Storage Temperatures**

Fridge and freezer temperature should be checked and recorded at least twice during safety check to ensure they are within the safe zone.

Fridges: Maximum 4/5°C or below.

Freezers: Maximum -15°C or below.

Dry Storage: Maximum 24°C or below or as per food manufactures directions.

### **Storage Requirements**

- The storage of consumables is to be in air tight containers to prevent spoilage.
- Ensure all consumables are stored according to recommendations on packaging or *Food Safety Standards*.

### **Labelling**

- All consumables removed from its original packaging must be marked with the date of expiry/best before date and the batch number.
- Containers used for this purpose must be emptied and cleaned before fresh product is place in them (e.g. one batch of flour or cereal must be completely used up and the container washed before the container is used for a new packet.)

### **Monitoring**

- All food should be checked prior to use to ensure that it is within its used-by date or and is suitable for human consumption. If the product is unsuitable for consumption, then it is to be disposed.

### **Cooling food**

If you cook potentially hazardous food that you intend to cool and use later, you need to cool the food to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria are able to grow or form toxins. The standards require food to be cooled:

- from 60°C to 21°C in a maximum of two hours;
- from 21°C to 5°C within a further maximum period of four hours.

If these times are not met the food must be thrown out.



# Hand Washing Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*
- *Food Act 2006 (Qld)*
- *Staying Healthy in Childcare (Ed. 5)*
- *Australia New Zealand Food Standards Code*  
<http://www.foodstandards.gov.au/Pages/default.aspx>. Retrieved from internet June 30 2017
- Tool for development of a food safety program – Childcare facilities (Queensland Health, 2015),  
Retrieved from internet June 30 2017

Hand washing is one of the most important aspects of “infection control” in all activities of life. Each person at a workplace can easily contribute to satisfactory infection control procedures being maintained. Food handlers are expected to wash their hands whenever they are likely to contaminate food.

## Principle: 1 Hand Washing

Hand washing practices must be followed:

- Immediately before working with ready to eat food after handling raw food
- Immediately after using the toilet
- Before they start handling food or go back to handling food after other work
- Immediately after smoking, coughing, sneezing, using a disposable tissue or handkerchief, eating or drinking
- After touching their hair, scalp or a body opening
- Cleaning of food preparation areas
- Cleaning of food storage areas
- Cleaning of food utensils

Apply the Following Method to Wash Hands Properly

- Use soap and running water. Warm to hot water is best
- Wash hands thoroughly and lather with soap
- Rub hands vigorously for at least 15-20 seconds as you wash them
- Pay attention to the backs of hands, wrists, between fingers, and under fingernails (particular attention must be given to washing around jewellery)
- Rinse hands well under running water
- Dry hands with a disposable paper towel or a clean towel. To minimise chapping (reddening, roughening or cracking of skin) of hands, pat dry rather than rub them
- Electric hand driers may be used
- Dispose of the used paper towel in a proper waste paper container which should be located adjacent to the hand-washing basin
- Turn off the tap with the used towel if available
- Use skin lotion, if necessary, to prevent dry cracked skin; If you use skin lotion, it should be rinsed off before preparing or handling food
- Correct hand washing is a duty of staff and volunteers at every workplace

#### Hand Washing Facilities

- Cake soap and cotton hand towels are not considered adequate infection control when hand washing. A reason that cake soap is not satisfactory is that infection can remain on that soap and be passed from one person to another. Especially when the soap is not used continuously and the cake of soap dries out and cracks. These cracks harbour infection. In a similar manner, cotton hand towels can harbour infection and become an instrument of infection transmission if shared.
- Use liquid soap from a container fitted with the appropriate dispenser. This dispenser should be kept at the hand-washing basin. Preferably it should be fixed to the wall at that basin.

### Principle: 2 Hand Washing – Alternative hand washing procedures

In the event of unavailability of water e.g. on excursions, commercially produced hand sanitisers may be used. These liquid sanitisers **contain flammable substances** and should only be used in situations where procedures identified above cannot be followed. The instructions on the label of hand sanitisers should be followed and advised to relevant users.





# Illness, Injury, Incident & Trauma Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Public Health Act 2005*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton recognises the importance of incident reporting and incident investigations in providing a safe and healthy work environment for its employees and any other persons. Therefore, Catholic Education – Diocese of Rockhampton will provide a mechanism for reporting accidents, incidents, work-related illnesses and dangerous occurrences.

Pursuant to section 52 of the *Work Health and Safety Regulation 2011 (WH&S Regulations)* recording and reporting of workplace injuries, serious bodily injuries, work-caused illness and dangerous events are a legal requirement and must be complied with. Staff at each service should be familiar with the requirements and procedures in the event that a person sustains an injury, serious bodily injury and or a serious/dangerous event occurs.

The Critical Incident Management guidelines outline the management of serious incidents available on the Early Learning and Care portal and a copy is kept on premises for viewing at all times.

The First Aid Procedure is to be followed in all events where a person is injured, is ill or has sustained trauma.

## Principle: 1 Definitions

### **Work injury**

A work injury is:

- An injury to a person that requires first aid or medical treatment if the injury was caused by a workplace, a workplace activity or specified high risk plant; or
- The recurrence, aggravation, acceleration, exacerbation or deterioration of an existing injury in a person if:
  - First aid or medical treatment is required for the injury; and
  - A workplace, a workplace activity or specified high risk plant caused the recurrence, aggravation, acceleration, exacerbation or deterioration; or
- Any serious bodily injury, if the injury was caused by work, a workplace, a workplace activity or specified high risk plant.

### **Serious bodily injury (WH&S QLD)**

A serious bodily injury is an injury to a person that causes:

- The injured person's death;
- The loss of a distinct part or an organ of the injured person's body; or
- The injured person to be absent from the person's voluntary or paid employment for more than 4 days.

### **Notification of serious incident - CHILDREN ONLY**

The Incident, Injury, Trauma and Illness Record (online CEO form or paper version, if the online version is unavailable) is to be used to record:

- The death of a child while being educated and cared for by the service, or following an incident while being cared for by the service.

- Injury or trauma to, or illness of, a child for which the **urgent medical** attention of a registered medical practitioner was sought, or ought reasonably to have been sought; or the child attended, or ought reasonably to have attended, a hospital.
- Attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought.
- A child was missing from the service or was not able to be accounted for.
- A child was taken or removed from the service in a manner that contravenes the Regulations.
- A child was mistakenly locked in or locked out of the service premises or any part of the premises.

#### **Notification of complaints and incidents (other than serious incidents) - CHILDREN ONLY**

This form is to be used in the following circumstances:

- Complaints alleging that the safety, health or wellbeing of a child was or is being compromised.
- Complaints alleging that the Law has been breached.
- Incident that requires/required the Approved Provider to close, or reduce the number of children attending the service for a period.
- A circumstance that poses a significant risk to the health, safety or wellbeing of a child attending the service.

#### **Work caused illness**

A work caused illness is:

- An illness contracted by a person to which a workplace, a workplace activity or specified high risk plant was a significant contributing factor; or
- The recurrence, aggravation, acceleration, exacerbation or deterioration in a person of an existing illness if a workplace, a workplace activity or specified high risk plant was a significant contributing factor to the recurrence, aggravation, acceleration, exacerbation or deterioration.

#### **Dangerous event**

A dangerous event is an event caused by specified high risk plant, or an event at a workplace caused by a workplace activity, and the event involves or could have involved exposure of persons to risk to their health and safety because of:

- Collapse, overturning, failure or malfunction of, or damage to, an item of specified high risk plant;
- Collapse or failure of an excavation or of any shoring supporting an excavation;
- Collapse or partial collapse of any part of a building or other structure;
- Damage to any load bearing member of, or the failure of any brake, steering device or other control device of, a crane, hoist, conveyor, lift or escalator;
- Implosion, explosion or fire;
- Escape, spillage or leakage of any hazardous material or dangerous goods;
- Fall or release from a height of any plant, substance or object;
- Damage to a boiler, pressure vessel or refrigeration plant; or
- Uncontrolled explosion, fire or escape of gas or steam.

#### **Specified High Risk Plant**

The following items of plant are specified high risk plant:

- Air-conditioning unit (not including domestic units – these should be cleaned and maintained as per manufacturer's instructions): Amusement devices; Cooling towers; Escalators; Gas cylinders; and Lifts.

#### **Near Miss**

A near miss is defined as any incident that has the potential to cause serious injury or damage, but did not in a particular instance.

## **Principle: 2 Recording & Reporting Requirements**

#### **Reporting of Injury**

All accidents or incidents that result in or has the potential to result in injury, serious bodily injury, work-caused illness or dangerous event must be reported and it must be reported to the Nominated Supervisor and Catholic Education Office. The following records are to be kept at the centre. Please refer to current legislative requirements regarding the length of time records are to be stored.

#### **Hazard Register**

This is to be completed when a hazard is identified. The register should be accessible to staff and the hazard identified and addressed by the Nominated Supervisor. Immediate controls should be put in place by all employees when a hazard is identified. The following steps are to be taken when identifying a hazard:

1. Identify hazards
2. Assess risks that the hazard may create
3. Implement control measures
4. Monitor and review control measures

#### **First Aid/Injury/Incident/Near Miss Register**

The register is to be completed for all first aid administered, regardless of the apparent seriousness. The register is to be used for first aid, incidents and injuries involving both staff and children with columns that do not apply to staff being marked as not applicable (N/A). In the comments section, all events relevant to the incident are to be recorded.

This form should also be used to record near misses. In addition, all head injuries or bumps should be recorded due to the potential for latent on-set symptoms. Children who have received a head injury or bump should be monitored for symptoms such as vomiting, headaches, unfocussed eyes, lack of coordination, etc. Where possible, a note of these checks should be kept. Should any of these symptoms present the parents are to be contacted immediately

#### **Incident, Injury, Trauma & Illness Report Forms (Child & Adult) – online or paper version (may include the use of the Incident, Injury, Trauma & Illness Registers)**

- These forms must be completed for all incidents and injuries occurring as a result of the service operation.
- All head and neck injuries must be recorded on the Incident, Injury, Trauma & Illness Report Forms and reported immediately after the child is stabilised, to the parent of the child or an authorised person on the child's Enrolment Form.
- Separate forms are provided for children and staff/volunteers/staff.
- Forms completed for injuries/incidents involving children **must be** approved and signed by the Nominated Supervisor or Work Health Safety Advisor.
- These forms are considered to be a tool for gathering confidential information about an incident and should not be provided to any personnel other than those relevant staff members, regulatory authority staff, medical professionals, Catholic Education Office personnel.
- Parents/carers are to be informed of the incident and if they require a copy of the incident form, their request must be forwarded to Catholic Education Early Learning and Care Coordinator.
- Forms must record only what the staff have witnessed and not what they surmised happened.
- It is the decision of the Nominated Supervisor or delegate whether contacting the parents or requesting immediate collection is required (except in the case of head injuries where all incidences are reported to parents immediately).

These forms must be completed as soon as possible after the incident/injury. They must be kept on file and used as a reference if reports are to be made to the Work Health & Safety Advisor, the regulatory authority or WorkCover. For children, these forms can be filled in, in retrospect. This means that if an incident occurs and the child becomes ill or the injury worsens after the event, then a staff member can fill the form in at that point in time.

Catholic Education Diocese of Rockhampton holds workers compensation insurance through Workcover. Workcover is available for employees who are employed in Catholic Education Diocese of Rockhampton. If an employee wishes to make a Workcover Application, relevant advice can be sourced through the Catholic Education Office for kindergarten personnel.

All staff injuries are to be recorded on the *Incident Report Form – Staff, Visitor, Volunteer & Contractor* and forwarded to the Early Learning & Care Coordinator (kindergartens and long day care centres). These will then be forwarded onto the Workplace Health and Safety (WHS) Coordinator. In the case of a staff member being injured and they complete a *Workplace Rehabilitation and Return to Work form*, the Nominated Supervisor & WHS Coordinator, Catholic Education Diocese of Rockhampton should be notified as soon as possible in order to commence the Workcover process.

It is recommended that correspondence communicated on behalf of the employer (e.g. the service Nominated Supervisor) is to be forwarded to the Catholic Education WHS Coordinator prior to lodging with external agencies.

### **Notification of serious incident & Notification of complaints and incidents (other than serious incidents)**

These are lodged through the ACECQA portal and therefore notification must be forwarded to CEO. All relevant documentation must be attached to this notification. Reporting to the regulatory authority and Early Learning & Care Coordinator of any serious incidents must be made within 24 hours of notification (see list of notifiable events above).

## ***Principle: 3 Temperature Illness and Procedure Recording***

(Procedures align to those advocated by Queensland Health)

### **Temperature Recording Form**

The Temperature Recording Form is to be used to track the temperature should a child exhibit high temperatures whilst in care. If the form is completed and the temperature has still not reduced, the parents are to be notified to come and collect the child. Please note, as body temperature is **only one indicator** of illness, it is important for educators to monitor all signs and symptoms before deciding on the most appropriate course of action.

### **Monitoring**

If a child presents at or becomes unwell during the course of the session their symptoms are to be monitored for 30 minutes or for a shorter period as determined by the Nominated Supervisor (\*see below for indicators of when to become concerned). If they do not improve during this time, the parents should be contacted. Children who are unwell are to be placed in a quiet, comfortable space and monitored by staff.

A sick bed, comfortable chair, etc. may be used for this purpose. Should vomiting occur, the health and hygiene precautions for managing the clean-up of body fluids apply.

### **Signs and symptoms**

Signs and symptoms may include:

- sweating
- rigors and Chills
- chattering teeth
- headache
- nausea

### **Concerns**

Fever itself is not dangerous. It is part of the body's normal response to Infection/Inflammation, is beneficial and supports the immune system. However, fevers can be a sign of serious illness so it is important to contact the child's parent if you are concerned.

Other reasons to contact parents for the child to be collected include:

- failure to improve after three days
- worsening symptoms
- febrile convulsion/seizure
- confusion, lethargy, drowsiness
- a temperature greater than 40°C
- severe headache
- vomiting, neck stiffness, skin rash
- recent overseas travel

### **Treatment**

Supportive treatment is also an important part of managing a fever. This includes maintaining hydration by drinking water regularly, as well as using physical aids such as a wet sponge, or cool fan to reduce the body temperature. However, it is important not to become too cold, as this will cause the body to trap more heat.

**In all cases where a child presents with signs of illness, first aid procedures are to be followed.**

**Administration of Medication Form & Administration of Medication Authority**

Prescribed medication will only be administered when it is accompanied by written instructions from child's medical practitioner and/ or pharmacist and the *Administer Medication Form* is completed. Non-prescribed medications will only be given when accompanied by a current letter from the child's practitioner/ pharmacist. Parents are required to advise in writing of the dose, time and date of the last dose of any medication given to the child so as to reduce the risk of overdosing. Please see **Medical Administration Procedure**.

Parents consent to the administration of life-saving medication on the Enrolment Form as part of the enrolment process.





# Legislative Framework Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*

## Principle: 1 Governing Legislation

This policy manual has been developed by Catholic Education – Rockhampton Diocese to meet the guidelines and obligations under the *Workplace Health and Safety Act*, *Workplace Health and Safety Regulations* and any relevant Australian Standard to ensure a healthy and safe work environment. In accordance with the Catholic Education - Diocese of Rockhampton, Work Health and Safety Policy Statement, that is to create a safe and healthy work environment, this document reflects the Workplace Health and Safety obligations as set out in the relevant legislations and Australian Standards.

*The Work Health and Safety Act 2011* provides that if a regulation or ministerial notice prescribed a way of preventing or minimising exposure to a risk, a person can only discharge their workplace health and safety obligation by preventing or minimising an exposure to the risk by following the prescribed way.

Further, pursuant to section 26(3) of the *WH&S Act 2011* if an advisory standard or industry code of practice states a way of managing exposure to a risk, a person can only discharge their workplace health and safety obligation by adopting and following the stated way to manages an exposure to the risk or adopting and following an alternative way that gives the same level of protection against the risk.

## Principle: 2 Obligations for Workplace Health & Safety

Persons who have obligations under the *WH&S Act* include:

- Employers;
- Persons in control of workplaces;
- Principal contractors; and
- Workers and other persons.

## Principle: 3 Obligations of Employers

The *WH&S Act 2011* places obligations on employers whilst conducting a business or undertaking. Section 28 of the *WH&S Act 2011* provides that an employer has an obligation to ensure the workplace health and safety of themselves, each of their workers and any other persons by ensuring that they are not adversely affected by the conduct of the employer's business or undertaking.



An employer's obligation exists independently of the status of the employer. That is, an employer's workplace health and safety obligations exist regardless of whether or not the business or undertaking is conducted for gain or reward and whether or not a person works on a voluntary basis.

In order for an employer to ensure the workplace health and safety of each of the employer's workers, the employer must:

- Ensure the employer's own workplace health and safety in conducting a business or undertaking;
- Ensure that other persons are not exposed to risks to their health and safety arising out of the business or undertaking;
- Identify hazards, assess risks that may become a hazard, decide on control measures to prevent or minimise the level of the risks presented by those hazards, implement those control measures and establish monitoring procedures to review the effectiveness of those control measures;
- Provide and maintain a safe and healthy work environment. This includes, ensuring the safe use, handling, storage and transportation of substances, ensuring safe systems of work and providing information, instructions, training and supervision;
- Ensure the risk of injury or work related illness is minimised for those coming onto the workplace and to ensure there is appropriate safe access to and from the workplace; and
- Ensure that any relevant workplace areas are safe and without risk to health. This includes a building or structure or part of a building structure used as a workplace or adjacent to the building or structure of the workplace.

## Principle: 4 Obligations of Workers & Others

There is an obligation that every worker, volunteer or visitor to a workplace must have an understanding of their workplace health and safety obligations under the *WH&S Act 2011* whilst at a workplace or related work area.

Section 36 of the *WH&S Act 2011* sets out the obligations of a worker or anyone else at a workplace while at the workplace or related work areas. Workers and any other person:

- Must comply with the instructions given for workplace health and safety at the workplace by the employer and any principal contractor for construction work at the workplace;
- Are to use personal protective equipment if the equipment is provided by the employer and the worker is properly instructed in its use;
- Must not wilfully or recklessly interfere with or misuse anything provided for workplace health and safety at the workplace;
- Must not wilfully place at risk the workplace health and safety of any person at the workplace; and
- Must not wilfully injure him/herself.

A person who has a workplace health and safety obligation must meet the obligation pursuant to section 24 of the *WH&S Act 2011*. Any breaches of the obligation attract penalties under the *WH&S Act 2011*.

## Principle: 5 Inspectors

The main role of an inspector is to ensure workplaces comply with Workplace Health and Safety legislation. It is also part of an inspector's role to provide information and advice on the legislation. Section 99 of the *WH&S Act 2011* provides that compliance auditing is carried out by inspectors from the Division of Workplace Health and Safety to test compliance with the Workplace Health and Safety legislation.

Inspectors visit workplaces for a variety of reasons including to:

- Investigate workplace incidents;
- Investigate reports of unsafe or unhealthy conditions and dangerous work practices;
- Assess workplace health and safety risks to workers and members of the public;
- Conduct workplace health and safety inspections and audits; and
- Provide information and advice on the relevant legislation.

**The Nominated Supervisor is to notify the Early Learning & Care Coordinator or the Workplace Health & Safety Coordinator, Catholic Education Diocese of Rockhampton immediately if a Workplace Health & Safety Qld inspector visits the service.**

#### **Workplace Health & Safety Qld inspectors' authority**

The general duty of inspectors includes providing advice to a person who has a workplace health and safety obligation in relation to that person's compliance with the *WH&S Act 2011*.

Inspectors are permitted to enter a workplace only if:

- It is a workplace or a relevant workplace area;
- The inspector reasonably suspects it is a workplace or a relevant workplace area;
- Its occupiers consents to the entry;
- Specified high risk plant is situated at the place;
- A prescribed activity is being performed at the place by a person who holds a certificate to perform the activity; or
- The entry is authorised by a warrant.

After entering the workplace, the inspector has the power to:

- Search any part of the place;
- Inspect, measure, test, photograph or film any part of the workplace or anything at the workplace;
- Take samples;
- Copy documents at the workplace;
- Make enquiries or conduct surveys to assess the degree of risk at the workplace or the standards of health and safety existing at a workplace;
- Inquire into the circumstances and probable causes of workplace incidents;
- Take any person, equipment or materials into the workplace to assist the inspector to exercise their power;
- Require a person to give reasonable help; and
- Require a person to produce certain documents or ask other people to provide these documents, for example maintenance records kept by a mechanic contracted by an employer to do the work.



# Manual Handling Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Manual Tasks Involving Handling People Advisory Standard 2001*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Manual handling involves more than lifting. Manual tasks may include pushing, pulling, dragging and repetitive movements.

## Principle: 1 Manual Handling

Careless manual handling can cause serious injury.

Staff are required to think before engaging in a lift and observe the following precautions:

- Whenever practical, heavy lifts are to be made by mechanical means or use a team approach
- In seated work, it is advisable not to lift loads in excess of 4.5 kg
- Evidence shows the risk of back injury increases significantly with objects above the range of 16-20 kg. Therefore from the standing position, keep the load below or within this range
- As weight increases from 16 kg up to 55 kg, the percentage of healthy adults who can safely lift, lower or carry the weight decreases. Therefore, more care is required for weights above 16 kg and up to 55 kg in the assessment process. Mechanical assistance and/or team lifting arrangements should be utilised to reduce the risk of injury associated with these heavier weights
- Generally, no person should be required to lift, lower or carry loads above 55kg, unless mechanical assistance or team lifting arrangements are provided to lower the risk of injury
- Avoid pushing, pulling or dragging of heavy items. Use lifting aids or team lifts instead.
- Adapting workplace design and using mechanical lifting aids are the best ways to deal with manual handling problems. But when manual lifting is unavoidable, it is essential to follow manual handling principles when lifting low lying objects to reduce the risk of back injury.
- Consider:
  - Using lifting aids if possible.
  - Ensure there is sufficient space for lifting to be done in the right position and with correct posture and body movements. Using the pelvis requires space – ensure you have space to do so.

- There should be no obstructions when moving objects.
- The start and finish height of the load should be between mid-thigh to shoulder height (preferably around waist height).
- If your job entails repetitive movements ensure you take regular breaks and rest and relax muscles. Repetitive movements can cause long term injuries and illness such as carpal tunnel syndrome.
- Warm-Up
  - Before any manual tasks use warm-up exercises to reduce the risk of injury.

## Principle: 2 Factors affecting manual tasks

- Forceful exertions
- Working postures (Awkward or Fixed positions)
- Repetition and Duration
- Vibration
- Work area design
- Use of tools
- Nature of Loads
- Load Handling
- Individual Factors
- Work Organisation

## Principle: 3 Manual Handling Involving People

In general people should not be lifted. Once a child is old enough to walk they should be encouraged to do so rather than staff lifting.

Should children require attention, staff should sit down to be at their level rather than lifting the children.

People, should only be lifted if failing to do so, places them in immediate danger.

For those workers and volunteers who work in the areas where their duties involve the lifting people, there are many hazards that are presented when moving and/or assisting people. This may occur where a child has additional physical needs or a disability.

These workers and volunteers must give particular attention to the **“Manual Tasks Involving Handling People Advisory Standard 2001”**.

In order to minimize the risk of injury to staff and children staff should not engage in tasks involving the manual handling of people without specific training.

## Principle: 4 Training

Catholic Education Diocese of Rockhampton will provide employees training in manual handling and lifting on request. It is recommended that all personnel are trained within their first year of employment.



# Nutrition & Dietary Requirements Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Food Act 2006*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton aims to offer programs that ensure the health, nutrition and wellbeing of all children in care and education. Healthy eating habits are vital to good health and start to develop from an early age. Children must have access to clean drinking water at all times. All centres encourage positive eating experiences. Suggested opportunities include:

- Promoting food that is healthy, diverse and balanced
- Provide special events where food from different cultures is offered to children
- Eating experiences that are within positive and social environments
- Activities that promote an understanding of healthy eating practices and cultural influences

## Principle: 1 Healthy & Safe Food Principles

- Centres will also act to control the spread of infectious diseases.
- Centres can access the Health Translations Database – [www.healthtranslations.vic.gov.au](http://www.healthtranslations.vic.gov.au) for health information to be translated into other languages, should it be required.

## Principle: 2 Promoting Healthy Eating Habits

- Staff and parents will consult on a regular basis about their child's food interests, dietary requirements and eating habits. The centre enrolment form and annual updates of care plans will provide records of food likes and dislikes as well as food allergies (applicable to those centres that provide food).
- For centres that supply food, a dietary chart shall be placed in the kitchen area with a list of children who have special dietary requirements. This list will be updated regularly:
  - Details of restrictions will be noted on the enrolment from management plan and passed on to staff.
  - Where children are on "special" diets, staff will negotiate with parent/guardian and where necessary the meal will be supplied from home.
- Parents/guardians are to be instructed not to send food which may endanger those with special dietary needs or allergies (e.g. peanut butter or food containing peanuts).
- Social interactions will be encouraged during meal and snack times. Staff will sit with children at meal times discuss food being served, promote hygienic self-help practices, and use positive strategies to promote children's interest in foods and good eating habits.
- Staff will model and promote healthy and hygienic eating habits by talking to children about safe food practices e.g. sitting while eating.
- Families will receive information about food and nutrition in the centre's orientation and throughout the year with additional information sourced from recognised health authorities
- Families' religious and cultural beliefs will always be respected if identified and where reasonable to do so.
- Special occasions will be celebrated with culturally appropriate food where possible and through negotiation with families.

- Food and nutrition activities are incorporated into children's planned learning experiences. Activities will include children's shows about healthy foods, dental health activities, stories, visual displays of foods, home corner food props and talking to children about what foods help their body grow.
- Individual needs for quantity and timing will be considered in meal schedules and planned in the best interests of the children.

### Principle: 3 Food Provided from Home: All Services

- Information will be provided to parents on healthy lunch box ideas.
- Parents/guardians will be encouraged to provide nutritional food. Parents will be provided with details of foods not to send to the service.
- Food from home will **not be reheated**.
- Due to cooler bags retaining the temperature inside the bag, refrigeration will not maintain the temperature of the food. Hence, we request families bring food in lunchboxes not cooler bags.
- Where possible, minimisation of food wrappings and packaging will be encouraged in the centre and education about the importance of sustainable practices will be inherent in the program.

### Principle: 4 Provision of Drinking Water

Children will have access to clean drinking water at all times.

- Staff will encourage children to drink extra water during the summer months.
- Water will be available in the following ways:
  - Drinking fountains;
  - Individually labelled water bottles filled throughout the day;
  - Water canteen;

### Principle: 5 Professional Development

- Staff will be familiarised with current nutrition practices and resources.
- Outside health professionals will be utilised to provide and share up to date information on subjects such as healthy eating and oral health where possible.
- The centre will regularly access information on health and nutrition matters from recognised health authorities and current research.





# Personal Protective Equipment Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Personal Protective Equipment (PPE) is any clothing, equipment or substance which has been designed to give protection from risks of injury or illness. PPE is to be worn at all times when working in any job or area that presents a hazard to the worker.

Employers are obliged to supply PPE to workers and to include the use of PPE in induction and in-service training.

An employer should ensure, through personal observation, that workers are wearing PPE when using those items of equipment and substances that can cause serious bodily injury or injury.

There is an obligation on an employer to ensure the health and safety of that employer's workers by the insistence in the use of PPE. Therefore if an employer finds a worker not using PPE when that worker has been instructed to use the PPE, then the employer must call upon the worker to cease work and to use the PPE. If the worker fails to comply with the direction of the employer or his delegate to use the PPE then that worker may be withdrawn from that work.

## Principle: 1 Procedures

The following points need to be considered:

- That the correct PPE is supplied for use by workers;
- That workers are shown how to fit PPE correctly;
- That workers know how to clean PPE and store it correctly;
- That single use PPE is disposed of correctly after use; and
- That workers use PPE when required.

## Principle: 2 Selecting PPE

PPE must be:

- Be appropriate for the type of work;
- Give adequate protection to the user;
- Not create additional health or safety risks;
- Be compatible with other PPE being used;
- Fit properly;
- Not interfere with any medical conditions of the user;

- Be easy to use;
- Be comfortable; and
- Comply with relevant Australian Standards.

Safety Data Sheets (SDS) should be consulted in selecting PPE. **Examples** of PPE which may be required in a kindergarten setting may include:

- Gloves (unpowdered latex or vinyl);
- Aprons resistant to body fluids;
- Heat resistant gloves (for use in the kitchen);
- Protective eye wear for use with chemicals;
- Respiratory masks if recommended by the SDS;
- Sunscreen.

### Principle: 3 Using PPE

When using PPE, make sure that:

- PPE is used in accordance with the manufacturer's instructions;
- The PPE fits correctly;
- Workers are instructed and trained in how to use it; and
- Appropriate signs are displayed.
- Training is conducted annually as part of the centre's annual updates.

### Principle: 4 Footwear

The wearing of inadequate footwear whilst working is the cause of many workplace injuries. Having an insecure base of support while transferring or lifting a person or object can cause a worker to strain or jerk, resulting in damage to workers ligaments, muscles and joints. Slipping while assisting a person can result in injury for both the worker and the other person. Slips and trips cause the majority of back injuries.

Not wearing enclosed footwear leaves feet vulnerable to dropped items, edges of furniture, sharp items on the floor and bacterial and fungal infections. No footwear can provide 100% protection and support in all situations. The best way to stay safe is to adopt practices that increase awareness and provide protection. It is also important where staff are preparing food for others that closed in shoes are worn. Thongs/slip-on shoes without appropriate fastenings are not suitable for wearing in the workplace due to their lack of support and potential for slipping. Therefore, thongs are not recommended.

In educational settings, where it is appropriate for the program, staff and children may not wear footwear. In this case, a *Barefoot Risk Minimisation Plan* will be followed.

# PROVIDING A CHILD SAFE PHYSICAL ENVIRONMENT POLICY

## Policy Statement

Catholic Education in the Diocese of Rockhampton (CEDR) adapts an enterprise-wide approach to ensuring that all children, families, staff and visitors to our sites are safe. This includes adhering to relevant legislation, regulations and guidelines for all procedures and maintenance surrounding the physical environment that children are educated and cared for within.

### ***Premises designed to facilitate supervision (Amended from Section 115 of the Law)***

*The staff must ensure that the education and care service premises (including toilets) are designed and maintained in a way that facilitates supervision of children at all times that they are being educated and cared for by the service, having regard to the need to maintain the rights and dignity of the children.*

## Background

Catholic Education – Diocese of Rockhampton aims to mitigate risks and control hazards to prevent harm.

This policy and associated procedures:

- ◆ are intended to provide guidance in the associated management and pastoral care obligations required as part of the Catholic Education Diocese of Rockhampton Charter, whilst ensuring compliance with the Education and Care Services National Law and Regulations
- ◆ cover:
  - ◇ Safe physical environments that contribute to children’s wellbeing, creativity and developing independence
  - ◇ Risk-taking opportunities that can benefit a child’s health and learning.
  - ◇ Evidence-based practices for maintaining safe physical environments for children
  - ◇ Ways to create/organise spaces to reduce the risk of injury’;
  - ◇ Processes that support the intent to provide children and their families, staff and visitors, with a quality service environment, where every reasonable precaution has been taken to protect individuals from harm and hazards, likely to cause injury
  - ◇ Guidance in ways to embed ethically ‘enabling’ spaces for children
  - ◇ Design principles that consider the importance in the provision of optimal learning environments that are safe, culturally, socially and environmentally responsive
  - ◇ Auditing and accountability recording processes to identify, prevent, control and mitigate hazards or potential risks
  - ◇ Training requirements for staff, volunteers, practicum students and families entering the premises with regard to provision of a child-safe physical environment
- ◆ do not provide information regarding:

- ◇ Nutrition & Safe Food Practices (See specific procedure)
- ◇ Sun Protection (See specific procedure)
- ◇ Supervision (See specific procedure)
- ◇ Safeguarding of Children (See Early Years Child Protection Procedures and Resources)
- ◇ Excursions, Regular Outings & Transportation of Children as this is detailed in a stand-alone policy and procedures
- ◆ is to be read alongside the Children Wellbeing and Healthy Lifestyles Procedure & Nutrition & Dietary Requirements Procedure and Food Safety Procedure.

All prescribed policies and procedures must be readily accessible to the Nominated Supervisor, staff members and volunteers and available for inspection at the service's premises. This requirement can be met through a paper copy or electronic version.

If you require additional assistance or wish to notify the relevant agency with regard to this procedure, please contact your Early Learning and Care Service's Nominated Supervisor, the CEDR Early Learning and Care Team or the Regulatory Authority for guidance. The Notifications, Reporting and Complaints Procedure and the display of details of the processes involved in contacting the relevant personnel, are available at the entrance of the service or a request a copy of this information can be electronically forwarded.

### **Legislative Requirements**

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

### **Principles that Inform Policy**

- ◆ Appropriate practice involves awareness of the procedures associated in the provision of a safe and suitable environment for children. This can be achieved through education, pastoral processes, procedural steps, control measures, supervision and compliance with associated laws.
- ◆ Partnerships with families and the wider community to ensure this policy is culturally relevant and informed by specialist voices, is also paramount to high quality standards of practice.
- ◆ It is the responsibility of all parties to communicate about changes in circumstances impacting on a service in a pastorally and culturally sensitive manner, with a recognition of obligations of confidentiality, under the respective laws.
- ◆ Employees of CEDR are obligated to complete, confidentially store and archive required records of information pertaining to this policy. These may include, but are not limited to, documentation required under various Acts and financial obligations. Records may be requested by the relevant authorities in accordance with their respective Laws.
- ◆ If notifying or making an application under the National Law, the Approved Provider will notify the Regulatory Authority via the National Quality Agenda IT System (NQA ITS), where possible. The NQA ITS is an online tool that offers providers a secure and direct way of communicating with regulatory authorities e.g. SA12 Notification of Change of Information about an Approved Service – see Notification, Reporting & Complaints/Right Relationships Procedure.

- ◆ Every effort will be made to maintain a safe and supportive work and learning environment for all within our services.
- ◆ Catholic Education is committed to developing a culture based on mutual trust and respect and therefore, the children, families, staff and visitors who enter the premises will be welcomed, whilst complying with relevant Laws, policies and procedures.
- ◆ Children's health and wellbeing is a priority. Children will be encouraged to be involved in decision-making regarding the service environment, as active and able agents.
- ◆ The Approved Provider, Nominated Supervisor, Responsible Person in Charge of the service, educators and staff are aware of their roles and responsibilities to identify and respond to risks of harm or exposure to hazards. This includes, but is not limited to, putting controls in place, contacting relevant authorities and child enrolment contacts, involvement in professional development and critically reflecting on future practice.
- ◆ Any directives by the Approved Provider, or delegate, the Regulatory Authority, the Queensland Government Health Authority and/or any other Government Authority are to be enacted under the guidance of CEDR and the current legislative requirements.
- ◆ A Compliance Record of the service's compliance history will be held by the Approved Provider until the end of 3 years after the Approved Provider operated the service Regulations 167, 183(2)(e)
- ◆ Any requests for copies of documentation relating to the service, must be forwarded to the Approved Provider. The request will be reviewed in accordance with the Privacy Act and any other relevant laws.
- ◆ All staff are responsible for implementing responsive and well-informed practices to provide for the safety and wellbeing of the children, other staff members, families and visitors. This can be achieved through following the service's Policies and Procedures, Circulars sent from the Approved Provider, reading Regulatory Authority notifications, participating in training and education, reading relevant notices/reports/readings and reflecting on current approaches.
- ◆ In CEDR services, the process of reporting to the Regulatory Authority, is conducted by the Approved Provider. However, the Nominated Supervisor may be guided to contact the Regulatory Authority's Regional Office e.g. to explain the specific circumstances of an incident. See Notifications and Reporting Procedure.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

## Links to other policies and procedures

Risk Management Policy – CEDR

Work Health and Safety Policy - CEDR

## Monitoring, evaluation and review

CEDR reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or inquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

# RISK MANAGEMENT PROCEDURE

## Link to industry resources and support documentation

- ◆ Work Health & Safety Act 2011
- ◆ Work Health & Safety Regulation 2011
- ◆ Education and Care Services National Law Act 2010
- ◆ Education & Care Services National Regulations 2011
- ◆ Work Safe Qld

## Description

Catholic Education – Diocese of Rockhampton is committed to ensuring that persons are free from the risk of death, trauma, injury or illness created by the workplace, workplace activities or specified high risk plans by identifying risks and managing exposure to hazards at the workplace.

Risk management is the action taken to minimise the chance of a person sustaining an injury or serious injury from a “hazard” at a workplace. In an endeavour to minimise the exposure to a risk, a Risk Minimisation Plan is carried out and appropriate action taken in regard to obviating or controlling that hazard. In order to discharge an employer’s obligations under the WH&S Act 2011, an employer must:

- ◆ Follow the prescribed way of preventing or minimising an exposure to a risk;
- ◆ Ensure the prohibitions against exposures to a risk has not been contravened;
- ◆ Adopt and adhere to the code of practice in managing exposures to risk to provide protection against those risks; and
- ◆ Undertake a risk assessment of the situation, if there is no prescribed way to prevent or minimise exposure to a risk.

Risk management is an ongoing process and should be undertaken at various times, including:

- ◆ Now, if you have not done it before;
- ◆ When a change occurs;
- ◆ After an incident and/or near misses; or
- ◆ At regularly scheduled times appropriate to your workplace.

To ensure the best health and safety outcomes from the risk management process, it may be appropriate to consult with the Workplace Health and Safety Representative/s or Advisor and/or the Workplace Health and Safety Coordinator, Catholic Education Diocese of Rockhampton.

## Links to CEDR policies and procedures

- ◆ Illness, Injury, Incident and Trauma Procedure
- ◆ Excursions Procedure
- ◆ Safe Transportation of Children Procedure
- ◆ Water Safety Procedure
- ◆ Manual Handling Procedure
- ◆ Administration of Medication Procedure



- ◆ First Aid Procedure
- ◆ Dealing with Medical Conditions Procedure
- ◆ Dealing with Infectious Diseases Procedure

## Implementation

### RECORD KEEPING

It is necessary to record the workplace health and safety risk management process to demonstrate compliance with the WH&S Act. The records should show that the process has been conducted properly and should include information about the hazard/s and associated risks at the workplace. Prescribed documentation includes:

- ◆ Workplace Health and Safety Checklists – a list of all the items that may create a hazard.
- ◆ Hazard Register (may be recorded on Daily Risk Minimisation Plan) – used to record particulars of the hazard and any actions to be taken to eliminate or control the hazard

Whenever a new risk minimisation plan is completed a copy should be sent to the Early Learning and Care Team to be included in the central database. This will allow for information sharing across services.

All records should be kept in a central location at the service (where it is reasonable to do so), reviewed annually, made available to workers and Workplace Health and Safety personnel and signed by all relevant staff.

### HAZARDS AND RISKS

Hazards and risks are NOT the same thing.

A hazard is something with the potential to cause harm. This can include substances, plant, work processes and other aspects of the work environment. A risk is the likelihood that death, injury or illness may result from the hazard.

The relationship between hazard and risk is illustrated in the table below.

Hazard	Risk
Work environment ( <b>poor ventilation</b> )	The likelihood that a worker might suffer inhalation illness because they are using strong bleach in a room that is inadequately ventilated.
Energy ( <b>electricity</b> )	The likelihood that a worker might be electrocuted because they are exposed to electrical wires while using a vacuum cleaner that has inadequate insulation on the power cable.
Manual Handling	The likelihood that a worker might suffer back strain from moving large tables alone.
Noise	The likelihood that workers might suffer stress in the form of fatigue, anxiety and/or aggression because they are exposed to

	constant low level noise of below 75 dB(A) from a faulty air-conditioner.
Substance ( <b>infected body fluid</b> )	The likelihood that a worker might contract an illness cleaning up vomit from an infected child.
Plant ( <b>shredding machine</b> )	The likelihood that a worker's hand might be damaged while using a shredding machine because unguarded teeth drew in the worker's hand.

## WORKPLACE HEALTH & SAFETY RISK MANAGEMENT PROCESS

Pursuant to section 26A of the WH&S Act, and recommended by WorkSafe Qld, there are five steps in the workplace health and safety risk management process, which include:

1. Identifying the hazard;
2. Assessing the risks that may result from the hazard;
3. Decide on elimination or control measures to minimise the risk;
4. Implement control measures; and
5. Monitor and review the effectiveness of the elimination or control measures introduced.

### IDENTIFYING THE HAZARD

The first step in the workplace health and safety risk management process is to identify workplace hazards, which entails listing all things at the workplace that have the potential to cause harm.

What to look for

- ◆ Workplace hazards can be classified into the following categories:
- ◆ Work environment (such as confined spaces);
- ◆ Energy (such as electricity);
- ◆ Manual handling;
- ◆ Noise;
- ◆ Substances (such as chemicals); and
- ◆ Plant.

How to look for hazards

In order to assist with the task of looking for hazards, it is recommended that the workplace be divided into logical workplace groupings, such as:

- ◆ Tasks (working on the lathe, loading the truck, data processing);
- ◆ Locations (offices, grounds, warehouse);
- ◆ Roles (electricians, office workers); and
- ◆ Functions or production processes (administration, cooking, washing, cleaning, receiving, forming, finishing).

There are many activities that can be undertaken to help identifying hazards, these include:

- ◆ Walking through and inspecting each task or location;

- ◆ Consulting with workers (ask about any problems they have encountered and any near misses and unreported minor injuries);
- ◆ Reviewing any workers' Hazard Reports;
- ◆ Consulting with Workplace Health and Safety Coordinator, Workplace Health and Safety Advisors and Workplace Health and Safety Committee; and
- ◆ Conducting a safety audit.

If any of the risks are relatively minor and/or the hazard can be easily fixed, attend to these straight away. That is, you may NOT need to work through the assessment method shown in step two before controlling the risk in step three.

To further assist with the identification of hazards, workers should be instructed to complete the Hazard Register when the workers come across a hazard.

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## ASSESS RISKS

Step two involves assessing the risk associated with the hazards identified in step one. The desired outcome of this step is to develop a prioritised list of risks for further action.

### Risk Assessment Method

For each of the risks:

- ◆ Estimate the probability of an incident occurring and the degree of exposure at the workplace, bearing in mind the existing control measures;
- ◆ Estimate the possible consequences of an incident occurring at the workplace, bearing in mind the existing control measures; and

The rate the risk can be estimated by combining the probability of an incident occurring with the degree of exposure and the possible consequences of an incident.

In determining the probability of an incident occurring, the following factors may be relevant:

- ◆ How often the situation occurs;
- ◆ How many people are exposed;
- ◆ The skills and experience of persons exposed;
- ◆ Any special characteristics of the people involved;
- ◆ The duration of exposure;
- ◆ The position of the hazard relative to workers and to other hazards;
- ◆ Any distractions;
- ◆ Quantities of materials or multiple exposure points involved;
- ◆ Environmental conditions;
- ◆ The condition of equipment; and
- ◆ The effectiveness of the existing control measures.

To determine the consequences, a judgment is made on the severity of the potential outcome. The following facts can affect the consequences:

- ◆ Potential for chain reaction;
- ◆ Concentration of substances;
- ◆ Volumes of materials;
- ◆ Speeds of projectiles and moving parts;
- ◆ Height – the greater the height, the greater the injury;
- ◆ Position of the worker relative to the hazard;

- ◆ Weight – the heavier the object, the increased likelihood of injury; and
- ◆ Forces and energy levels – the higher the voltage, the more severe the consequences.

The level of risk or “risk score” is determined by the relationship between the probability, the degree of exposure and the potential consequences. Once a risk score has been generated, the scores are ranked to prioritised risks that should be addressed.

### Using the Risk Assessment Calculator

Once risks have been assessed they must be prioritised. To help determine how you should prioritise risks, use the matrix below:

#### Determining Likelihood:

Almost Certain
Likely
Possible
Unlikely
Rare

The following can affect the likelihood of an incident occurring:

- ◆ Frequency of exposure
- ◆ Number of people exposed
- ◆ Skills and abilities of people exposed
- ◆ Special characteristics of people exposed
- ◆ Duration of exposure
- ◆ Distractions
- ◆ Environmental conditions
- ◆ Condition of equipment

#### Determining Consequences:

<b>Catastrophic</b>	Death or permanent disablement
<b>Major</b>	Extensive Permanent Injury, Extended hospitalisation
<b>Medium</b>	Admitted to Hospital
<b>Minor</b>	Medical Treatment provided by medical professional
<b>Insignificant</b>	First Aid Treatment Only

You must make a judgment on the severity of the potential outcome. Also consider the following factors which can affect the consequences:

- ◆ Potential for chain reaction
- ◆ Concentration of substances
- ◆ Volumes of materials
- ◆ Speed of projectiles and moving parts
- ◆ Heights
- ◆ Weights

◆ Forces and energy levels

Risk Matrix						
Consequences	Likelihood					
		Rare	Unlikely	Possible	Likely	Almost Certain
	Major	Moderate	High	High	Critical	Critical
	Significant	Moderate	Moderate	High	High	Critical
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Very low	Low	Moderate	Moderate	Moderate
	Insignificant	Very low	Very low	Low	Moderate	Moderate

## DECIDING ON CONTROL MEASURES

Step three involves deciding on control measures to manage exposure to identified risks.

Control measures should be prioritised in the following order:

1. Try to eliminate the hazard
2. If this is not possible, prevent or minimise exposure to the risk by one or a combination of:
  - a. Substituting a less hazardous material, process or equipment;
  - b. Isolating or separating the hazard from the person or isolating or separating the person from the hazard, and/or
  - c. Engineering solutions that will redesign the workplace, equipment or work processes to make the workplace safer.
3. As a last resort, when exposure to the risk is not (or cannot be) minimised by other means:
  - a. Introduce administrative controls (minimising exposure to a risk through the use of procedures or instruction); and
  - b. Use appropriate personal protective equipment to create a barrier between the person and the hazard.

The following table outlines the preferred order of control and what each control measure achieves.

Preferred order of control	What are you trying to achieve?
<b>Eliminate the hazard</b>	This is the most effective way to make workplace safer. Always try to get rid of the hazard completely.
<b>Substitute the hazard with a safer alternative</b>	If you cannot eliminate the hazard, replace the machinery, substances or work processes with something that presents a lower or more manageable risk.

<b>Isolate the hazard</b>	Isolate or separate the hazard from workers, or the workers from the hazard.
<b>Use engineering solutions</b>	Make changes to the workplace or equipment and machinery to reduce the risk of injury or harm. This would include guarding the moving parts of the machines and having machinery serviced so it is less noisy.
<b>Apply administrative measures</b>	Make changes to the way work is organised to reduce the risk of injury or harm. It would also include implementing safe working procedures, such as restricting access for some people.
<b>Use personal protective equipment</b>	Person protective equipment (PPE) should be used to provide an added measure of safety or as a temporary control measure while other risk controls are being developed. PPE should not be used in place of more permanent controls. It is the least effective way of dealing with hazards. PPE may be used in combination with other methods to help manage exposure to risk.

The control measures selected should:

- ◆ Adequately control exposure to the risk;
- ◆ Not create another hazard; and
- ◆ Allow workers to do their work without undue discomfort or distress.

## IMPLEMENT CONTROL MEASURES

Step 4 involves putting selected control measures in place at the workplace. This means undertaking those activities to allow the measures to function or operate effectively.

Implementing control measures involves:

**Developing work procedures** in relation to the new control measures to make sure they are effective. Management, supervision and worker responsibilities may need to be clearly defined in the work procedures.

**Communication with workers** and any other persons that should be informed about the control measures to be implemented. It is important to clearly communicate the reasons for the changes.

**Providing training and instruction** for the workers, supervisors and any other persons in relation to the new control measures.

**Adequate Supervision** should be provided to verify that the new control measures are being used correctly.

**Maintenance** relating to control measures is an important part of the implementation process. Work procedures should set out maintenance requirements to ensure the ongoing effectiveness of the new control measures.



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## MONITOR AND REVIEW

The final step in the process is to monitor and review as appropriate (or as a minimum, annually) the effectiveness of measures. All relevant staff members are to read, sign and follow the risk minimisation/associated documents.

To complete this step, it is useful to ask questions to determine whether:

1. Chosen control measures have been implemented, as planned
  - a. Are chosen control measures in place?
  - b. Are these measures being used?
  - c. Are these measures being used correctly?
2. Chosen control measures are working
  - a. Have the changes made to control exposure to the assessed risks resulted in what was intended?
  - b. Has exposure to the assessed risks been eliminated or adequately reduced?
3. There are any new problems
  - a. Have implemented control measures resulted in the introduction of any new problems?
  - b. Have implemented control measures resulted in the worsening of any existing problems?

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## EXCURSION RISK MANAGEMENT

Service programs may at times include excursions into the local and wider community which extends the program by offering new learning experiences, new social contexts, and interactions. These excursions will consider the age, interests and abilities of the children. A written authorisation must be given by a parent or authorised person for an excursion before a child leaves the service.

### Procedures for Services on School Sites

It is a priority to adequately supervise children at all times during any excursion and therefore the adult to child ratios will reflect this commitment when planning to leave the service site.

For services located on a school site (i.e. OSHC services), it is not considered an excursion if the children, accompanied by the appropriate educator to child ratios, utilise the various school facilities. At all times, refer to licensed areas in the Service Approval.

### Excursions beyond the School Sites

Safety is an essential part of all excursions and as such will only be undertaken after discussion with the Nominated Supervisor or Early Learning and Care Manager. Undertaking a risk assessment is part of planning a routine outing or excursion. The risk assessment will take into account the levels of supervision and number of adults needed for the entire time the children are out of the service. Volunteers, such as parent helpers, will be encouraged to assist to provide additional supervision. Ratios of educators to children will reflect the hazards present at the venue.

**Risk management standards are maintained when the following steps will be followed:**

- ◆ Permission from parents will be obtained on an excursion permission form

- ◆ If the excursion is to be affected by the weather, a contingency plan will be developed
- ◆ A contingency plan in case of vehicle breakdown will be prepared. Such a plan will include methods to ensure children are kept safe and comfortable and will provide for access to water and snacks if applicable.

Please refer to the Excursions and Safe Transportation of Children Procedures excursion specific instructions.

#### **Indemnity Forms:**

**No booking of an activity can be taken with a contractor who requires the families or the service personnel to complete an indemnity form, until these forms have been forwarded to and confirmation of approval is received by the Catholic Education, Work Place Health and Safety Manager.**

#### **Required Documentation**

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

<b>Document Title</b>	<b>Purpose</b>	<b>Location</b>
<b>Risk Minimisation Template</b>	Template for service specific risk minimisation plans to be created on.	Kindergarten and OSHC SharePoint sites.

# REST AND QUIET ACTIVITY POLICY

## Policy Statement

The purpose of the rest and quiet activity policy is to ensure the safety, health and wellbeing of children attending our service and appropriate opportunities are provided to meet each child's need for sleep, rest and relaxation, as advised by relevant authorities.

## Background

This policy provides educators, staff, families and the community with the information they need to support children's needs for sleep and rest are met while attending the service.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ Supporting and promoting children's health, including safe sleep and rest, is informed by current recognised guidelines and up-to-date information.
- ◆ Safe sleep and rest procedures and practices follow Red Nose guidelines, the recognised national authority in this area.
- ◆ Educators, staff and the Approved Provider (or delegates) have a shared duty of care to ensure children are provided with a high level of safety when sleeping and resting, including adequate lighting to enable effective supervision by staff, ventilation for children, and every reasonable precaution to protect children from harm and hazard.
- ◆ Children sleeping and resting will always be within sight and hearing distance so that educators can monitor children's safety and wellbeing. Educators will visually check the child's breathing and the colour of the child's lips and skin tone.
- ◆ Child safety is our first priority. Educators refer to the service's rest and quiet activity policy, procedures and resources if families make a request that is contrary to the safety of the child.
- ◆ Opportunities will be provided to meet each child's sleep, rest and relaxation needs by utilising effective sleep and rest strategies and ensure children feel secure and safe.
- ◆ Families are consulted about their child's routine for sleep and rest at home and carry this out at the service where possible and safe to do so.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

## Links to other policies and procedures

- ◆ Provide a Child Safe Environment Policy and Procedures
- ◆ Nutrition and Dietary Requirements Procedure
- ◆ Death of a Child Whilst in Care Procedure
- ◆ Enrolment Policy and Procedure

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### **Monitoring, evaluation and review**

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or enquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

## REST AND QUIET ACTIVITY PROCEDURE

### Link to industry resources and support documentation

- ◆ Work Health & Safety Act 2011
- ◆ Work Health & Safety Regulation 2011
- ◆ Education and Care Services National Law Act 2010
- ◆ Education & Care Services National Regulations 2011
- ◆ <https://rednose.org.au/section/safe-sleeping> retrieved 28/06/2022
- ◆ <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices> retrieved 28/06/2022
- ◆ *Meeting Children's Sleep, Rest and Relaxation Needs in ECEC*, Early Childhood Education and Care, <https://earlychildhood.qld.gov.au/about-us/publications-and-research/sleep-learning-for-early-education-professionals>, retrieved 28/06/2022

### Description

Providing safe, restful environments for children is a responsibility of the service. Educators are responsible for the day-to-day care of many children, which includes time children spend sleeping or resting. Research indicates that young children settle with greater ease when they have formed attachments with familiar and trusted staff. All staff need to be familiar with current information on safe sleeping practices.

The service will offer families information regarding research about children and best sleep practices. While many services implement planned 'rest periods' for young children, routines and environments should be flexible to support children who do not require a sleep and those who seek rest and relaxation throughout the day.

### Links to CEDR policies and procedures

- ◆ Provide a Safe Environment for Children Policy
- ◆ Rest and Quiet Activity Policy

### Implementation

#### OPPORTUNITIES FOR REST

There should be a balance of rest, leisure and physical activities for children whilst they are in care. The routines and support from educators to maintain this balance is provided through; the planning of varied experiences; negotiation with individual children and their families; and response to environmental factors.

Following the four principles of R.E.S.T, services will adhere to the following principles:

- ◆ Educators should consult with families regarding sleep preferences for their child and communicate the rest policy and options at the service (Family Handbook).
- ◆ Educator-led discussions with the children relating to the resting routine including acceptable activities, behaviour and areas of the room to be accessed at rest time.

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- ◆ The expectation is set that a rest/relaxation period is required by regulation, so children must be included in the planning of activities and discussions around appropriate behaviour at rest time.
  - ◆ Mats are to be provided to all children for rest and quiet activity time.
  - ◆ Services may choose to have calming music, dim lighting or aromatherapy during rest and relaxation times.
  - ◆ At all times, the environment must consider the health and safety of children as per WHS requirements.
  - ◆ Children may choose how to meet their sleep needs each day. Children may choose to sleep, or do a quiet activity including:
    - ◇ drawing
    - ◇ puzzles
    - ◇ quiet activity bags
    - ◇ reading books
  - ◆ A set rest/relaxation period is in the daily routine allowing children to transition to sleep more easily.
  - ◆ As all children have different rest needs which vary from day to day, rest areas and activities are always accessible in our environments. Examples are:
    - ◇ Reading areas
    - ◇ Calming corner
    - ◇ Quiet spaces

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## STAFF RESPONSIBILITIES

- ◆ Staff alter the environment to provide a safe, restful and calm setting for children to settle, rest and/or sleep.
- ◆ Staff are respectful of the need for quiet environments and adjust activities accordingly. Visitors and tradespeople to the service will be encouraged to attend outside of rest periods.
- ◆ Routines and practices recognise that children settle when they have formed bonds with familiar and trusted staff. Staffing for this period will prioritise children's needs of security.
- ◆ All children who are resting or sleeping will be monitored and supervised. Staff monitor sleeping children by ensuring:
  - ◇ children are not to be left alone when sleeping for any period of time.
  - ◇ all children will rest with their face uncovered.
  - ◇ children are monitored regularly with specific attention to their breathing patterns.
- ◆ Children's cues for sleep will be acknowledged and responded to (yawning, rubbing eyes, seeking comfort and decreased ability to regulate behaviour).
- ◆ Staff support children to transition to sleep/ rest activities. Supports may include assisting children to adjust clothing and remove footwear; sitting with children reading stories; children accessing comforters as required in accordance with Red Nose recommendations.
- ◆ Rest is a period of calmness or tranquillity and can include a child being in a state of sleep. Staff will provide quiet experiences for children who do not fall asleep. These activities are provided in a supervised space in the environment.



- ◆ Rest and sleep equipment is maintained in a safe and hygienic manner.
- ◆ Children who are unwell are monitored more frequently until collected by parents or authorised nominee.

## PARENT RESPONSIBILITIES

- ◆ Parents provide top and bottom sheets and sheet bag.
- ◆ Parents label sheets and sheet bag.
- ◆ Parents launder sheets on a weekly basis and return each week unless otherwise requested by the service.
- ◆ Parents provide staff with guidelines on their child's sleeping routine if required.

Sleep requests from families will only be accepted if the requests are not contrary to the health and safety of the child. Child safety is always the first priority.

## MAINTENANCE OF SLEEPING EQUIPMENT

- ◆ There is daily cleaning of sleep mats.
- ◆ Mats are covered by appropriate bedding when in use.
- ◆ Mats are inspected for wear and tears regularly and replaced as needed.

### Required Documentation

When printed, any documents listed are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Daily Routine</b>	To outline the basic daily routine of a service. To be displayed where families can access it. Also listed on A3 Display Requirements Poster.	All Kindergartens SharePoint site All OSHC SharePoint site

# SAFE TRANSPORTATION OF CHILDREN

## Policy Statement

Transportation of children is a necessary part of providing a quality education program for children. Visiting community groups and areas fosters a sense of belonging and allows children to discover additional interests outside of their typical routines. Safety is a priority when any transport of children is engaged by a service.

## Background

This Transportation of Children Policy is to be attached to the current Early Learning and Care Excursion Procedure and read concurrently. It makes reference to explicit amendments to the legislation regarding the transporting of children whilst in an education and care setting. Please note that 'Bus' can mean any transportation type such as taxis, etc. as defined in the Key Terms section of this document

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ Children's health, safety, and wellbeing is paramount. We are committed to meeting all the regulatory requirements to ensure the safe transportation of children by our kindergartens and services, including for excursions.
- ◆ Our educators and staff are integral to the education and care of our children. Clear roles and responsibilities and relevant training to ensure they are aware of their roles and responsibilities in relation to safe transportation of children.
- ◆ We value and support the families at our service. At all times we seek their authorisation and input with regard to our transportation of their children.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

## Links to other policies and procedures

- ◆ Providing a children safe environment
- ◆ Excursions
- ◆ Incident, injury, trauma and illness
- ◆ The administration of first aid
- ◆ Dealing with medical conditions in children
- ◆ Delivery of children to, and collection from, education and care service premises

## Monitoring, evaluation and review

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or inquiry.

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In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

## SAFE TRANSPORTATION OF CHILDREN PROCEDURE

### Link to policy and support documentation

Information contained in the following Transportation of Children Procedure was modified from the Australian Children's Education and Care Quality Authority's Safe transportation of children. Information sheet October 2020 <https://www.acecqa.gov.au/sites/default/files/2020-08/Infosheet-SafeTransportationOfChildren.pdf>.

### Description

Transport forms part of education and care once a child is given into the care of the service. The child must be signed onto the attendance record at this point. An Early Learning and Care service is being provided during the entry and exit of children on and off the vehicle and during the journey. Catholic Education college buses are owned and operated under the Roman Catholic Trust Corporation of Rockhampton, hence are considered a vehicle owned by the Approved Provider.

Transport **does not** form part of education and care in the following cases:

- ◆ where the transport is privately provided by families
- ◆ where the transport is provided by another entity or organisation **which is not associated** with the service, including:
  - ◇ in a council or commissioned vehicle
  - ◇ other non-Approved Provider operated/commissioned vehicle.
- ◆ where the transport is provided as part of a disability service that transports children to school or to any other location or activity (including to an ECEC service).

Additional and different legislative obligations apply to the provision of all categories of a transportation service, including:

- ◆ driver licensing or vehicle operator accreditation,
- ◆ the safe operation of vehicles including the use of age-appropriate and standardised safety restraints, and
- ◆ vehicle registration and road worthiness.

Everyone travelling in a motor vehicle must comply with the required legislative provisions regarding the use of a child restraints, booster seats or seat belts and ensure that they are properly adjusted and fastened. The current Laws regarding child restraints, where children should sit and any exemptions regarding these Laws can be found at

<https://www.qld.gov.au/transport/safety/rules/children>

Risk assessments for excursions and regular outings that involve motor vehicle transport should include details of the child's restraint needs which, for regular outings, may need to be assessed more frequently than every 12 months as the needs of the child may change during this period.

### Links to other policies and procedures

- ◆ Excursion Policy
- ◆ Excursion Procedure
- ◆ Delivery to and Collection From Service Premises Policy
- ◆ Incident, Illness, Injury and Trauma Policy

## ◆ Enrolment and Orientation Policy

### Implementation

The following information provides guidance to assist services to ensure children are transported in a safe and correct manner.

### Before the journey

1. The nominated supervisor/responsible person must ensure the attendance record and corresponding head count list for the bus is accurate for the day.
2. The nominated supervisor/responsible person must nominate the person or company who will be responsible for **driving** the bus (**driver/hired vehicle company**).  
Note: The driver of the vehicle must not be included as a supervisor as they cannot provide adequate supervision during the trip while operating the vehicle. They may be designated for other roles at the commencement and conclusion of the journey.
3. The nominated supervisor/responsible person must nominate the person/s who will be responsible for **supervising (supervisor/s)** the children on the vehicle.  
Note: It is important to ensure that the driver or at least one person who is supervising the children on the vehicle has current first aid, asthma and anaphylaxis qualifications.
4. The nominated supervisor/responsible person must nominate the person/s who will be responsible for **checking** the vehicle (**vehicle checker**) at the conclusion of the journey after the children have exited/been removed from the bus. This person may or may not be on the bus journey.
5. The Nominated Supervisor must nominate the driver, supervisor and checker **in writing and must keep a record of these nominations for inspection by the Regulatory Authority**. This information is contained in the *Excursion Planning and Review Form*.
6. The roles of supervisor and checker may not need to be distinct roles depending on operational needs.
7. The supervisor and/or driver must conduct a head count and roll call as the children enter the bus.
8. The supervisor and/or driver must ensure all children are secured into their seats.
9. The bus driver must only commence the journey once the supervisor verbally confirms that it is safe to do so.
10. The supervisor should sit at the rear of the bus.

### During the journey

1. At each stop during the journey, the driver must park the bus and turn off the vehicle's ignition.
2. If the child is being collected from or dropped off at home, the parent/guardian must sign the child onto or off the bus.
3. The supervisor must check the child off against the bus roll list.
4. The supervisor must secure the child into their seat and sit at the rear of the bus. If a parent secures their own child on the bus, this must then be checked by the supervisor.
5. The bus driver must only recommence the journey once the supervisor verbally confirms that it is safe to do so.
6. The above process is repeated for each subsequent stop.

## Upon arrival at the service or other location (e.g. excursion location)

1. The driver must park the bus in a safe location close to the entry to the service.
2. If the checker is not already on the bus, the checker must be called out to the bus while the children are still on the bus.
3. The supervisor and/or driver are required to remove the children from the bus and the supervisor must conduct a head count and roll call.
4. The supervisor must escort the children into the service where another head count and roll call will be conducted. Children should only be **marked in head count upon being seen**.
5. Once the children have been removed from the bus, the driver must conduct a thorough search of the vehicle, including under the seats, in the luggage racks and in any storage areas.
6. The vehicle checker must conduct a **second** thorough search of the bus, including under the seats, in the luggage racks and in any storage areas.
7. These checks should be marked as completed, signed by the relevant person conducting the checks and kept for inspection by the Regulatory Authority.
8. **If a child is unaccounted for**, immediately make all necessary enquiries to establish the child's whereabouts including physical searches of the vehicle, the service, any other relevant location

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### TRANSPORT RISK ASSESSMENT CONSIDERATIONS

Risk assessment section of the *Excursion Planning and Review Form* is to be used alongside this procedure to minimise the risk of transporting children.

The following need to be included in the service's risk assessment process

- ◆ A Pre and Post Excursion and Transportation of Children Form is to be completed. In Catholic Education Rockhampton kindergartens and services this has been combined into one form – *Excursion Planning and Review Form*.
- ◆ The number of children requiring transport for the planned outing or journey
- ◆ The ages of the children requiring transport. Specifically:
  - a. Are the children ambulant (able to walk)?
  - b. Are the children verbal?
  - c. Do the children require restraints/particular seating?
  - d. Are there any particular vulnerabilities with any of the children (e.g. anaphylaxis, disability, behavioural or very young)?
- ◆ The length of the journey
- ◆ The configuration of the bus
- ◆ The configuration of and distance from the carpark to the service
- ◆ How many staff members will be required to ensure that adequate supervision can be achieved and to ensure that children are protected from harm and hazard (i.e. not left behind on the bus)
- ◆ The driver of the bus **cannot supervise** children while driving the bus. However, the bus driver can assist with roll calls, head counts and supervision both prior to and following the journey
- ◆ What happens if the parent is not there to collect the child?



- ◆ What happens if children fall asleep?
- ◆ What happens if a child becomes unwell or is injured during the journey?
- ◆ What steps will the service take to ensure that the vehicle is:
  - a. adequately ventilated; and
  - b. maintained at a temperature that ensures the health, safety and wellbeing of children.

Nominated Supervisors should update risk assessments when circumstances that may have an impact on transport. For example:

- ◆ Weather conditions (summer versus winter, extreme weather events such as heatwaves, floods and bushfires)
- ◆ Changes in routes, for example, due to road works
- ◆ The particular vulnerabilities and numbers of any children requiring transport.
- ◆ Delivery to and collection from the locations visited as part of the provision of education and care.

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## AUTHORISATION

A child must not be transported by an early childhood service without the written authorisation of the parent or other person named in the child's enrolment record. Any other person must have specific permission to authorise the transportation of the child.

Before obtaining authorisation to transport a child, Nominated Supervisors must approve the service's risk assessment.

Under regulation 102(4) of the National Regulations and Regulation 56(2) of the ECS Regulation, the authorisation must state:

- ◆ the child's name
- ◆ the reason the child is to be transported
- ◆ the time period or date of the transportation of the child
- ◆ a description of the transportation route and/or destination
- ◆ the method of transport
- ◆ the period of time the child will be in the vehicle
- ◆ the anticipated number of children likely to be transported
- ◆ the anticipated ratio of educators to the anticipated number of children
- ◆ the anticipated number of staff members and any other adults who will accompany and supervise the children
- ◆ the risk assessment is available at the service.

If the transportation provided is part of a regular service, the authorisation is only required once every 12 months.

A new authorisation is required if the nature of the transportation changes. Authorisation for transportation may be kept in each child's enrolment record.

## Required Documentation

When printed, any documents listed are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Excursion Planning and Review Form</b>	To be completed throughout the excursion process. Covers pre-excursion checklist and risk minimisation plan	OSHC SharePoint site Kindy SharePoint site
<b>Excursion and Transportation Authorisation Form</b>	Permission form to be completed for one-off and annual excursions	OSHC SharePoint site Kindy SharePoint site



## *Service Providers Procedure*

### *Legislation & Support Documentation*

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

As part of our commitment to providing and maintaining a safe working environment, Catholic Education Diocese of Rockhampton will take reasonable steps to ensure the health and safety of service providers (contractors) by identifying their roles and responsibilities under the *WH&S Act 2011*.

### *Principle: 1 Roles and Responsibilities*

- It is necessary that service providers, which include contractors, subcontractors, agents, entertainers, suppliers and employers, are requested to work in a safe manner as prescribed under legislation. This entails providing the service providers with information regarding workplace health and safety policy and procedures for the site and requesting the service provider completes appropriate Contractor Agreement with Rockhampton Catholic Education.
- Where the service providers are the same as the associated schools' contractors, then the kindergarten will not be responsible for completing agreements or inductions.
- The Nominated Supervisor has the right to stop work at any time where agreed workplace health and safety procedures are breached by the service providers.
- The Nominated Supervisor/ WH&SA must inform the contractor if asbestos is present and its location.



# Spills and Body Fluids Procedure

## Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid Code of Practice 2004
- Public Health Act 2005
- Education and Care Services National Law Act 2010
- Education & Care Services National Regulations 2011

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Workers may come into contact with blood and body fluids, for example a worker may be required to clean up a blood or vomit spill, dispose of a discarded needle and/or syringe or handle soiled laundry and this may expose workers to infectious disease risks. Therefore, workers must be instructed and trained in ways to control such hazards. Children should be supervised at all times during a spill or sharps incident. It also may be necessary to comfort a child or adult who has suffered an injury where an incident has occurred.

## Principle: 1 Waste Management

Workers should treat all blood and body fluids as potentially infectious and always adopt safe working procedures where there may be contact with blood and body fluids. Any cuts and abrasions should be covered with a water-resistant dressing before attempting to clean the spillage. Also protective gloves should be worn.

### **Recommended methods for cleaning blood spills**

Size of spill	What to do
Spot (e.g. drop of blood less than the size of a 50 cent coin)	<p>Wear gloves</p> <p>Wipe up blood immediately with a damp cloth, tissue or paper towel</p> <p>Place in a plastic bag, seal the bag and put it in the rubbish bin</p> <p>Wash your hands with soap and water</p>
Small (up to the size of the palm of your hand)	<p>Wear gloves</p> <p>Place paper towel over the spill and allow the blood to soak in</p> <p>Carefully lift the paper towel, place it in a plastic bag, seal the bag and put it in the rubbish bin</p> <p>Rinse the area with warm water and detergent using a disposable cloth or sponge; place the cloth in the rubbish bin</p> <p>Wipe the area with diluted bleach<sup>a</sup> and allow to dry</p> <p>Wash your hands with soap and water</p>

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Large (more than the size of the palm of your hand) Wear gloves

Cover the area with an absorbent clumping agent (e.g. kitty litter or sand) and allow the blood to soak in

Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids

Place the clumping agent, the scraper and the pan into a plastic bag, seal the bag and put in the rubbish bin

Rinse the area with warm water and detergent; wash the mop after use

Wipe the area with diluted bleach<sup>a</sup> and allow to dry

Wash your hands with soap and water

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<sup>a</sup> See 'Preparing bleach solution', Staying Healthy in Childcare (Ed.5 Draft).

Adapted from National Health and Medical Research Council, *Australian guidelines for the prevention and control of infection in healthcare*, NHMRC, Canberra, 2010.

A 'spills kit' and appropriate personal protective equipment should be available **where there is a risk of blood or body substance spills**. A 'spills kit' should contain:

- PVC, household rubber or disposable latex gloves;
- Cleaning agents;
- Disposable absorbent material; and
- A leak-proof bag.

### Managing an exposure to blood or body substances

In order to manage possible exposures to blood or body substances where a spillage has occurred, ensure the following:

- Wash away the blood or body substance with soap and water. If water is not available then use a 60-90% alcohol based hand rinse or foam;
- If the eyes are contaminated, rinse eyes while open with tap water or saline solution;
- If blood gets into the mouth, spit it out and then repeatedly rinse with water;
- The affected person should be referred for medical assessment as soon as possible; and
- All blood and body substances exposure should be documented and kept at the workplace and should be kept confidential.

### Faeces, vomit and urine

- Wear gloves.
- Place paper towel over the spill and allow the spill to soak in.
- Carefully remove the paper towel and any solid matter.
- Place it in a plastic bag, seal the bag and put it in the rubbish bin.
- Clean the surface with warm water and detergent, and allow drying.
- If you know that the spill came from a person with an infectious disease (e.g. diarrhoea or vomit from a child with gastroenteritis), use a disinfectant on the surface after cleaning it with detergent and warm water.
- Wash hands thoroughly with soap and running water (preferably warm water).

### Nasal discharge

- Washing your hands every time you wipe a child's nose will reduce the spread of colds. If you cannot wash your hands after every nose wipe, use a hand rub (this is not preferred as hand rubs can be flammable).
- It is not necessary to wear gloves when wiping a child's nose. If you do wear gloves, you must remove your gloves and wash your hands or use a hand rub afterwards.
- Dispose of dirty tissues immediately.

### Soiled Clothing

Contaminated waste should be placed in a leak-proof bag or container and sealed. The bag or container should not be overfilled. All waste should be handled with care to avoid contact with blood and body substances. Gloves should be worn when handling contaminated waste bags and containers.

Containers should be disposable to remove the need for sanitisation.

- Once soiled items are in containers they should be named and stored away from children.
- A note or mark placed beside the child's name on the parent sign in/out sheet or a specific sign to alert them that they need to speak to a staff member.
- The soiled item should be given to the parent.

If parents do not collect soiled items within 48 hours the container containing the garments should be disposed of.

## Principle: 2 Sharps

"Sharps" refer to any object that can pierce or penetrate the skin easily. They include ice picks, broken glass and needles. Workers may be required to dispose of needles that are found in toilets or car parks or clean up broken glass that has been contaminated with blood.

### **Ways to control hazards**

Staff should be trained in safe working practices to prevent skin penetrating injuries from sharps. This includes not manually compressing garbage bags or placing hands into areas where their hands are not visible. Further, where there is a risk of finding discarded sharps, tongs or a similar item should be available to pick up sharp items safely.

Appropriate personal protective equipment and sharps disposal kit should be provided containing disposable gloves, appropriate tongs and a rigid-walled, puncture resistant sharps container. Also, features should be installed that deter sharps concealment and encourage responsible sharps disposal, for example adequate lighting and provision of sharps containers.

The hazard should be recorded on the daily checklist form, control measures articulated and the personnel notified identified clearly on the form.

Should any worker identify any sharp suspicious/dangerous needles/blades, it should be reported immediately to the Responsible Person in Charge of the Service. This person or a delegate should arrange to remove the hazard immediately. The item should be removed using a sharps handling device such as tongs and place in a designated safety container.

### **Dealing with skin penetrating injuries**

If a person suffers a skin penetrating injury, the following steps should be followed:

- Encourage the wound to bleed by gently squeezing;
- Wash the area with cold running water and soap;
- Apply an antiseptic then cover the wound with a band aid or dressing; and
- The affected person should be risk assessed by a doctor.
- The sharp should be taken with the affected person to the doctor.

### **What not to do**

Do not pick up a needle/syringe without following the proper procedures.





# Sun Safety Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *First Aid Code of Practice 2004*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

People who spend a lot of time in the sun risk developing skin cancer, other skin disorders, eye injuries, heat stress and heat-related illness. Also people can experience heat related illness during periods of extreme heat in summer.

Employees also have a legal obligation to comply with instructions regarding sun safety precautions, to use personal protective equipment (PPE) and to ensure that they do not put themselves or another person at risk. This means ensuring children are provided with and apply sunscreen and wear hats for all outdoor activities.

## Principle: 1 Heat & Stress

Factors that may contribute to heat-related health problems at work include:

- Inadequate cooling off or rest periods;
- Insufficient water consumption;
- Climatic conditions (such as low air movement, high humidity levels and high air temperature);
- Inappropriate clothing;
- Individual factors that may cause dehydration;
- Individual medical conditions that may cause heat stress;
- Individual medication that may affect the body's temperature regulation; and
- An individual's age, general physical fitness and weight.

Environmental and seasonal factors that can contribute to heat problems include:

- High air temperatures;
- Radiant heat from hot objects such as machinery;
- Radiant heat from working outdoors in the sun;
- Higher relative humidity levels; and
- Low air movement.

Various engineering controls are effective in reducing heat at a workplace. Where children are present special care must be taken to ensure that the risk of heat stressed is managed as their capacity to regulate their own body temperature and be aware of warning signs may be less than those of adults. For example:

- Reducing the body's metabolic heat production using automation and mechanisation of tasks;
- Reducing radiant heat emissions from hot surfaces and plant, for example by insulation and shielding;
- Using ventilation and air-conditioning;
- Humidity reducing methods e.g. install a dehumidifier; and
- Creating some shade for outdoor worker.

## Principle: 2 Controlling Sun Exposure

Every workplace should carry out its own assessment of sun exposure, identifying tasks that place workers who are at risk and control the degree of exposure. Some control measures may include:

- Wearing personal protection such as sunscreen, glasses and suitable clothing and ensuring that children do not engage in outdoor activities without hats and sunscreen;
- Setting limits to exposure to sun between 10 am and 3 pm all year round;
- Reorganising work and play schedules so that outdoor tasks are done early in the morning or late in the day;
- Rotating or job-sharing tasks that involve direct sun exposure and ensuring children rotate through activities that involve sun exposure and those that do not;
- Planning the work around the movement of the sun;
- Where possible, not working in an environment heated by several sources (e.g. sun and ovens);
- Using trees, buildings and temporary shelters to shade the area;
- Insulating buildings to reduce radiant heat emissions;
- Where possible, fitting a shade to outdoor equipment. Do not remove shielding that is provided on equipment;
- Drinking plenty of water and ensuring children keep a high water intake;
- In extreme conditions, wearing specialised liquid or air cooled clothing;
- Screening for heat tolerance and being aware of the special needs of children in relation to heat tolerance;
- Following a doctor's advice before working or playing in hot conditions when individuals are on medications such as sedatives, tranquilisers, antidepressants, amphetamines, antispasmodics, diuretics or medication affecting blood pressure; and
- Having a plan in place for treating heat affected workers and children
- Centre routines for indoor and outdoor play will be in accordance with Sunsmart recommendations.
- Staff will regularly incorporate and promote Sunsmart education in the daily program.
- Staff will set up outdoor play areas where there are shaded facilities for both staff and children. Prior to children accessing play equipment staff will check that all equipment is at a safe temperature for use.
- The Nominated Supervisor or designated person in charge is responsible for checking that all staff are implementing Sunsmart practices (staff members are not required to wear sunscreen).
- Information on the centre's Sunsmart practices and Code of Conduct will be provided for all staff on commencement at the centre.
- Appropriate UV Index tools may be used to determine the UV rating at specific times throughout the day. This may inform best practice in the centre with regard to sun safety.
- The Nominated Supervisor will provide sun protection information to parents.

## Principle: 3 Protective & Suitable Clothing

When working or playing in the sun, staff and children are to always wear protective clothing. Examples may include:

- A hat with a broad brim or a flap at the back to shade both the face and back of the neck;
- A hardhat with a brim added;
- A loose-fitting, long-sleeved, dark coloured, collared shirt;
- Woven, rather than knitted, fabrics;
- Loose trousers;
- Sunglasses with side protection (look for the code AS 1067 Sunglasses and Fashion Spectacles);
- Safety glasses designed to minimise UV radiation exposure to the eye; and
- Garments with a UV protection factor (look for this on the label);
- Staff members dress must be appropriate and reflect health, safety and security considerations applicable to their job and work environment. All staff who work with children will be required to wear clothing and sunhats in accordance with Queensland Cancer Fund recommendations. This will include wearing a collared shirt with sleeves that cover shoulders and upper arms, shorts to just above the knee or long pants and a hat that meets Queensland Cancer Fund recommendations;

- Staff will ensure that children are appropriately clothed at all times in accordance with climate conditions both indoors and outdoors;
- Staff will ensure children are comfortably dressed at sleep time with loose clothing, removal of footwear and supply of bedclothes;
- Staff will communicate with parents about the activities of the centre and provide information on suitable clothing for such activities. These activities will include, climbing, messy play, art, water play.

**Note: Ensure that PPE does not create a hazard in itself.**

### Principle: 4 Sunscreen

- Sunscreen should be applied 20 minutes **before being exposed to the sun** where possible and should be allowed to dry.
- An adequate supply of 30+ broad spectrum sunscreen is to be made available and at accessible locations within the centre.
- The application of sunscreen should align with the directions outlined on the sunscreen or in the event that there are no timeframes prescribed, reapplied at least every two hours (a record may be required to determine when the last application of sunscreen has been applied).
- A generous amount of sunscreen should be applied to create a barrier between the skin and the sun. Children are to be assisted where necessary, to apply sunscreen to ensure suitable coverage.
- Sunscreen is to be checked for use by date.
- Staff members may elect to wear sunscreen at their own discretion.

### Principle: 5 Hydration

- Children are to have access to clean water at all times.
- Children and staff are encouraged to ensure hydration levels are adequate at all times.

### Principle: 6 Parent Responsibilities

- Parents will be encouraged to apply sunscreen on their child each day on arrival at early years' centres.
- Parents will inform staff of any known allergies to the sunscreen supplied by the centre and will provide child's own sunscreen (if this is an alternative for the child). This sunscreen is to be labelled with child's details and handed to staff.
- Parents will dress children in attire appropriate to the activities of the centre.
- Parents should be encouraged to follow sun protection guidelines when dressing children including the centre's adherence to Sunsmart practices.
- Parents will provide and keep laundered a sun hat, in accordance with Sunsmart recommendations.
- Parents will be asked to include extra clothing in their child's bag for necessary changes dependant on age.
- Parents will provide suitable clothing in accordance with seasonal and climatic conditions. In the cooler months warm and cool clothing is required so children can be comfortable for the warm and cool times of the day.
- When dressing children, parents are asked to provide children with clothing that assists the children's self-help skills e.g. ability to dress, toilet, be active and at rest times.



# Tobacco-free Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Tobacco and Other Smoking Products Act 1998*
- *Tobacco and Other Smoking Products Amendment Act 2004*
- *Tobacco and Other Smoking Products Amendment Regulation (Number 1) 2004*
- *Tobacco Products (Prevention of Supply to Children) Act 1998*
- *Workplace Health and Safety Act 1995*
- *Public Health Act 2005*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011* and the *Tobacco and Other Smoking Products Act 1998*, the employer has a duty of care to its employees and children/families, to ensure their safety. This includes protection from passive smoking. Exposure to tobacco smoke poses major health risks for both children and adults.

Staff are also role models for children and must not smoke in view of children or have tobacco products or related items such as lighters visible around children.

## Principle: 1 Smoke Free Places in Queensland

Smoking is banned at early childhood education and care facilities and for 5 metres beyond their boundaries.

The smoking ban applies at all times—during and after service hours, on weekends and during holidays. The smoking ban includes the use of all smoking products, including regular cigarettes and electronic cigarettes.

The law applies at all times—during and after kindergarten hours, on weekends and during holidays. It includes the use of all smoking products, including regular cigarettes and devices commonly known as electronic cigarettes.

## Principle: 2 Penalties

Some offences under Queensland tobacco laws are enforced by on-the-spot fines. Furthermore, the proprietor of the facility (the “occupier”) could also be found at fault and face a court fine.

If you are smoking in a no smoking zone and approached by an authorised Queensland Health Officer, you are, by law, required to provide your correct name and address to the officer.

The following practices are to be implemented for staff or volunteers:

- Staff or volunteers are not to smoke on the premises;
- Staff are to wear a shirt over their uniform shirt when smoking away from the service. This ensures not only that they are not identifiable, but also that the uniform remains smelling fresh for the duration of the shift;
- Staff or volunteers are to ensure that they are not visible to parents and children, even as they come and go from the service;

- Staff or volunteers are not to leave litter in the form of cigarette butts, but should ensure a bottle or personal ashtray is used to collect butts;
- Staff or volunteers should ensure suitable personal hygiene when returning from having a cigarette (e.g. wash hands, have a mint, etc.);
- Staff may only smoke on designated breaks.

A breach of these conditions will lead to disciplinary action.

### Principle: 3 Signage

It is mandatory for kindergartens to display no-smoking signs.



## TOILETING AND NAPPY PROCEDURE

### Link to industry resources and support documentation

- ◆ Work Health & Safety Act 2011
- ◆ Work Health & Safety Regulation 2011
- ◆ Education and Care Services National Law Act 2010
- ◆ Education & Care Services National Regulations 2011
- ◆ *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5<sup>th</sup> edition)*

### Description

There may be children across all sectors of Early Learning and Care requiring support in toileting. This includes those children who wear pull up nappies as they build skills and confidence to transition to underwear.

Staff and children will have safe and unimpeded access to toilets and hand washing facilities.

Hand-washing facilities will include soap and disposable paper towels, hand dryers or other appropriate single use hand drying material. Each toilet area will display a poster regarding correct hand washing procedures.

Changing of children should always first be considerate of the dignity and age of the child. Other considerations include the most suitable facilities for the nature of the toileting incident.

Families are to work in partnership with the service personnel to encourage children to use the service toilets and to become independent in their toileting.

The toileting process requires a collaborative approach between families and the service staff. Soiling accidents may require that a parent or carer is contacted to assist at the service to ensure appropriate ratios are adhered to with regard to the children at the service.

### Links to CEDR policies and procedures

Providing a Child Safe Physical Environment

Personal Protective Equipment Procedure

Workplace Health and Safety Policy

Handwashing Procedure

Interactions with Children Policy and Procedures

### Implementation

#### PROCEDURES FOR ALL SERVICES

All services must provide access to suitable toilet facilities which:

- ◆ safeguard the health of children from injury and infection;
- ◆ minimise delays for children requiring the use of a toilet;



- 
- ◆ are readily accessible to children (this may mean that children need to request access to a toilet in the case of a toilet that is exposed to an unlicensed space e.g. an oval);
  - ◆ where toilets are not locked, and the area is exposed to an unlicensed space, staff may need to accompany children and check the toilets prior to allowing children to enter (if the toilets are not in view).
  - ◆ facilitate independent use;
  - ◆ provide for different needs and developmental abilities of children;
  - ◆ enable staff to provide assistance;
  - ◆ permits adequate supervision by staff, appropriate to the age of the children; and are screened so as to respect the dignity of children, having regard to the ages of the children
  - ◆ slip resistant floor surfaces.
  - ◆ services may need to develop a risk management plan for safe guarding the dignity of children using toilet facilities.

#### Service Staff

- ◆ educate children about:
  - germs in toilets
  - hygiene practices (washing hands, not taking food into toileting area etc.).
  - responsible use of toilets (e.g. not waste time, discouraging play in toilets, and keep noise to a minimum).
  - Strict rule – one person in a cubicle at a time.
- ◆ supervise
  - Children who are using the toilets and are aware of the number of children in the toileting area. This may involve taking a specified object (such as a toilet pass) to indicate the toilet is being used and to, if deemed necessary, ensure only one person from the group is using the toilet. The dignity of the child must be considered at all times. This follows the legislative requirements (Education and Care Services National Regulations 2011).
  - designated child toilets and may enter if concerned about a matter of child safety or a medical emergency. In Outside School Hours Care services, if a staff member is concerned enough to enter the toilet, for one of the above situations, they are to alert another staff member, immediately announce they are coming in and enter the toilet. Children playing or being too noisy in the toilet is not considered a situation where a staff member would enter a toilet. This type of situation can be handled by communication from outside the toilet.

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## SPECIFIC REQUIREMENTS - KINDERGARTENS

### Provision of Toilets in Services

Kindergartens will ensure the following toileting facilities are available to children:

- ◆ At least one child size water closet suite for every 10 children or part thereof over the age of 15 months within the Service Approval capacity.

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## Toileting

- ◆ Ask parents to supply a clean change of clothing for children. Place dirty clothes in a plastic bag for parents to take home.
- ◆ Assist the child to use toileting facilities when required or requested by child.
- ◆ After toileting, help the child wash their hands.
- ◆ Staff must ensure their own high level of hygiene by ensuring they wash their own hands after helping children use the toilet.
- ◆ Where a child experiences difficulties with toileting, resulting in excessive soiling and educators are consistently taken away from the cohort, parents will work in partnership with service personnel to ensure the legislated ratio of children to adults is maintained.

## Nappy Pants

- ◆ It is important that children attending the service who are transitioning to independent toileting, wear nappy pants that allow them to practice those skills.
- ◆ Families are to supply all requirements for a child that is wearing nappy pants, child's change of clothes etc.
- ◆ Before assisting the child to change soiled nappy pants, staff should don appropriate personal protective equipment e.g., put on gloves.
- ◆ Remove a child's nappy pants. Children will be encouraged to wipe their own bottom before assistance is provided by staff.
- ◆ Assist child to put on fresh nappy pants and clothes.
- ◆ Remove gloves by peeling them back from the wrist ensuring your skin does not touch the outer contaminated surface of the glove.
- ◆ Discard nappy pants and gloves in a lidded bin.
- ◆ Ensure child and staff thoroughly wash their hands.

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## SPECIFIC REQUIREMENTS – OUTSIDE SCHOOL HOURS CARE

If toileting support is required for children to attend the OSHC service, a toileting plan must be developed and discussed between the family, OSHC Coordinator, Learning Support School team and Nominated Supervisor **prior to enrolment with the service**. The toilet plan must be specifically created for the OSHC environment.

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## COMMUNICATING TOILETING BEHAVIOUR EXPECTATIONS

### Communication with Children

Staff will make the following expectations clear with the children e.g., at the beginning of each term (Toilet Safety Posters should be used as a resource / reference):

- ◆ Strict rule – one person in a cubicle at a time.
- ◆ Educating children about germs in toilets.
- ◆ Hygiene practices (washing hands, not taking food into toileting area etc.).
- ◆ Children should use the toilet responsibly (e.g., not waste time and keep noise to a minimum).
- ◆ Discourage play in toilets (e.g., should not be a location for tiggy or hiding games).

- ◆ Not a place for playing tricks on others or contact with other people (minimal time in toilet).

After a breach of expectations regarding behaviour in toilets, specific groups / individuals will be reminded of the above expectations.

Ongoing breaches of expectations regarding behaviour in toilets will result in a broader communication to all relevant families. The following item is to be provided to families via written communication:

*Breaches of Expectations Regarding Behaviour in Toilets*

*In recent times, a small number of children have demonstrated behaviour in the toilets that does not meet the standards communicated to children and parents throughout the year.*

*Staff members have revisited the behaviour guidelines with the children. In the interest of hygiene and safety, it would be appreciated if parents can reinforce appropriate toilet behaviour with their children. These guidelines are relevant to not only the service's toilets, but all public toilet areas.*

*The focus of the discussion was:*

- ◆ *Educating children about germs in toilets.*
- ◆ *Hygiene practices (washing hands, not taking food into toileting area etc.).*
- ◆ *Children should use the toilet responsibly (e.g., not waste time and keep noise to a minimum).*
- ◆ *Discourage play in toilets (e.g., should not be a location for tiggly or hiding games).*
- ◆ *Not a place for playing tricks on others or contact with other people (minimal time in toilet).*
- ◆ *Strict rule – one person in a cubicle at a time.*

Individual families will be contacted to discuss their child's behaviour if necessary.

### Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
Toileting Plan	To document toileting requirements for a child.	OSHC Sharepoint Site



# Water Safety Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety. Employees also have a legal obligation to comply with instructions regarding water safety precautions, to ensure that they do not put children at risk. This means ensuring children are always supervised when water is present and to reduce the potential risks of water hazards and/or drowning.

## Principle: 1 Water Safety

- Educators have the responsibility of supervising children whenever water is present at the centre.
- The primary focus as an educator is to be carefully watching the children. When educators are supervising children in the presence of water they should ensure they are focussed on the water activity and/or ensure children are kept away from any water hazards.
- Educators must avoid distractions such as phone calls, text messages, completing paperwork, talking with parents or colleagues etc. when children are in the presence of water.
- Consideration should be given to increasing adult to child ratios when children are participating in water activities. This will be at the discretion of the Nominated Supervisor or person delegated to be the *Responsible Person in Charge* of the centre.
- Children are not permitted to have access to unrestricted water sources e.g. dams, ponds, creeks etc.
- At least one supervising staff member must have current first aid qualifications.
- Consideration should be given to the weather conditions when offering children water play experiences.
- Services should be aware of the local council regulations when using sprinklers/hoses.
- For water play in the sun, children must wear hats, protective clothing and sunscreen.
- Water troughs, baths, buckets etc. must be emptied immediately after use.
- Care must be taken to ensure that the drainage area for water troughs, baths etc. remains clear in order that water can freely drain.
- Removal of stagnant water is recommended not only as it poses a drowning risk, it also causes a potential breeding habitat for insects and bacteria/viruses.



# Workplace Consultation Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*

Catholic Education - Diocese of Rockhampton is committed to the provision and maintenance of a safe working environment. As part of this commitment, CEO will ensure effective consultation mechanisms through the appointment of trained Workplace Health and Safety Advisors in schools and a Workplace Health and Safety Coordinator for the diocese.

Consultation on workplace health and safety matters among the employers, the workers and their representatives can contribute to effective management of workplace health and safety. If effective consultation mechanisms are in place, the organisation can benefit from the knowledge and experience of workers. Organisational communication can take many forms but the *Work Health and Safety Act, 2011 (WH&S Act, 2011)* outlines requirements in relation to workplace health and safety representatives and committees.

Workplace Health and Safety should be a standing item on the agenda at all centre staff meetings to facilitate communication and report a “safety first” culture.

## Principle: 1 Workplace Health & Safety Advisors

- Workplace Health and Safety Advisors (WH&SA) are appointed to schools with enrolments higher than 150 (in schools smaller than 150, the principal is the WH&SA).
- The WH&S Advisor is a **resource person** for all staff members in the area of Workplace Health and Safety in schools and ensures relevant statutory maintenance is completed. They are also an avenue to raise WHS concerns.
- In kindergartens, the school's WH&SA/Principal will be responsible for ensuring procedures are in place for the relevant statutory maintenance completed at the school to also be completed at the kindergarten and passed onto the kindergarten director.



## Quality Area 3

### Physical Environment

The physical environment plays a critical role in keeping children safe; reducing the risk of unintentional injuries; contributing to their wellbeing, happiness, creativity and developing independence; and determining the quality of children's learning and experiences.

The way in which the environment is designed, equipped and organised determines the way that space and resources are used by children. Carefully chosen resources and materials, adequate in number, contribute to each child's sense of belonging and challenge them to explore new possibilities. These resources also play a part in fostering children's knowledge of and connections with the natural environment (Guide to the National Quality Standard 3).

The natural environment needs to include a variety of natural materials both indoors and outdoors. Children should have access to these natural resources as part of everyday practice to connect them to their world.

Establishing harmonious kindergarten spaces is to align with the belief, that to make connections and engage children with their environment is to offer an invitation to explore the known and unknown and to create new realities. This invitation or provocation entails showing a great deal of respect for the child's space.

### Policies & Procedures

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## Sustainable Futures Statement

### References

Educating for Sustainable Futures in Catholic Schools in Queensland Position Statement:

<http://qcec.catholic.edu.au/wp-content/uploads/2015/08/Educating-for-Sustainable-Futures-in-Catholic-Schools-in-Queensland.pdf> retrieved on 04/09/2017

*Pope Francis released an encyclical letter, **Laudato Si'** (2015) which calls on every person living on the planet to care for creation (our common home) and take collective action as the world faces global environmental degradation. As stewards of creation the Encyclical offers a unique opportunity for the Catholic community to enter into dialogue on important spiritual, social and environmental issues. Pope Francis raises the question, "What kind of world do we want to leave to those who come after us, to children who are now growing up?" (**Laudato Si'**, 160).*

Sustainability addresses the ongoing capacity of Earth to maintain all life. Sustainable patterns of living meet the needs of the present without compromising the ability of future generations to meet their needs (Australian Curriculum, Sustainability Overview). Education for sustainability is both present and future oriented. It is about learning to design and implement actions for the present in the knowledge that the impact of these actions may be experienced in the future (Sustainability Curriculum Framework, 2010).

### Catholic centres will actively promote sustainable futures by:

Kindergartens as outlined in the QCEC Educating for Sustainable Futures in Catholic Schools in Queensland need to consider:

- developing an ethic of personal responsibility and stewardship which is expressed through caring for God's creation
- understanding and cultivating a sense of spirituality which acknowledges the interconnectedness of all creation (spiritual, social, cultural, economic and ecological dimensions at local, national and global levels, with particular attention to Aboriginal and Torres Strait Islander cultures)
- adopting a wholistic approach to the implementation of sustainable practices which become embedded in all practices, procedures and operations
- providing a curriculum that enhances the learners' understanding, knowledge, values, skills, and competencies for sustainable living which intrinsically includes social justice and participation in society
- developing responsible resource management and innovation, including utilities, facilities and environs
- establishing partnerships, alliances and networks with government, communities, businesses and other school authorities which have as their goal the enhancement of ecologically sustainable practices
- reviewing, communicating and celebrating sustainable practices and achievements with the community.



## Quality Area 4

### Staffing Arrangements

This quality area of the *National Quality Standard* focuses on the provision of qualified and experienced educators, co-ordinators and nominated supervisors who are able to develop warm, respectful relationships with children, create safe and predictable environments and encourage children's active engagement in the learning program (adapted from **Guide to the National Quality Standard 3**).

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## Blue Card (Suitability Notice) Procedure

### Legislation & Support Documentation

- *Commission for Children and Young People and Child Guardian Act 2000*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*

Due to the nature of the work and legislative requirements, various positions may be subjected to various checks or clearances as part of an employee screening process.

In Queensland, the *Commission for Children and Young People and Child Guardian Act 2000* requires that persons working with children in regulated employment hold a blue identity card known as “working with children check”.

A requirement of child-related positions is that applicants hold a current Blue Card or Exemption Card (for Queensland Registered Teachers).

Under the Commission for Children and Young People Amendment Regulation (No.1) 2006 child care services are required to have a written risk management strategy in place. This strategy is detailed in the Child Protection Procedure.

### Principle: 1 People requiring a Blue Card

- All paid employees who work with children in Catholic Education – Diocese of Rockhampton kindergartens must apply for a blue card (s99) or Exemption Card.
- All **volunteers** should be encouraged to have a Working with Children Check and hold a blue card.
- A blue card is not required if the person is a:
  - volunteer guest of the kindergarten and are;
  - observing or supplying information or entertainment to ten or more people, and
  - the activity is for ten days or less on no more than two occasions per year, and
  - the person is unlikely to be alone with a child without an employed educator present.
- Volunteers moving to paid employment must submit a Volunteer to Paid Employee Transfer form and pay the prescribed fee.
- If a student (under 18 years of age) is to commence working in a service as a part of their study placement they must have a blue card prior to commencement, unless they are enrolled at one of our Catholic Education Diocese of Rockhampton schools. Generally this is the responsibility of the training organisation to organise. However, the service must submit a check on the validity of the blue card.
- A Paid Employee Application form must be completed and the prescribed fee paid.
- People who do not require a blue card include the following;
  - Children under 18 who are volunteers (except children required to work in regulated employment as part of their studies)
  - Parents\* who volunteer their services or conduct activities at a kindergarten in which their child is attending, and

- Police officers and registered teachers are able to apply for an exemption when providing child-related services outside their professional teaching or police duties. Exemption notices are issued free and remain valid while the person is a police officer or their teacher registration is valid. **If a registered teacher cannot produce an exemption notice they must apply for a blue card.**

\* A parent includes child's mother, father or another adult who has parental responsibility for the child.

## Principle: 2 Applications, Renewals and Withdrawals

- A copy of all applications for Blue Cards (or Exemptions Cards) must be forwarded directly to Employment Support Services, Catholic Education Office.
- The Nominated Supervisor is responsible for keeping a register of blue cards and expiry dates for the centre. This register must be maintained and the Nominated Supervisor must ensure that where a card is due for expiry, a notification to the employee/ volunteer is made to complete a renewal application is submitted to the Commission prior to the expiry date.
- An employee will be stood down (either without pay or on annual leave if available and an application is submitted) if their blue card has expired and evidence of a renewal application or new (current) card is not submitted to the service.
- If a person has a change in their criminal history they must immediately notify their existing or prospective employer, volunteer organisation or provider of the change – *an employer must not continue to employ that person without applying for a new Working with Children check.*
- Where an employee or volunteer notifies you of a change in their police profile/information, a 'Change in Police Information' form must be lodged with the Commission.
- If a blue cardholder is convicted of a serious offence, they cannot start or continue in regulated employment until a new card is issued.



# Child & Young Workers Procedure

## Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Child and Young Workers Code of Practice 2006*
- *Department of Industrial Relations, Child Employment Guide*
- *Child Employment Act 2006*
- *Child Employment Regulation 2006*
- *Education & Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*
- *Commission for Children and Young People and Child Guardian Act 2000*

This procedure is based on the understanding that there are some special characteristics of children and young workers which require special management in order to safeguard their safety and wellbeing a workplace.

Under the Commission for Children and Young People and Child Guardian Act 2000 young workers must be screened and obtain a blue card (working with Children check) prior to confirmation of their appointment (*Refer Blue Card Procedure*).

Young workers must be subject also to reference checks. Staff must also sign an appropriate Confidentiality Agreement (*Refer Appointment Procedure in Staff, Volunteers and Children Engagement Procedure*).

All other policies relating to Staffing, Workplace Health & Safety, Food Safety & Hygiene, Service Operation, etc. apply to young workers in the same way as for other staff.

## Principle: 1 Definitions

**School Aged Child** – is a child who is under 16 year and required to be enrolled at school.

**Young Child** – is a child who is not old enough to be enrolled for compulsory schooling.

**Young Worker** – under 18 years of age and are performing work, including:

- Those leaving school and entering employment for the first time;
- Those engaged in part-time or casual employment;
- Volunteers or work experience;
- Vocational education and training children attached to the education and training system.

## Principle: 2 Requirements for workers under 18 years of age

These conditions apply whether the work is paid, unpaid or voluntary.

### **Ability to Contact a Parent:**

If a staff member under age 18 is injured or falls ill at work and cannot work further the service must take reasonable steps to contact the parents. If the parents are not located in the diocese area the relevant contact person should be notified and parents contacted as soon as is practical.

It is also important that worker's under the age of 18 are able to contact their parents whilst at work where circumstances call for such contact.

### **Safeguarding young workers:**

Services have a special obligation when employing workers under the age of 18. A Service Nominated Supervisor must ensure that a young worker is not subjected to deliberate or unnecessary social isolation or other behaviour likely to intimidate threaten, frighten or humiliate.



Special care must be taken during the induction process to ensure young workers understand their rights and obligation in relation to harassment, bullying and safety. More information on safeguarding young workers can be found below in “Safety Issues Associated with the Employment of Young Workers”.

**Record Keeping:**

In addition to the usual Employee Details form the attached Additional Information for the Employment of Young People must be completed. This form is not used when a school aged child is employed.

### ***Principle: 3 Employment of a School-Aged Child***

A child is deemed to be school-aged if under 16 years of age and required to be enrolled at school. If mandatory schooling (i.e. year 10) has been completed or is for any other reason not required to be enrolled at school they are not deemed to be a school aged child provided they are at least 16 years old.

**Under the National Law An educator who is under the age of 18 years may work at a Centre-based service, provided that the person does not work alone and is adequately supervised at all times by an educator who is over the age of 18 years.**

A person who is under 18 years of age cannot be a Responsible Person in Charge in Catholic Education centres.

The minimum age for in employment (other than for delivery work) is 13.

The same employment practices as outlined above apply to the employment of school-aged children. In addition the following must be adhered to:

Maximum hours of work:

On a school day	On a non-school day	During a school week	During a non-school week
4 hours	8 hours	12 hours	38 hours

A school aged child must not work after 10pm or before 6 am.

The Children’s Services Award 2010 does not provide for the employment of children. Therefore the 17 year old rate will apply. The following conditions must also be met in addition to other award provisions:

- Children must not be employed to work more than one shift per day;
- Children must receive a 12 hour break between shifts.
- Children must be given at least a 1 hour break after the end of the 4<sup>th</sup> hour of work.

In addition to the usual Employee Details form a Parent/Guardian Consent Form must be completed and a copy kept on file. **This form must be completed prior to the child commencing employment.** Penalties apply for failing to obtain consent.

The legislation requires parents keep this form up to date and changes must be made within 14 days of a parent becoming aware of a change in a child’s school hours.

### ***Principle: 4 Fair Work – Best Practice Guide***

Reference to Fair Work – Employment of Children and Young People should be followed when employing a person under the age of 18: <https://www.fairwork.gov.au/how-we-will-help/templates-and-guides/best-practice-guides/an-employers-guide-to-employing-young-workers>





# Code of Conduct Employees

## Catholic Education

This procedure is to be read in conjunction with the Catholic Education Diocese of Rockhampton 'Code of Conduct'

### Principle: 1 Purpose

This reference to the Code of Conduct clarifies and affirms the standards of behaviour that are expected of employees of Catholic Education - Diocese of Rockhampton in the performance of their duties. This Code of Conduct is designed to achieve two important purposes. Firstly, it meets Catholic Education - Diocese of Rockhampton's legal obligation to provide a Code of Conduct for all employees under the Student Protection Risk Management Strategy as detailed in the **Commission for Children and Young People & Child Guardian Act 2000**. Secondly, in light of this particular Act and advice contained in recent industrial case law, the Code of Conduct aims to help all employees understand and fulfil their legal and professional responsibilities in achieving a safe and supportive workplace environment.

In this way, this Code of Conduct clarifies and affirms the standards of behaviour which are expected of employees of Catholic Education in the performance of their duties.

### Principle: 2 Applicability

This Code of Conduct (hereafter referred to as Code) applies to all Catholic Education - Diocese of Rockhampton employees contracted on a temporary, casual, fixed term, or continuing basis as well as practicum students. Volunteers and students should refer to the Volunteer Code of Conduct and respectively.

### Principle: 3 Context

Catholic Education - Diocese of Rockhampton unequivocally commits to fostering the dignity, self-esteem and integrity of every person. To meet this commitment this Code has been developed in consultation with relevant parties. The provision of a safe and supportive environment is integral to ensuring that all children entrusted to our care are to be affirmed in their dignity and worth as a person. This safe and supportive environment must also be provided for all who work in our centres. Catholic Education - Diocese of Rockhampton believes that children should develop skills in building positive relationships based on those modelled by our employees.

Catholic Education – Diocese of Rockhampton fully endorses the view that a large part of what children learn comes from their observation of others. Hence, in the crucial area of learning how to develop positive interpersonal relationships and social skills, children and young people require suitable role models.

### Principle: 4 Clarification of the Code

If there is any conflict between this Code and applicable legislation, the legislation will prevail. If an employee is in doubt about the interpretation of this Code or wishes to clarify items in this Code then the matter should be discussed with the Early Learning and Care Coordinator or the Assistant Director: Schools for the region or Assistant Director: Administration. If this matter cannot be clarified at a local level, the matter may be referred to the Diocesan Director Catholic Education.

### Principle: 5 Breaches of the Code

Catholic Education - Diocese of Rockhampton employees hold special positions of trust, and therefore must be accountable for their actions. Conduct which is contrary to this Code may amount to professional misconduct which will be dealt with in accordance with *Catholic Education - Diocese of Rockhampton's Employee Misconduct Process*. Catholic Education – Diocese of Rockhampton is committed to the principles of fairness and natural justice. A determination regarding outcomes for an alleged breach of the Code by an employee is ultimately determined by an examination of all the circumstances, including the explanation of the employee for the alleged breach.

Should you have any concerns about possible breaches of this Code, you should speak to the Early Learning and Care Coordinator. Should you not be able to do so, assistance can be sought by contacting the Assistant Director: Schools/Administration or the Diocesan Director Catholic Education.



## *Employees, Practicum Students & Volunteers Procedure*

### *Legislation & Support Documentation*

- *Commission for Children and Young People and Child Guardian Act 2005*
- *Anti-Discrimination Act 1991*
- *Sex Discrimination Act 1984*
- *Human Rights and Equal Opportunity Commission Act 1986*
- *Fair Work Act 2009*
- *Disability Discrimination & Other Rights Amendment Act 2009*
- *Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld)*
- *Information Privacy Act 2009 (Qld)*
- *Public Service Act 2008 (Qld)*
- *Code of Conduct (Catholic Education Diocese of Rockhampton) 2017*

*All employees are to refer to the following documents and adhere to the principles that are contained within:*

- *Procedure for Managing Staff Complaints (Catholic Education Diocese of Rockhampton) 2017*
- *Procedure for Managing Staff Misconduct (Catholic Education Diocese of Rockhampton) 2017*
- *Procedure for Responding to Workplace Bullying and Sexual Harassment (Catholic Education Diocese of Rockhampton) 2017*
- *Statement Of Principles For Employment In Catholic Schools (where 'schools' is identified, 'kindergartens' is also applicable)*
- *Early Childhood Australia Code of Ethics (2016)*
- *Queensland College of Teachers – Australian Professional Standards*



## Responsible Person in Charge of the Service Appointment

### Legislation & Support Documentation

#### *Legislation*

- *National Education & Care Services Regulations 2011*
- *National Education & Care Services Law Act 2010*
- *Amendment to the National Education & Care Act – June 2014*

This procedure is to assist in the appointment of a *Responsible Person in Charge* of the centre during operational hours. The regulatory authority is responsible for granting each service a Supervisor Certificate for each approved education and care service. Supervisor Certificates will apply to any person working at the service who has been identified by the approved provider or their delegate as:

- Responsible for the day to day management of the service or
- Exercising supervisory and leadership responsibilities for part of the service

### Principle: 1 Determining the Responsible Person in Charge of the Service

- The approved provider has overall responsibility for the service, taking reasonable steps to ensure children's safety and wellbeing is protected. This includes making an informed decision about whether a person is fit and proper, with suitable skills to be the nominated supervisor or to be placed in day to day charge of the service.
- The approved provider and/or nominated supervisor and/or their delegate will therefore appoint a suitable educator who is at least 18 years of age. Considerations may also be given to the educator holding appropriate qualifications and/or experience to take responsibility for the operations of the service.
- The Responsible Person in Charge of the Service will also hold a Working with Children card.

### Principle: 2 Additional Requirements

- The educator appointed to be in charge of the service must provide written consent to be placed in this role.
- The name and position of the responsible person in charge of the service at any given time must be displayed at all times the service is in operation.
- The name of the responsible person in charge of the service must be recorded on the service's timesheet and a copy forwarded to the Catholic Education Office on a fortnightly basis.
- For all new service approval applications, the details of a person with an individual supervisor certificate, or who has applied for an individual supervisor certificate, who will be the service's nominated supervisor must be included in the original submission to the regulatory authority.
- The Nominated Supervisor has authority to address behaviours and conduct of children which may include the decision to suspend or terminate a child's enrolment for any cause judged to be sufficient.



## Staff, Volunteer & Child Engagement Procedure

### Legislation & Support Documentation

- *Commission for Children and Young People and Child Guardian Act 2000*
- *Anti-Discrimination Act 1991*
- *Sex Discrimination Act 1984*
- *Human Rights and Equal Opportunity Commission Act 1986*
- *Fair Work Act 2009*
- *Disability Discrimination & Other Rights Amendment Act 2009*
- *Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld)*
- *Information Privacy Act 2009 (Qld)*
- *Public Service Act 2008 (Qld)*

All staff in Catholic Education are commissioned in their ministry by the Bishop. The Church calls them to share in passing on the message of Christ. Staff in Catholic Education are entrusted with the care of children. They are called to minister to them through witness to their faith and commitment to living the Good News.

Staff in Catholic Education make a commitment to a partnership, with all members of the school community and the wider Church community, which nurtures Jesus' values of respect, integrity and truth.

Catholic Education – Diocese of Rockhampton employs personnel to fulfil specific roles including:

- Full-time and Part-time paid staff
- Temporary (term) and casual paid staff

The nature of the subsequent employment relationship in which one person works for another will vary considerably. This employment relationship will reflect the status of the individuals involved as well as the nature of the work itself. It also will give rise to different legal obligations and responsibilities.

As a consequence, in employing staff, services need to carefully consider:

- The needs of the individual service, the workplace and the services expectations;
- The type of employment relationship that would be most suitable;
- The financial implications of the employment relationship and the services capacity to pay;
- The careful drafting of position descriptions and job advertisements as well as the conduct of selection interviews so as not to breach equal opportunity and/or anti-discrimination laws;
- The need for screening applicants, and the recording of such information in accordance with various legislative requirements (e.g. Child Safety laws and the Migration Act);
- In the process of providing or soliciting references, avoiding the possibility of misleading a potential employee, defaming an individual or breaching Privacy Act provisions; and  
Referee Checks/Proof of Qualifications: At least two (2) and up to three (3) reference checks will be conducted with nominated referees of the preferred applicant(s) for a vacant position. One of the referees must be a supervisor familiar with the applicant's work behaviours or has had line management responsibility for the applicant.
- The Catholic Education Office will conduct all referee checks for the appointment of staff into kindergarten positions.
- The wording of any offer of employment and ensuring that a written offer is made. A verbal offer is sufficient for employment purposes and resultant obligations can be implied - if not conveyed, in writing, in an explicit manner.

## Principle: 1 Letters of Appointment

- Persons (full-time or part-time status) whose terms and conditions of employment are bound by an appropriate award and/or industrial agreement will receive an offer of employment that conveys details of the award and/or agreement that will apply to them.
- Acknowledgment of confidentiality will be required of new staff by way of signing a standard undertaking attached to the employment offer.
- Verbal offers of employment are to be confirmed in writing by a formal offer to the successful applicant.
- Position Descriptions must be issued to all staff with the letter of appointment.
- Staff are to complete Employment Support Services documentation at the time of appointment.
- Appointments will rely on the applicant submitting acknowledgement of completion of the Early Learning and Care Induction and reading relevant documents.

## Principle: 2 Appointment of Employees to Designated Roles

- The Approved Provider or assigned representative/s are to appoint suitably qualified educators to the following positions or allocate a delegate to do so:
  - a) **Nominated Supervisor**
    - i. At **kindergarten centres** this will be the teacher who is identified as most appropriate for the position in the interview and appointment process (negotiated with the teacher and Catholic Education Leadership Team);
    - ii. This person must provide written consent to this role and documentation of such, is to be held at the centre.
  - b) **Responsible Person in Charge of the Service**
    - i. This person has consented to be placed in day-to-day charge and documentation of such, is to be held at the centre.
    - ii. This authority will be delegated to the educator with the highest qualifications and/or experience as deemed by the Nominated Supervisor or delegate.
  - c) **Education Leader** – An educator who has appropriate qualifications and experience, as well as a thorough understanding of the Queensland Kindergarten Guideline and/or Early Years Learning Framework to be able to guide other educators in their planning and reflection, and mentor colleagues in their implementation practices.
    - i. This will be the teacher who is identified as most appropriate for the position in the interview and appointment process (negotiated with the teacher and Catholic Education Leadership Team);
- Appointments are only to be made with the **written** permission of the educator taking on the position. Original letters of consent are to be kept on the service premises. A copy of the Nominated Supervisor Consent is to be forwarded to the Early Learning & Care Coordinator (Principal Consent Forms will be maintained within the Catholic Education Office ESS personnel files).
- All personnel must receive a Privacy Agreement Statement on appointment to a designated role.

## Principle: 3 Volunteer & Practicum Student Procedures

- Volunteers and students are engaged in many different capacities in a kindergarten setting. If engaged in directly working with children, they are to be given special training (or have appropriate qualifications) and should be under the supervision of a qualified or experienced member of staff. Volunteers must not be asked to perform essential jobs, or jobs that paid employees are or should be performing. Students who are on practicums should fulfil the requirements within their practicum guidelines.
- Volunteers and students are required to sign a confidentiality agreement.



- Volunteers and students are to complete a comprehensive induction on Early Learning and Care Procedures prior to commencement of duties.
- The staff record must include the full name, address and date of birth of each student or volunteer who participates in the program.
- The centre must also keep a record for each day on which the student or volunteer participates in the service, the date and the hours of participation.
- Volunteers are important to the work of the service and as such should be invited to staff formation days and to special social functions where possible.

## **Principle: 4 Staff Record Keeping**

### **The following records are to be kept with regard to staff (Regulation 145):**

The Nominated Supervisor, staff and educators - copies of their relevant qualifications (or progress towards those qualifications) and working with children checks - full name, address and date of birth and times of attendance at the centre.

### **In addition, other records are required that are more like a staff roster or time sheet:**

- record of educators working directly with children
  - record of access to early childhood teachers, including when the teacher worked directly with children (where applicable)
  - record of each date and times a volunteer participates in the service (Sign in sheet)
  - the name of the responsible person at each time that children are being educated and cared for by the service personnel with first aid training
- Record of responsible person in day-to-day charge including Certified Supervisors placed in day-to-day charge are to be kept in a safe place until the end of 3 years after the staff member works for the service (*Section 162, Regulations 150, 177*).
  - Staff records (including records of access to early childhood teachers) are to be kept in a safe place until the end of 3 years after the staff member works for the service (*Regulation 145, 151 & 152*).
  - Records of volunteers and practicum student records are to be kept in a safe place until the end of 3 years after the volunteer or student attended the service (*Regulation 149*).

## **Principle: 5 Staff Grievance**

### **Procedures for Preventing and Settling Disputes**

The matters to be dealt with in this procedure shall include all grievances or disputes between an employee and an employer in respect to any industrial matter and all other matters that the parties agree on and are specified herein. Such procedures shall apply to a single employee or to any number of employees.

The service will adhere to the relevant Award/Agreement that aligns with the Fair Work Dispute Resolution procedure:

[www.fwc.gov.au/resolving-issues-disputes-and-dismissals/resolve-issue-or-dispute](http://www.fwc.gov.au/resolving-issues-disputes-and-dismissals/resolve-issue-or-dispute)





## QUALITY AREA FIVE

### RELATIONSHIPS WITH CHILDREN

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# INTERACTIONS WITH CHILDREN POLICY

## Policy Statement

Catholic Education Diocese of Rockhampton believes in the importance of positive and respectful relationships between the children and staff at our kindergartens and outside school hours care services.

## Background

Catholic Education Diocese of Rockhampton (CEDR) are committed to providing a safe and welcoming environment for all children in the services across our diocese. For kindergarten children, a positive and supportive experience empowers them at the very beginning of their educational journey. OSHC, as leisure-based spaces where the experiences are planned with child input, ensures that children feel their opinions are sought and respected. At all times, it is important that the rights and dignity of each child are respected.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ Positive educator to child interactions are central to ensuring quality outcomes for children's education and care.
- ◆ Building and fostering trusting relationships with children and families is vital to nurture a child's wellbeing.
- ◆ Educators and staff have an important role in children's education and care, modelling and sharing the necessary knowledge and skills to enable children to interact positively and to promote relationships between children.
- ◆ The educational program encourages children's rights to self-expression and dignity. It promotes self-reliance, gives positive guidance, and recognises each child's culture, values and abilities. All staff regularly reflect on and refine the program and learning environment to facilitate these outcomes.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

## Links to other policies and procedures

- ◆ Providing a child safe environment
- ◆ Enrolment and orientation
- ◆ Staffing

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♦ Governance and management

**Monitoring, evaluation and review**

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or enquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

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## PROMOTING WELL-BEING AND POSITIVE RELATIONSHIPS PROCEDURE

### Link to industry resources and support documentation

- ◆ Guide to the Education and Care Services National Law & National Regulations (amendments to this document are included in this procedure to support an alignment between the requirements under the Law and best practice in kindergartens)
- ◆ UN Rights of a Child
- ◆ Dew, A., Jones, A., Horvat, K., Cumming, T., Dillon Savage, I., & Dowse, L. (2017). *Understanding Behaviour Support Practice: Young Children (0-8 years) with Developmental Delay and Disability*. UNSW Sydney
- ◆ National Principles for Childsafe Organisations

### Description

CEDR services recognise that positive relationships are crucial to children fostering a sense of belonging and well-being. Each child brings from their own life experiences and family, unique understandings and perceptions of their world. Effective partnerships and communication between home and the service will assist in a child's development of positive relationships, citizenship and sense of identity. When educational leaders, teachers and educators ensure a strengths-based approach to guide children's behaviour, they empower children to regulate their own behaviour and encourage the development of social skills needed to interact and negotiate effectively with others.

### Links to CEDR policies and procedures

- ◆ CEDR Anti-bullying Policy

### Implementation

- ◆ Each service will create a safe, caring, respectful, inclusive and supportive environment for all children.
- ◆ Opportunities will exist for children to interact and develop respectful and positive relationships with each other and service staff or volunteers.
- ◆ All staff are supported in their knowledge and practices relating to supporting children's wellbeing and behaviour by engaging with professional development opportunities offered and facilitated by CEDR.

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### BEHAVIOUR EXPECTATIONS

- ◆ Staff and children co-construct clearly defined expectations that must comply with legislative and regulatory obligations.
- ◆ Expectations are shared with the families and reflect the guidelines of our Catholic ethos.
- ◆ All children have the right to feel safe and secure
- ◆ All educators have the right to feel safe and secure

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- ◆ Respect all in word and action
  - ◆ Care for shared resources and learning environment
  - ◆ Consistency of language from educators to support children to meet expectations
  - ◆ Behaviours that are not age or developmentally appropriate will be recorded using the online student protection portal
  - ◆ Service behaviour expectations will be age and developmentally appropriate for the children attending and informed by current research and best practice for the sector. Where these expectations are not met, measures will be put in place to ensure the safety of all children and staff, including if any child is causing harm to themselves or others.
  - ◆ When required, conversations regarding behaviour expectations will take place with individual children, groups of children and/or with children's families.
  - ◆ The Nominated Supervisor, Responsible Person in Charge, Kindergarten Teacher, in consultation with the Early Learning and Care Team, will support the child and their families to address ongoing behaviours. This may include linking them to external agencies and/or implementing an Individual Support Plan/Behaviour Plan.
  - ◆ Where behaviour is continually inappropriate for the service setting, and other avenues to support the child to address this behaviour have been unsuccessful, the Nominated Supervisor, in consultation with the Early Learning and Care Manager and Assistant Director: Administration, may elect to suspend a child's bookings, or terminate their enrolment with the service.

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## INTERACTIONS WITH CHILDREN

Interactions with children should:

- ◆ encourage appropriate self-expression and opportunities for voicing opinions
- ◆ develop self-reliance and self-esteem
- ◆ maintain the dignity and rights of each child
- ◆ be positive
- ◆ consider the family and cultural values, age, and physical and intellectual development and abilities of each child
- ◆ build appropriate relationships with others, including peers, educators
- ◆ encourage problem-solving and reflection to achieve positive outcomes that align with behaviour expectations.

To support the wellbeing of the children who attend the service, the following approaches and resources are recommended depending on the service type, space and age of children:

- ◆ Zones of Regulation
- ◆ Berry Street
- ◆ Calming corners
- ◆ Fidget resources
- ◆ Sensory experiences
- ◆ Visual aids

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## COMPLEX AND CHALLENGING BEHAVIOURS

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Catholic Education - Diocese of Rockhampton understands the right for all children to attend a safe, caring, respectful, inclusive and supportive environment. There are processes to follow at every service as outlined below.

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## KINDERGARTENS

The procedures for addressing any complex and challenging behaviours are as follows:

- ◆ Parents are informed of the incident by the Kindergarten Teacher or Kindergarten Director/Nominated Supervisor
- ◆ Information regarding incidents will be documented in RiskMan
- ◆ Follow up regarding incidents will be conducted by the Kindergarten Director/Nominated Supervisor.
- ◆ Children are supported by kindergarten staff and their family to learn and demonstrate the behaviour expectations of the kindergarten
- ◆ Progress is monitored by kindergarten staff and regularly communicated
- ◆ Where necessary, educators, children and parents will consult with the Early Learning and Care Manager or Kindergarten Equity and Curriculum Coordinators to provide support to all parties in seeking a resolution (may include mediating, offering guidance and direction in formulating plans, consideration regarding continuing enrolment).
- ◆ Individual Support/Behaviour plan is collaboratively developed to reflect the needs of all stakeholders
- ◆ Where required, the kindergarten will encourage and assist families to access external agencies

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## OUTSIDE SCHOOL HOURS CARE

- ◆ Parents are informed of the incident by the OSHC Coordinator or Responsible Person in Charge for that day.
- ◆ Information regarding incidents will be documented in RiskMan.
- ◆ Follow up regarding incidents will be conducted by the OSHC Coordinator and Nominated Supervisor.
- ◆ Children are supported by OSHC staff and their family to learn, demonstrate and reflect on the behaviour expectations of the OSHC service to make appropriate choices.
- ◆ Progress is monitored by OSHC staff and regularly communicated.
- ◆ Where necessary, educators, children and parents will consult with the Nominated Supervisor, School Leadership and School Learning Support Team to provide support to all parties in seeking a resolution (may include mediating, offering guidance and direction in formulating plans, consideration regarding continuing enrolment).
- ◆ Individual Support/Behaviour plan is shared between the School and the OSHC service with the understanding that the OSHC service is a stakeholder in any such plans where a child attends the service.



- ◆ Where required, additional support can be sought from the local Inclusion Support Agency (external party).

#### Required Documentation

Document Title	Purpose	Location
Individual Support/Behaviour Plan	Communication document between service and families	Kindergarten SharePoint site

## EARLY YEARS CHILD PROTECTION PROCEDURE

### Link to industry resources and support documentation

- ◆ [Child Protection Act 1999 \(QLD\)](#)
- ◆ Education (Accreditation of Non-State Schools) Regulation 2017
- ◆ Education (General Provisions) Act 2006
- ◆ Criminal Code Act 1899

### Description

Catholic Education – Diocese of Rockhampton (CEDR) is committed to the safety and wellbeing of all children and young people. Child protection and wellbeing are paramount in Catholic kindergartens, schools, colleges and OSHC centres. Our commitment to the protection of children is based on our belief that each person is made in the image of God, and our ethos is to provide a safe and supportive environment for all. All children have the right to expect that the school will always act to protect them from any kind of harm. A critical area of importance is ensuring staff have a process and know how to respond to, and report abuse and/or harm of a child and the behaviour of a staff member that is considered to be inappropriate.

### Links to CEDR policies and procedures

This procedure is to be read in conjunction with the current version of the Student Protection Processes for Catholic Education (Diocese of Rockhampton). Other relevant CEDR documents, which also inform the Child Protection Procedure, are:

- ◆ Staff [Code of Conduct \(Catholic Education – Diocese of Rockhampton\)](#)
- ◆ Staff [Information and Communications Technologies Code of Practice \(Catholic Education – Diocese of Rockhampton\), Version 7 \(2022\)](#)
- ◆ [Integrity in Relationships \(Catholic Education – Diocese of Rockhampton\) Information Brochure](#)
- ◆ [CEDR Child and Youth Risk Management Strategy](#)
- ◆ [Early Years Child Safety Curriculum](#)

### Implementation

All employees of Early Learning and Care services will follow the Student Protection Processes for Catholic Education (Diocese of Rockhampton) (*“the Processes”*) as outlined on the Catholic Education Diocese of Rockhampton - Student Protection Portal. In all cases, where the Processes refer to:

- ◆ ‘school’ replace with ‘kindergarten’
- ◆ ‘Principal’ replace with ‘Early Learning and Care Manager’ for kindergartens and ‘Nominated Supervisor’ for OSHCs
- ◆ ‘student or students’, replace with ‘child or children’.

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This document sets out the responsibilities for CEDR staff members where they have a concern for the protection of a child, including addressing processes required by law:

- processes for how Catholic Education (Diocese of Rockhampton) will respond to harm, or allegations of harm, to a child;
- a process for the reporting by a child to a stated staff member of behaviour of another staff member that the student considers is inappropriate;
- a process for how the information reported to the stated staff member must be dealt with by the stated staff member;
- a process for reporting sexual abuse or suspected sexual abuse in compliance with the Education (General Provisions) Act 2006, section 366; and a suspicion of likely sexual abuse in compliance with the Education (General Provisions) Act 2006, section 366A; and
- a process for reporting a reportable suspicion under the Child Protection Act 1999, section 13E.

These processes apply to all staff members employed by Catholic Education (Diocese of Rockhampton).

Furthermore, it is an offence for an adult, in accordance with section 229BB of the Criminal Code 1899, to fail to protect a child under the age of 16 from a sexual offence, or in accordance with section 229BC, to fail to report a child sexual offence to the Queensland Police Service.

As stated in the Processes, it is the policy of Catholic Education (Diocese of Rockhampton) that any staff member that forms a reasonable suspicion that a child has suffered, is suffering or is at unacceptable risk of suffering significant harm and may not have a parent able and willing to protect them from the harm, regardless of when they are formed, are reported to the Department responsible for Child Safety in accordance with these processes. Therefore, these processes apply to all CEDR employees, volunteers and practicum students.

Staff, volunteers, and practicum students are encouraged to make reports to the Department responsible for Child Safety, through a written report (RiskMan) to the Early Learning and Care Manager. However, if a staff member forms a 'reportable suspicion' about a child, the staff member must also satisfy themselves, as a matter of urgency, that the Manager has provided a report to the Department responsible for Child Safety. If the staff member cannot determine that the Manager has provided the report to the Department responsible for Child Safety, the staff member must, as a matter of urgency, contact Assistant Director: Administration or the CEDR Student Protection Team. Staff are encouraged to confer with Catholic Education (Diocese of Rockhampton) Student Protection Staff for support in making the mandatory report themselves.

At times, staff may wish to confer with a Student Protection Contact or a Catholic Education Office (CEO) Student Protection Officer, where recommendations may be provided regarding reporting requirements in accordance with legislative requirements or CEDR policy and procedures.

If a Student Protection Report submitted to Queensland Police Service and/or the Department responsible for Child Safety relates to suspected abuse or neglect by a member of the student's family, the Early Learning and Care Manager or Nominated Supervisor will only inform the parent(s) or carer(s) of the student protection concern once confirmed as appropriate with the Queensland Police Service or the Department responsible for Child Safety. This is to ensure that any potential child protection or criminal investigation is not compromised. Advice should be sought from the Early Learning and Care Manager or a CEO Student Protection Officer regarding appropriate confidentiality of the matter.

In addition, complaints alleging that the safety, health or wellbeing of a child was or is being compromised or complaints alleging that the Law has been breached whilst a child is at an early learning and care centre, must be reported to Australian Children's Education and Care Quality Authority (s174 of the Education and Care Services National Law Act 2010).

Once a Student Protection Report is made under these processes, consideration must be given to any ongoing or resulting action that is required. This includes:

- ◆ Follow up by the Approved Provider with Queensland Police Service and/or the Department responsible for Child Safety to confirm both receipt of the report, and any action that these agencies may take;
- ◆ Implementing any risk management and pastoral support processes to address the safety and wellbeing of children, particularly in relation to allegations of sexual abuse between children, and maintain as far as possible, supportive relationships with parents, carers and families;
- ◆ Provide staff with debriefing and wellbeing support (provide details of Employee Assistance Program)
- ◆ Ensure that all parties involved respect the confidentiality and privacy of children and families involved; and
- ◆ Where relevant, make any preparation for the interview of a child by Queensland Police Service and/or the Department responsible for Child Safety at school

### Required Documentation

When printed, any documents listed are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
Offline Student Protection Documents	Reports if RiskMan is inaccessible	Student Protection Site

# INCLUSIVE PRACTICE IN KINDERGARTENS PROCEDURE

## Link to industry resources and support documentation

- ◆ [Disability Discrimination Act 1992](#)
- ◆ [Disability Standards for Education 2005](#)
- ◆ [Racial Discrimination Act 1975](#)
- ◆ [The Mparntwe \(Alice Springs\) Declaration on Education \(December 2019\)](#)
- ◆ [Queensland Kindergarten Learning Guideline](#), Queensland Curriculum Assessment Authority (QCAA), 2019
- ◆ [Statement on the inclusion of early child in early childhood education and care](#), Early Childhood Australia, (2016)
- ◆ [My Time, Our Place: Framework for School Age Care in Australia Version 2.0](#), The Australian Children's Education and Care Quality Authority (ACECQA), 2022
- ◆ [Belonging, Being and Becoming: The Early Years Learning Framework for Australia](#), The Australian Children's Education and Care Quality Authority (ACECQA), 2022
- ◆ [National Agreement on Closing the Gap](#)
- ◆ [Foundations for Success](#), The State of Queensland (Department of Education), 2023
- ◆ [Position Statement on the Inclusion of Children with a Disability in Early Childhood Education and Care](#), Early Childhood Australia and Early Childhood Intervention Australia, 2005

## Description

Inclusive practice promotes access to, participation in, and positive outcomes for every child attending a kindergarten program.

*"All children have a right to be included regardless of age, gender, ability, sexuality, socio-economic status, religion or cultural background...Inclusion is about recognising and embracing the unique identities and experiences of every individual, creating a foundation for a more inclusive and equitable society."* – Early Childhood Australia

Disability is a very broad term and covers:

- ◆ Partial or total loss of bodily or mental function.
- ◆ Partial or total loss of a body part.
- ◆ Presence of organisms that cause or can cause disease or illness.
- ◆ Disorders of learning.
- ◆ Disorder of behaviour, emotions, judgement, or thought processes.

## Links to CEDR policies and procedures

- ◆ Diocese of Rockhampton (2004) "An encounter with Christ": Defining Features of Catholic
- ◆ Schools in the 21st Century
- ◆ Catholic Education Diocese of Rockhampton (2018) Teaching and Learning Framework

- ◆ Catholic Education Diocese of Rockhampton Inclusive Education Policy (2022/07))
- ◆ Curriculum in Catholic Schools and Colleges (2012/12)
- ◆ Teaching and Learning Religion in Diocesan Catholic Schools and Colleges (2015/08)

## Implementation

Children may be eligible for Kindergarten Inclusion Support Scheme subsidy (KISS), if they meet one or more of the following criteria:

- ◆ a suspected or diagnosed disability
- ◆ a suspected or diagnosed developmental delay
- ◆ present with challenging behaviours
- ◆ a serious medical or health condition, including mental health
- ◆ present with trauma-related behaviours or additional and high-support needs

Kindergarten teachers need to make reasonable adjustments for the child to access and participate in the kindergarten program. This may include considerations to the learning environment, resources, planning and employment of skilled support staff.

Professional development and training is provided to upskill and build capacity of staff.

The health and safety of the child, other children and staff is paramount in all decision making regarding the education of all children. As part of the enrolment process, meetings are held with families to discuss the needs of the child and the reasonable adjustments that can be implemented. Adjusted attendance hours will be determined to ensure a smooth transition for the child from home to kindergarten. An agreement is documented and adhered to by families and the service.

Members of the Early Learning and Care Team work collaboratively with kindergarten staff and families to ensure a successful transition to kindergarten. The Kindergarten Equity and Curriculum Coordinators support staff and families throughout the child's kindergarten year and transition to Prep. Information and contact details of external support agencies may be sourced from the kindergarten.

Parents/carers are required to work in partnership with the kindergarten to develop an Individual Education Plan (IEP) and/or Individual Support Plan (ISP) that supports the individual needs and goals of the child.

Understanding the cultural practices, values and beliefs of families and acknowledging difference is fundamental. Kindertgartens embed in all aspects of the curriculum Aboriginal and Torres Strait Islander perspectives and the cultures within the community. Cultural responsive practices include creating a learning environment that is culturally safe and secure, being respectful of language differences, involving community elders and recognising and celebrating important days in other cultures. Working collaboratively with culturally and linguistically diverse children and families will support the children to be immersed and engaged in the kindergarten program.

If a translator is required when communicating with families, contact the Early Learning and Care Team and/or seek advice from the Queensland Government Translator Services.



## Required Documentation

When printed, any documents listed are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Adjusted hours documentation</b>		
<b>Parent/Guardian Permission Form 1</b>	Authorises Kindergarten to share information with OSHC, School and other professionals	Kindergarten SharePoint Site

# INCLUSIVE PRACTICE IN OUTSIDE SCHOOL HOURS CARE PROCEDURE

## Link to industry resources and support documentation

- ◆ [Disability Discrimination Act 1992](#)
- ◆ [Disability Standards for Education 2005](#)
- ◆ [Racial Discrimination Act 1975](#)
- ◆ [The Mparntwe \(Alice Springs\) Declaration on Education \(December 2019\)](#)
- ◆ [Queensland Kindergarten Learning Guideline](#), Queensland Curriculum Assessment Authority (QCAA), 2019
- ◆ [Statement on the inclusion of early child in early childhood education and care](#), Early Childhood Australia, (2016)
- ◆ [My Time, Our Place: Framework for School Age Care in Australia Version 2.0](#), The Australian Children's Education and Care Quality Authority (ACECQA), 2022
- ◆ [Belonging, Being and Becoming: The Early Years Learning Framework for Australia](#), The Australian Children's Education and Care Quality Authority (ACECQA), 2022
- ◆ [National Agreement on Closing the Gap](#)
- ◆ [Foundations for Success](#), The State of Queensland (Department of Education), 2023
- ◆ [Position Statement on the Inclusion of Children with a Disability in Early Childhood Education and Care](#), Early Childhood Australia and Early Childhood Intervention Australia, 2005

## Description

Inclusive practice promotes access to, participation in, and positive outcomes for every child attending an Outside School Hours Care (OSHC) service.

*"All children have a right to be included regardless of age, gender, ability, sexuality, socio-economic status, religion or cultural background...Inclusion is about recognising and embracing the unique identities and experiences of every individual, creating a foundation for a more inclusive and equitable society."* – Early Childhood Australia

Disability is a very broad term and covers:

- ◆ Partial or total loss of bodily or mental function.
- ◆ Partial or total loss of a body part.
- ◆ Presence of organisms that cause or can cause disease or illness.
- ◆ Disorders of learning.
- ◆ Disorder of behaviour, emotions, judgement, or thought processes.

## Links to CEDR policies and procedures

- ◆ Diocese of Rockhampton (2004) "An encounter with Christ": Defining Features of Catholic
- ◆ Schools in the 21st Century
- ◆ Catholic Education Diocese of Rockhampton (2018) Teaching and Learning Framework

- ◆ Catholic Education Diocese of Rockhampton Inclusive Education Policy (2022/07))
- ◆ Curriculum in Catholic Schools and Colleges (2012/12)
- ◆ Teaching and Learning Religion in Diocesan Catholic Schools and Colleges (2015/08)

## Implementation

Children may be eligible for Inclusion Support funding through the Inclusion Support Portal if they meet one or more of the following criteria:

- ◆ a suspected or diagnosed disability
- ◆ a suspected or diagnosed developmental delay
- ◆ present with challenging behaviours
- ◆ a serious medical or health condition, including mental health
- ◆ present with trauma-related behaviours or additional and high-support needs

OSHC educators need to make reasonable adjustments for the child to access and participate in the OSHC program. This may include considerations to the learning environment, resources, planning and employment of skilled support staff.

Professional development and training is provided to upskill and build capacity of staff. The Nominated Supervisor will confirm with the service that training is provided to OSHC staff before the child commences at the service.

The health and safety of the child, other children and staff is paramount in all decision making regarding the education of all children. As part of the enrolment process, meetings are held with families to discuss the needs of the child and the reasonable adjustments that can be implemented. Adjusted attendance hours will be determined to ensure a smooth transition for the child from school to OSHC. An agreement is documented and adhered to by families and the service.

The Nominated Supervisor and OSHC Coordinator will work with the Learning Support Team at their school to ensure a successful transition to the OSHC program. Parents/carers and the child are required to work in partnership with the school and OSHC to ensure that all information regarding needs and support for the child are current and shared between all parties.

Understanding the cultural practices, values and beliefs of families and acknowledging difference is fundamental. OSHCs embed in all aspects of the curriculum Aboriginal and Torres Strait Islander perspectives and the cultures within the community. Cultural responsive practices include creating a learning environment that is culturally safe and secure, being respectful of language differences, involving community elders and recognising and celebrating important days in other cultures. Working collaboratively with culturally and linguistically diverse children and families will support the children to be immersed and engaged in the OSHC program.

If a translator is required when communicating with families, contact the Early Learning and Care Team and/or seek advice from the Queensland Government Translator Services.

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## BOOKINGS

Where a child who requires additional support is enrolled at a service, bookings will be approved by the Nominated Supervisor if the following criteria are met:

- ◆ Staff:Child ratio
- ◆ Specifically trained educators are available on the day
- ◆ Consideration to the program – whether reasonable adjustments can be maintained on the day

Services reserve the right to refuse a booking if the safety and dignity of the child cannot be reasonably met.

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## ACCESSING DISABILITY SUPPORT FUNDING

To access disability support funding in OSHC, services will need to consult with their local Inclusion Support Agency (ISA) representatives. The ISA will assist you to identify the barriers and strategies for your service, that forms part of the Strategic Inclusion Plan (SIP). To share information with this entity a Parent/Guardian Permission Form 1 document must be completed and signed by the child's parent/carer.

ISS may be available to eligible child care services to assist them to build their capacity to include a child or children with ongoing high support needs. Children with demonstrated ongoing high support needs are children:

- ◆ with assessed/diagnosed disability
- ◆ who are undergoing continuing assessment of disability
- ◆ from a refugee or humanitarian intervention background.

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## ACCOUNTABILITY

Inclusion support cases are acquitted through the service's child care management software. Any other funding may require separate approvals. Please consult the Early Learning and Care Accountant, as well as Nominated Supervisor, regarding these requirements.

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## INCLUSION SUPPORT PORTAL

- ◆ All Inclusion Support applications must be submitted through an online inclusion support portal.
- ◆ There will be ongoing obligations by the service to ensure that the funding, supporting a child, is continuing to be of benefit to the child and their access to the curriculum.

## Required Documentation

When printed, any documents listed are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
Parent/Guardian Permission Form 1	Authorises OSHC to share information with School and other professionals	OSHC SharePoint Site



## Quality Area 6 Partnerships Families & Community

This quality area of the *National Quality Standard* focuses on collaborative relationships with families that are fundamental to achieving quality outcomes for children and community partnerships that are based on active communication, consultation and collaboration (adapted from *Guide to the National Quality Standard* 3).

### Policies & Procedures

Aboriginal & Torres Strait Islander Education	115
Family Feedback & Grievance	117
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# Aboriginal and Torres Strait Islander Education Policy

Based on the Policy implemented in Catholic Schools and Colleges

## Legislation & Support Documentation

### *CATHOLIC EDUCATION POLICIES AND DOCUMENTS*

- *Diocese of Rockhampton (2004) "An encounter with Christ": Defining Features of Catholic Schools in the 21st Century*
- *Catholic Education Diocese of Rockhampton (2010) Learning Framework*

### *RESOURCES*

- *National Aboriginal and Torres Strait Islander Education Strategy 2015 Australian Bishops*
- *Aboriginal and Torres Strait Islander Sunday Statement 2015 2011*
- *Pope John Paul II Message to Aboriginal people in Alice Springs 1986*
- *QCEC Policy Statement Aboriginal and Torres Strait Islander Catholic Education 2012*
- *Australian Government National Aboriginal Education Policy*
- *Reconciliation Australia*
- *ACARA National Curriculum*

## Principle: 1 Adaptation of the Policy

All Catholic kindergartens in the Diocese of Rockhampton will be culturally safe places of learning, growing and belonging for Aboriginal and Torres Strait Islander students, families and community members.

## Principle: 2 Description

- This policy recognises the transformative power of education to change society and to form the basis for intergenerational change for Indigenous and non-Indigenous peoples.
- It also seeks to overcome the educational disadvantage of Aboriginal and Torres Strait Islander students by providing the skills necessary to participate fully in society and to determine their own futures.
- This Aboriginal and Torres Strait Islander Education Policy is an affirmation that the Church, following the example of Jesus, seeks to achieve through education processes, justice and harmony with Aboriginal and Torres Strait Islander peoples.
- Aboriginal and Torres Strait Islander peoples are the first Australians with two of the oldest continuing cultures on earth and so occupy a unique place in contemporary Australian society.

## Principle: 3 Implementation

### **Catholic kindergartens will:**

- Foster a spirit of openness for Aboriginal and Torres Strait Islander students and their families to develop a sense of identity and belonging with the community.
- Recognise and celebrate the unique giftedness that Aboriginal and Torres Strait Islander students and their families bring to the community.
- Involve Aboriginal and Torres Strait Islander peoples in educational decision making.
- Promote an awareness of and respect for the cultural diversities, spiritualities, values, languages and traditions of Aboriginal and Torres Strait Islander students.
- Include Aboriginal and Torres Strait Islander perspectives across the curriculum and consider environments that support this.

- Ensure staff have regular access to professional learning opportunities to increase their level of cultural understandings and competencies.
- Seek assistance and expertise of Aboriginal and Torres Strait Islander staff employed in the Catholic Education and the local Aboriginal and Torres Strait Islander communities to best support Aboriginal and Torres Strait Islander students and families.
- Encourage support of Aboriginal and Torres Strait Islander research, education and training and involvement with relevant projects and programs.
- Develop a Reconciliation Action Plan through Reconciliation Australia.
- Work in partnership with Aboriginal and Torres Strait Islander families and communities to better support the education of Aboriginal and Torres Strait Islander children.
- Identify barriers to education and ensure appropriate processes and procedures are in place to support Aboriginal and Torres Strait Islander students and families.
- Actively reach out to Aboriginal and Torres Strait Islander families to facilitate their access to and participation in Catholic Education.



# Family Feedback & Grievance Procedure

## Legislation & Support Documentation

- *Education and Care Services National Law Act 2010*
- *Education & Care Services National Regulations 2011*
- Catholic Education Diocese of Rockhampton (2016) Guidelines for Grievance Procedures – For Parents and Students
- Queensland Federation of Parents and Friends Dispute Resolution

Consistent with our Vision, Mission and Values, services managed by the Catholic Education Diocese of Rockhampton will treat all feedback from families in a serious manner which is respectful of the dignity of the individual.

Catholic Education Diocese of Rockhampton acknowledges the importance of open communication with parents/guardians/carers of children in our services. Centres welcome feedback from families on all areas of operations and will undertake to investigate and resolve grievances in a timely and transparent manner.

If a parent or student has a complaint or concern that has not been satisfactorily resolved at the level at which it has arisen, a grievance may exist. A grievance exists where a person believes a complaint or concern has not been handled appropriately or where they believe their needs have not been adequately met.

This policy is not intended to apply to complaints alleging criminal behaviour, which should be referred to the Diocesan Director Catholic Education for police action. The policy exists to Catholic kindergartens to implement procedures to safeguard the rights and acknowledge the responsibilities of all parties.

## Principle: 1 Parent Feedback

- Centres will provide regular opportunities to parents to contribute to the evaluation of services provided to them. This may be in the form of:
  - Submissions/representation on the School Board
  - Feedback box. Such feedback is to be recorded on the Feedback Record Sheet
  - Regular Parent Survey
  - Quality Improvement Plan contributions
  - Discussions directly with educators at pick up and drop off times, during sessions or at designated meeting times
- The Nominated Supervisor and educators will analyse the results of parent/carer feedback and implement any necessary and/or desirable changes where it is reasonable to do so.
- Educators will treat parents' responses in a serious manner and communicate with parents/carers about any changes made as a result of parents/carer suggestions (e.g. newsletters, notice boards, etc.).
- The centre's unique Special Religious Character is recognised when developing and implementing these procedures.

## Principle: 2 Using an Interpreter System

Interpreter information will be made available for non-English speaking families wherever possible. It is recommended that this interpreter support sign be placed up in services.

The Queensland Department of Education, Training (DET) funds free access for services to the Translating and Interpreting Service (TIS).

This Australia-wide service is operated by the federal Department of Immigration and Citizenship and employs interpreters who speak more than 170 languages and dialects.



Before requesting or booking an interpreter, find out:

- what language the family speaks
- whether the family has used an interpreter before and if they would like to use the same person
- whether there are cultural preferences such as gender to consider

When requesting or booking an interpreter, quote:

- TIS client code (C944497)\*
- service's name and postcode
- contact details of person making request

To request an interpreter, visit [www.immi.gov.au](http://www.immi.gov.au), fill in an on-site or telephone interpreter pre-booking form and submit it online or by fax, or phone 131 450 toll free, from 8am-6pm, Monday to Friday.

TIS needs advance notice to organise interpreters: three to five days for an on-site visit or 24 hours for a teleconference.

## Principle: 3 Parent Grievances

On enrolment, the parents/carers are given written information that encourages them to develop open communication with the staff, and informs them of their rights to contact the services/centres and the relevant government agencies if they have any concerns in relation to the operation of the centre or the care of the children.

Respect for the dignity of all those involved in any grievance procedure must remain a priority in all interactions between parties throughout the resolution process.

In order to ensure confidentiality and to respect the dignity of those involved in the process, discussions relating to a grievance should not be discussed with those not directly involved.

Where a concern is raised, an individual employee will write the details down noting the concern, place, person etc. and refer this note with contact details of the person to the nominated supervisor. The nominated supervisor shall then arrange for an investigation into the complaint and take necessary action to resolve the complaint.

If a parent/carer has concerns with a staff member or the service cannot resolve the matter with the personnel involved, parents/carers are encouraged to raise the matter with the nominated supervisor or appointed delegate.

If a concern is not resolved, parents/carers can contact the Early Learning & Care Coordinator at:

Address: 143 West St, Rockhampton, QLD 4700  
Postal Address: PO Box 524, Rockhampton, QLD 4700  
Email: [kindergarten@rok.catholic.edu.au](mailto:kindergarten@rok.catholic.edu.au)  
Phone: 0749313600

If parents/carers consider that the Early Learning & Care Coordinator did not adequately address the concern, he/she can contact, in writing the Assistant Director Administration (delegated by the Director Catholic Education Diocese of Rockhampton) or the Approved Provider Representative – Diocesan Director Catholic Education, at the above address.

In the event that you are not satisfied with the outcome, the following authorities may be of assistance:

**Queensland Catholic Education Commission (QCEC) Governing Body**  
for kindergartens only

The Catholic Centre  
1/143 Edward Street  
Brisbane QLD 4000

Postal Address  
GPO Box 2441  
Brisbane QLD 4001

Phone: +61 7 3336 9306

**Department of Education and Training - Early Childhood Education and Care**

Website: <https://qed.qld.gov.au/earlychildhood/about-us/contact>

E-mail: [ecec@qed.qld.gov.au](mailto:ecec@qed.qld.gov.au)

PO Box 15033

City East QLD 4002

Phone: 137468

**Australian Children's Education and Care Quality Authority (ACECQA):**

Address: Level 6, 175 Liverpool Street, Sydney, NSW, 2000

Postal Address: PO Box A292, Sydney, NSW 1235

Email: [enquiries@acecqa.gov.au](mailto:enquiries@acecqa.gov.au)

Phone: 1300422327

Centre educators will ensure that they do not engage in, encourage or accept any act of unlawful discrimination against a child or his/her family.

All staff will treat any complaint by parents/carers concerning unlawful discrimination sympathetically and seriously. Unlawful discrimination includes discrimination on the basis of sex, race/ethnicity, disability, age or religious/political beliefs.



# Parent Rights & Responsibilities Procedure

## Legislation & Support Documentation

- *National Education & Care Services Regulations 2011*
- *National Education & Care Services Law Act 2010*

Parents/carers are always welcome at our kindergartens and are encouraged to be active participants in the program and their child's learning.

We encourage the active involvement in the program as well as offering a voice from the perspective of the family.

Within the kindergarten program, parents/carers are asked to follow the policies and procedures of the centre as well as legislative requirements. Parents/carers also have rights and responsibilities as part of the kindergarten community.

## Principle: 1 Parent/carer Rights

Parents'/carers' rights encompass but are not limited to the following:

- To know that your child is in a safe and welcoming environment;
- To visit the centre prior to your child commencing, during the child's attendance and at other times to discuss your child's progress with educators;
- To view and contribute to the centre's philosophy and goals;
- To view and contribute to the policies and procedures that oversee the operation of the centre;
- To be involved in the development of the centre and provide feedback;
- To receive regular information from the centre, be it by print, electronic media or other means that are deemed appropriate for an individual family's needs (e.g. where English is a second language);
- To collaborate and consult with centre staff regarding your child in a confidential environment;
- To be provided in the enrolment package, the centre's contact details, opening times, grievance procedures and any relevant governing authority information;
- To provide feedback to the school Board (a process of induction prior to any kindergarten parent who wishes to be considered for a role on the Board is required);
- To receive information on workshops, functions and any other information which may be of benefit;
- To receive updates on current research regarding health and safety practices (e.g. immunisation, sun safety, nutrition, best sleep practices etc.), child development and play, as made available to the centre
- To express concerns according to a centre policy or procedure, and have these addressed in a timely and respectful manner;
- To be informed of contagious diseases that may have been identified at the centre;
- To be informed of emergency and evacuation procedures;
- To access current information about community services and resources to support parenting and well-being;
- To have access to the records and planning kept in relation to your child;
- To receive the *Dealing with Medical Conditions Procedure* if your child has a medical condition that requires a management plan;
- To view and contribute to centre programs;
- To be involved in the ongoing *Quality Improvement Plan* process and view the outcome of this assessment process incl. the centre's rating.

***Should the parents/carers believe the centre is not satisfactorily meeting these rights they are actively encouraged to utilise the grievance procedure.***



## Principle: 2 Parent Responsibilities

Parents'/carers' responsibilities encompass but are not limited to the following:

- To respect the philosophy and goals of the centre, Catholic ethos and values of Catholic Education – Diocese of Rockhampton;
- To support the centre in its endeavours to provide a quality centre for all children;
- To work cooperatively with staff in developing and implementing a *Resolution Management Plan* [as required];
- To read and be familiar with the centre's philosophy and goals and follow policies and procedures;
- To follow the parent Grievance Procedure and to raise concerns in a respectful manner;
- To sign children in and out on a daily basis
- To ensure that written authorisation is provided for those collecting their child;
- To notify the nominated supervisor of their child's immunisation status (if applicable);
- To notify the centre of any contagious disease that their child may have been in contact;
- To keep your child home if aware or ought to reasonably know that their child has, or may have, a contagious condition (Public Health Act s 161);
- To value the individuality and uniqueness of all children attending the centre;
- To approach all communication with staff, volunteers and other parents in a respectful manner;
- To approach the responsible person in charge of the centre if there is a concern involving another child;
- To collect children by the centre's closing time;
- To notify staff of any medical/dietary or personal needs of their child through regular written updates;
- To provide a current Action Plan (medical plan) signed by a medical practitioner or (associated authority for asthma action plans) to the centre and to discuss options for the display of this Action Plan in a place accessible to staff, volunteers and personnel working with a child
- To notify the staff in writing of changes to or cancellations of bookings;
- To make regular payments of fees and to ensure accounts are settled in full;
- To respect the confidentiality of all children, families and educators at the centre;
- To follow all Child Protection Procedures and Protocols in accordance with this document.

***With regard to the above Rights and Responsibilities, all stakeholders are encouraged to sensitively address any concerns.***

**Should any of these responsibilities not be met, the following steps will be undertaken:**

- The matter will be discussed with the parent/carer and the appropriate process outlined. In a vast majority of cases, this will be the last action required and the matter will be resolved.
- Should the matter reoccur, a letter will be sent by the centre outlining the issue, the correct process and stating that another recurrence could lead to the cancellation of enrolment. This action must be approved by the Assistant Director Administration or Assistant Director Schools in consultation with the Nominated Supervisor/ Early Learning & Care Coordinator prior to implementation.
- If the matter occurs a third time, a letter will be sent by the centre, referring to previous letters and conversations, and notifying of cancellation of the enrolment. This action must be approved by the Assistant Director Administration or Assistant Director Schools in consultation with the Nominated Supervisor/ Early Learning & Care Coordinator prior to implementation.

**It is essential that all such processes be undertaken in a respectful and professional manner by all stakeholders. Signed and dated hard copies of all letters, meeting notes and records of conversations will be kept on file.**

## QUALITY AREA SEVEN

### GOVERNANCE AND LEADERSHIP

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# ACCEPTANCE AND REFUSAL OF AUTHORISATIONS POLICY

## Policy Statement

Catholic Education Diocese of Rockhampton Early Learning and Care have comprehensive processes in place for managing authorisations that are sensitive to the needs of children and their families. All authorisations must adhere to relevant Legislation and Regulations and promote the health and safety of children and staff.

## Background

The Education and Care Services National Regulations require policies and procedures to be in place in relation to acceptance and refusal of authorisations. Written authorisations from families or authorised nominees help to ensure that the health, safety, wellbeing and best interests of all children are met. Through the authorisation process, families are informed of associated risks and can make an informed choice whether or not to proceed.

To ensure consistent practice regarding authorisations, Early Learning and Care prioritises the ability to control and/or eliminate any unnecessary risks to children and staff.

## Legislative Requirements

Catholic Education Rockhampton is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

The main principles that inform our policy are, but are not limited to:

- ◆ The health, safety and wellbeing of children is the number one priority. The range of safeguards include policies and procedures for the acceptance and refusal of authorisations.
- ◆ Parents are part of the service decision-making process. Through authorisations, they are made aware of risks and can make informed decisions.
- ◆ Educators and staff are valued and play an important role at the service. Training and support are provided to the staff by the Early Learning and Care Team regarding when authorisations provided should be accepted or refused.
- ◆ Authorisations that place requirements or responsibilities on educators and staff that are beyond reasonable expectation of their employment or endanger staff or children will be refused.
- ◆ Acceptance and refusal of authorisations processes are effective and transparent and meet all regulatory requirements.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

## Links to other policies and procedures

- ◆ Excursions
- ◆ Emergency and evacuation
- ◆ The administration of first aid
- ◆ Incident, injury, trauma and illness
- ◆ Dealing with medical conditions in children
- ◆ Enrolment and orientation
- ◆ Transportation of children
- ◆ Delivery of children to and collection of children from education and care service premises
- ◆ Governance and management of the service
- ◆ Administration of medication

Staff are inducted about the Catholic Education Early Learning and Care Policies and Procedures when commencing employment in one of our services. Staff are invited to provide feedback during the annual review of policies and procedures. Staff are informed of any new policies and procedures and changes to existing policies and procedures. Staff have access to the policies and procedures via; a digital copy available on the Kindergarten and OSHC staff portals or CEO website; and a hard copy at the service.

Acceptance and Refusal of Authorisations Policy Guidelines was created in February 2022.

## Monitoring, evaluation and review

Acceptance and Refusal of Authorisations Policy Guidelines will be reviewed annually. The Catholic Education Early Learning and Care Team, educators and staff from services, and families will be involved in the review process.

# ACCEPTANCE AND REFUSAL OF AUTHORISATIONS PROCEDURE

## Link to policy and support documentation

- ◆ Acceptance and Refusal of Authorisation Policy
- ◆ [Catholic Education Risk Management Policy](#)
- ◆ [Catholic Education Work Health and Safety Policy](#)
- ◆ [Catholic Education Right Relationships – Parent and Student Grievance Policy](#)
- ◆ [Catholic Education Mental Health and Wellbeing Policy](#)
- ◆ [National Regulations](#)
- ◆ [National Legislation](#)
- ◆ [Work Health and Safety Act 2011](#)

## Description

Catholic Education Office Rockhampton promotes the health and safety of the children in our care and our staff as one of our main priorities within our educational environments. In order to maintain this standard, this procedure was developed to guide staff on acceptable and unacceptable authorisations and how to accept or refuse them in a manner which reflects the beliefs of Catholic Education.

## Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Authorisation to Administer Medication
- ◆ Dealing with Medical Conditions
- ◆ Excursions
- ◆ Transportation
- ◆ Delivery and Collection
- ◆ Enrolment
- ◆ Fees
- ◆ Acceptance and Refusal of Authorisation Policy
- ◆ Catholic Education Risk Management Policy
- ◆ Catholic Education Work Health and Safety Policy
- ◆ Catholic Education Right Relationships – Parent and Student Grievance Policy
- ◆ Catholic Education Mental Health and Wellbeing Policy

## Implementation

From the moment a child is enrolled at a service, authorisations for what the child can and cannot do, what the service can and cannot do with the child's information, and who can and cannot collect or make decisions for the enrolled child are clearly laid out from the enrolment form and other associated documentation. These authorisation documents are constantly referred to in order to ensure the service is adhering to the terms and kept as part of the child's enrolment record.

Generally, authorisations are accepted if they use the approved forms and are signed by authorised nominees of the child. However, there are occasions where authorisations may

have to be refused to adhere to the commitment to provide a safe environment, ensure child safety and even to maintain the mental health and wellbeing of staff members. The following checklist is to be used to determine whether an authorisation can be accepted. There is no requirement that the checklist be completed and attached to each form that is accepted, as it is understood that knowledge of what an appropriately completed document entails is a requirement of all staff. If an authorisation is refused, the checklist which details why it was refused should be attached to the authorisation form and kept on the child's enrolment record.

1. Is this request legal? Consider whether it contravenes a documented parenting order, or other laws and regulations.
2. Is this the correct format for this authorisation? i.e. Is it in writing? Is it the current version of this form?
3. Does this request endanger or compromise the health and safety of our children or staff?
4. Is this request reasonable and practicable within the education environment? If not, can we access any resources to make it so to ensure inclusivity in the education environment?
5. Is this signed by an authorised nominee? Is it dated?

#### Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
Acceptance or Refusal of Authorisation Checklist	To be consulted for any/all authorisations, <b>but only completed if an authorisation is rejected</b>	Kindy Share Point Site OSHC Share Point Site



# GOVERNANCE AND MANAGEMENT POLICY

## Policy Statement

Catholic Education Rockhampton is committed to utilising robust governance and management systems to ensure effective, transparent, competent, and caring operation of our services.

## Background

All Catholic Education – Diocese of Rockhampton Early Learning and Care services are under the Roman Catholic Trust Corporation for the Diocese of Rockhampton with the Diocesan Director and the Assistant Director Administration as the Approved Provider's *Key Contacts*. The Key Contacts have the authority to determine priorities and to appoint personnel. The Key Contacts are also responsible for ensuring a centre operates in accordance with National legislative requirements.

Kindergartens' Nominated Supervisor is generally allocated to the Kindergarten Director who is directly responsible for all operations at the service. OSHC Nominated Supervisor is generally the Principal of the attached school who works in consultation with the OSHC Coordinator. These aspects are further explained in the procedures following this policy.

The role of the Catholic Education: Diocese of Rockhampton (CEDR) is to serve and support the ministry of Catholic Early Learning and Care services across Catholic Education Diocese of Rockhampton. The Diocesan Director, Assistant Director Administration, CEDR personnel will provide ongoing curriculum services and support; enhancing spirituality; financial and administration assistance and legislative guidance to kindergartens and OSHC services.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ We are accountable and transparent in all that we do. This includes the implementation of robust and effective governance and management policies and procedures.
- ◆ We seek to strengthen the service's effective operation. We have effective systems of risk management, financial and internal control, and performance reporting.
- ◆ We value the important role played by our service coordinators, kindergarten directors, educators and staff. They are provided with the necessary training and support to ensure they are familiar with our policies and procedures.
- ◆ We provide regular opportunities to update and reflect on our policies and procedures to our staff and families.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

### **Links to other policies and procedures**

- ◆ All policies and procedures that apply to the Catholic Education Early Learning and Care services.

### **Monitoring, evaluation and review**

Governance and Management Policy Guidelines will be reviewed annually. The Catholic Education Early Learning and Care Team, educators and staff from services, and families will be involved in the review process.

# GOVERNANCE AND MANAGEMENT PROCEDURE (KINDERGARTEN)

## Link to policy and support documentation

- ◆ Governance and Management Policy
- ◆ *Delegations Framework*, Catholic Education Diocese of Rockhampton
- ◆ [National Regulations](#)
- ◆ [National Legislation](#)

## Description

Catholic Education – Diocese of Rockhampton believes effective management requires a clear hierarchy and reporting structure. As such, have developed this procedure to outline the roles and responsibilities of all levels of management for our kindergartens.

## Links to other policies and procedures

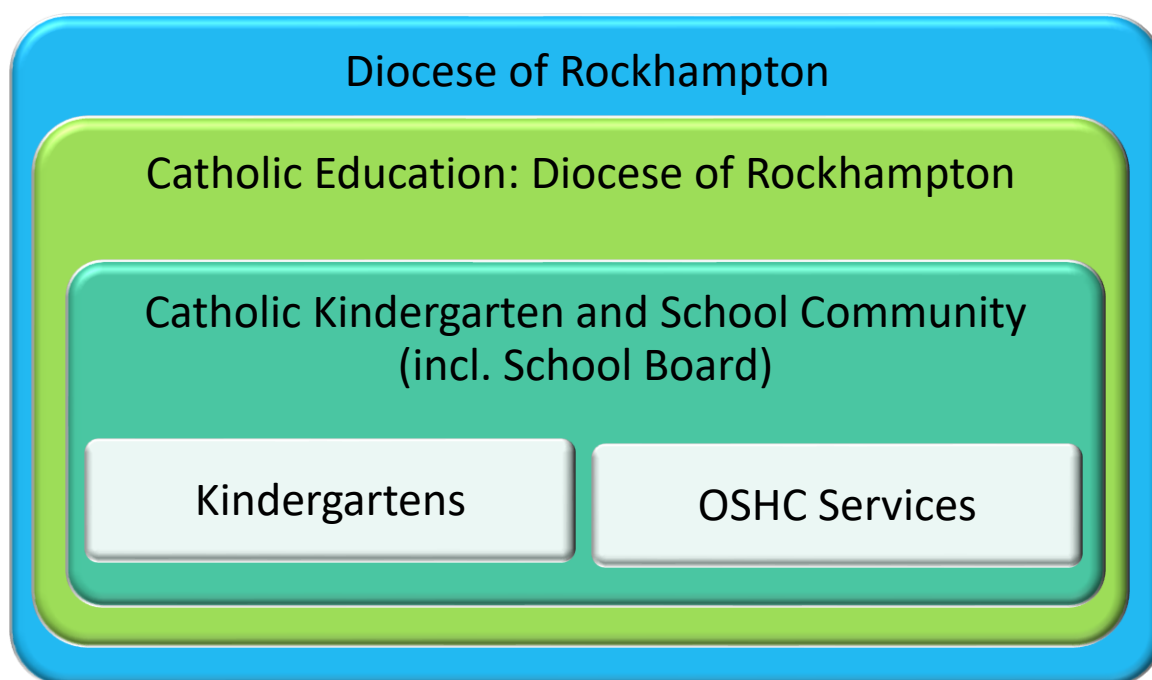
Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Governance and Management Policy
- ◆ Staffing Policies and Procedures

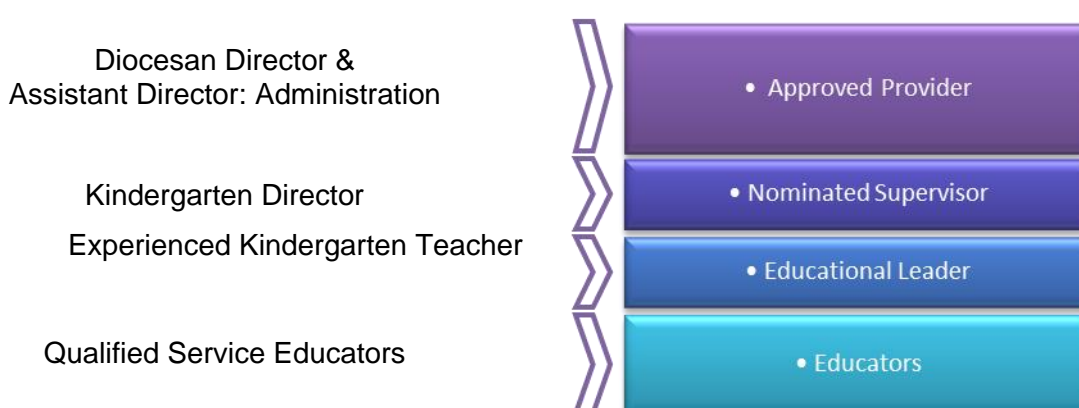
## Implementation

Below is a visual representation of the levels of governance within Catholic Education – Diocese of Rockhampton and the roles and responsibilities that contribute to the efficient and effective operation of our kindergartens.

### **Early Learning and Care Services Pastoral and Community Framework**



## **Early Learning and Care Services Legislative and Financial Framework**



The Diocesan Director and Assistant Director Administration are Key Contacts and representatives of the Approved Provider – The Roman Catholic Trust Corporation for the Diocese of Rockhampton. They are ultimately responsible for ensuring compliance with National Law, National Regulations and other legal obligations in the operation of all kindergartens. Direct oversight roles are delegated to members of the CEDR Early Learning and Care Team.

The Kindergarten Director, as the Nominated Supervisor, is responsible for ensuring that the day-to-day operation of the kindergarten meets National Law, National Regulations and other legal obligations. This is achieved by adhering to the CEDR Early Learning and Care policies and procedures as set out by the Approved Provider. The Kindergarten Director may have additional responsibilities under funding requirements, Workplace Health and Safety and other government or regulatory authority reporting. These responsibilities would be notified to the Kindergarten Director by the Approved Provider in a clear, concise and timely manner that allows them to effectively discharge their obligations and responsibilities.

A kindergarten teacher, is appointed the Educational Leader of the kindergarten. They are responsible for ensuring that the legislated curriculum documents (Queensland Kindergarten Learning Guidelines) are implemented and the cycle of planning is evident. Educational Leaders are supported in this role by the CEDR Early Learning and Care Team.

Staff members, classified as Educators, are responsible for ensuring that they adhere to the Early Learning and Care policies and procedures whenever at work. They are expected to keep their knowledge of this document current, and are assisted in this role by training from their Nominated Supervisors, and the CEDR Early Learning and Care Team.

All staff are encouraged and supported to provide input into the kindergarten Quality Improvement Plan (QIP); the service's program; critically reflect on these programs and practices and; feedback on policies and procedures.

### **Required Documentation**

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

<b>Document Title</b>	<b>Purpose</b>	<b>Location</b>
Version 13.00	<i>Early Learning and Care Policies and Procedures</i>	214   Page

<b>Display Requirements A3 document</b>	Condensed version of information required for display by kindergartens and services into one document	Kindergarten Staff Portal
<b>Responsible Person In Charge of service (RPIC)</b>	Display poster for the responsible person in charge of a kindergarten	Kindergarten Staff Portal
<b>Service specific variance from approved provider procedures</b>	To allow for service specific documented change to approved policies and procedures if required	Kindergarten Staff Portal

## GOVERNANCE AND MANAGEMENT PROCEDURE (OSHC)

### Link to policy and support documentation

- ◆ Governance and Management Policy
- ◆ *Delegations Framework*, Catholic Education Diocese of Rockhampton
- ◆ [National Regulations](#)
- ◆ [National Legislation](#)

### Description

Catholic Education – Diocese of Rockhampton believes effective management requires a clear hierarchy and reporting structure. As such, have developed this procedure to outline the roles and responsibilities of all levels of management for our Outside School Hours Care services (OSHC).

### Links to other policies and procedures

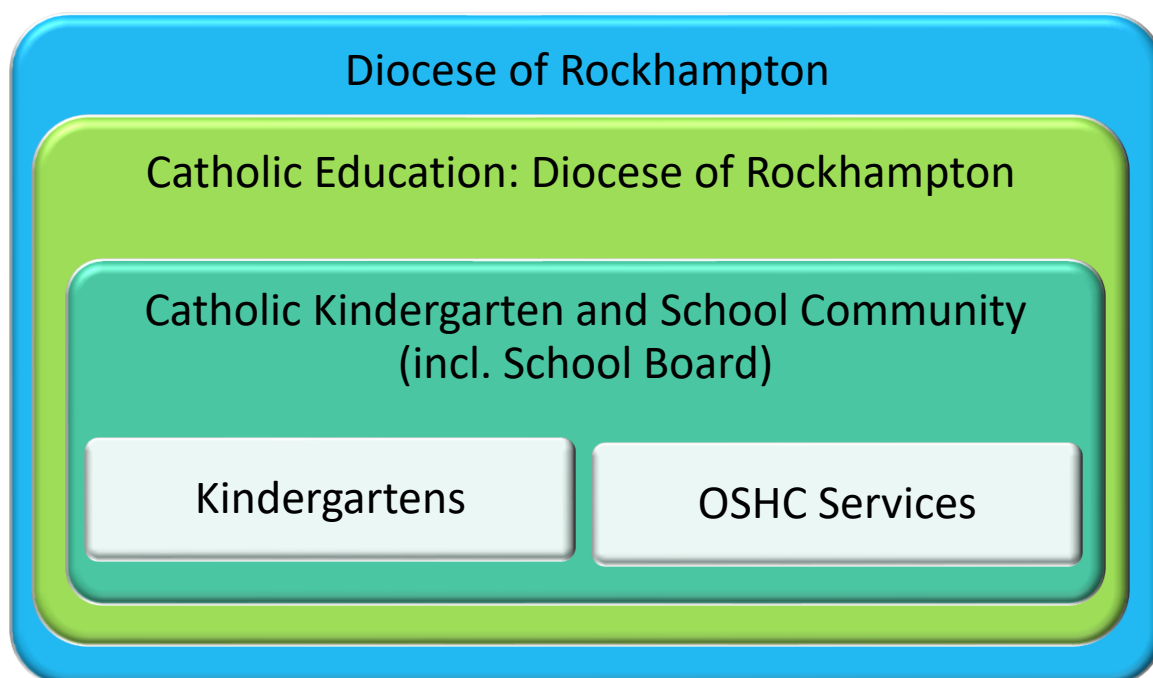
Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Governance and Management Policy
- ◆ Staffing Policies and Procedures

### Implementation

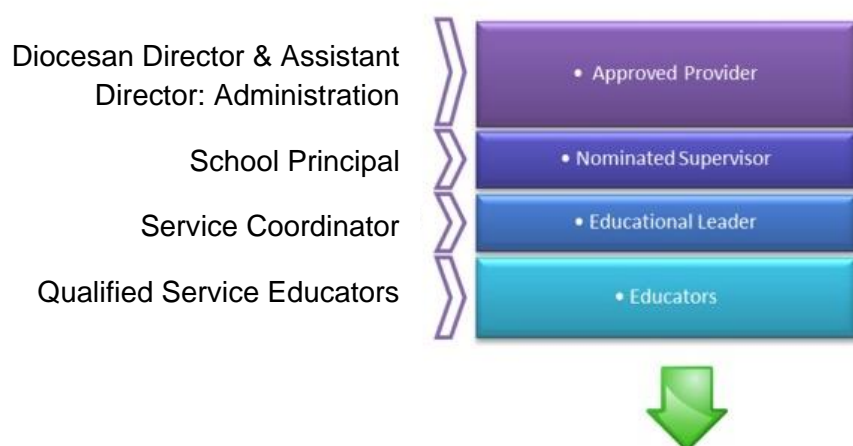
Below is a visual representation of the levels of governance within Catholic Education – Diocese of Rockhampton which have roles and responsibilities that contribute to the efficient and effective operation of our OSHCs.

#### **Early Learning and Care Services Pastoral and Community Framework**





## Early Learning and Care Services Legislative and Financial Framework



All Outside School Hours Care (OSHC) services must have a Nominated Supervisor. The Nominated Supervisor must complete an agreement to act in this role. This is an ongoing obligation. The Nominated Supervisor has a range of legal responsibilities under the Law & Regulations that govern the operations of Outside School Hours Care.

As the Nominated Supervisor with responsibility for the day to day management of the Approved Service, a Nominated Supervisor has a range of responsibilities including:

The Diocesan Director and Assistant Director Administration are Key Contacts and representatives of the Approved Provider – The Roman Catholic Trust Corporation for the Diocese of Rockhampton. They are ultimately responsible for ensuring compliance with National Law, National Regulations and other legal obligations in the operation of all OSHCs. Direct oversight roles are delegated to members of the CEDR Early Learning and Care Team.

The School Principal, as the Nominated Supervisor, is responsible for ensuring that the day-to-day operation of the OSHC meets National Law, National Regulations and other legal obligations. This is achieved by adhering to the CEDR Early Learning and Care policies and procedures as set out by the Approved Provider. The School Principal may have additional responsibilities under funding requirements, Workplace Health and Safety and other government or regulatory authority reporting. These responsibilities would be notified to the School Principal by the Approved Provider in a clear, concise and timely manner that allows them to effectively discharge their obligations and responsibilities.

The OSHC Coordinator, while also being a delegate of the Nominated Supervisor for a majority of the day-to-day obligations for the service, is appointed the Educational Leader of the OSHC. They are responsible for the programming and curriculum at the service, and ensuring these practices meet the *My Time, Our Place Framework* and Early Years Framework (where preschool age children are in care). Educational Leaders are supported in this role by the CEDR Early Learning and Care Team.

Staff members, classified as Educators, are responsible for ensuring that they adhere to the Early Learning and Care policies and procedures whenever they are at work. They are expected to keep their knowledge of this document current, and are assisted in this role by training from their nominated supervisors, and CEDR Early Learning and Care Team.

All staff are encouraged and supported to provide input into the OSHC Quality Improvement Plan (QIP); the service's program; critically reflect on these programs and practices and; feedback on policies and procedures.

#### Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Display Requirements A3 document</b>	Condensed version of information required for display by services into one document	OSHC Staff Portal
<b>Responsible Person In Charge of service (RPIC)</b>	Display poster for the responsible person in charge of an OSHC	OSHC Staff Portal
<b>Service specific variance from approved provider procedures</b>	To allow for service specific documented change to approved policies and procedures if required	OSHC Staff Portal

## FUNDRAISING PROCEDURE (KINDERGARTEN)

### Link to policy and support documentation

- ♦ *Fundraising Made Simple* published by the Early Learning Association Australia, [https://www.kpv.org.au/sites/default/files/FMS%20Feb13\\_ELAA\\_P1%20WEB.pdf](https://www.kpv.org.au/sites/default/files/FMS%20Feb13_ELAA_P1%20WEB.pdf), accessed 10/05/2022

### Description

As not-for-profit kindergartens, budgets are supplemented with fundraising within the kindergarten community.

To ensure there is limited impact on families, any fundraising is completely voluntary and is limited to one major fundraiser per term.

### Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ♦ Governance and Management Policy

### Implementation

## FUNDRAISING AND DONATIONS

- ♦ Third Party Fundraising (8116) is when there is an external fundraiser where funding is entered directly into the centre's account and then simultaneously expended.
- ♦ Donations (0350) is when funds that are provided to the Kindergarten by an individual or company placed into the kindergarten account

Before any fundraising commences:

1. Email [ELCAccounting@rok.catholic.edu.au](mailto:ELCAccounting@rok.catholic.edu.au) a completed Kindergarten Fundraising Approval Form and await approval.
2. Notification of fundraising activities is required, to allow the ELC Finance team sufficient time to complete any additional tax or declaration forms.
3. CEO will advise how expenses and monies from the fundraising activity will be treated at the centre.

After fundraising is completed:

1. When a purchase is made from the donated funds, this will be coded to the relevant expense or capital account.
2. When a purchase is made from fundraising proceeds, this should be coded to 8116.
3. All accounts can be reviewed with the month end reports. If more detail is required, ELC Finance team can provide a detailed report, including the provision for any donations.
4. Third Party Fundraising monies that are not spent within the financial year will be moved to other income (0590) prior to the end of that financial year.

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## ADDITIONAL CONSIDERATIONS

1. Consultation with the wider community should be completed to ensure fundraising activities are not excessive in any period or a similar fundraising activity is not taking place.
2. In the event of parents purchasing a third-party product where possible the parents pay the supplier directly and any fundraising commission then gets transferred from the supplier to the Kindergarten account. Examples of this kind of fundraising is Picture Products.
3. Preference for payments made to the Kindergarten is by direct deposit but in the case of, for example, a pie drive cash can be received and banked into the Kindergarten Bank account. Paperwork which equals the amount of the deposit must be sent to ELCAccounting@rok.catholic.edu.au for record keeping purposes.
4. In the event of a raffle any purchases for prizes must be marked as such and coded to the 8116 account to be offset against any ticket sales. Ticket sales can be collected in cash and deposited into the bank account. Paperwork must be emailed to ELCAccounting@rok.catholic.edu.au notifying finance of the amount and what the deposit was for so it can be accounted for correctly.
5. All centre based fundraising documentation needs to be kept together for seven years as per all financial documentation. This is an ATO requirement and requirement for any potential audits.

For more information on holding a successful fundraiser, we recommend *Fundraising Made Simple* published by the Early Learning Association Australia (see link under Links to Policy and Support Documentation in this procedure). Here is an extract from the document explaining six steps for a successful fundraiser:

1. **Choose fundraising activities carefully**  
*Every fundraising project should be based on its own budget. Keep records of all income and expenditure to ensure the activity generates adequate surplus to justify the workload. For example, selling windcheaters for \$10 each when they cost \$8 is not a high return if only 20 windcheaters are sold.*
2. **Run one or two fundraisers each year and make sure that they are done well**  
*Don't organise lots of little activities and only do them half-well.*
3. **Develop a step-by-step implementation plan for each event**  
*Time and effort invested in pre-planning will ensure that the process will run smoothly*
4. **Identify and allocate all tasks at the planning stage**  
*Make sure that all people involved in bringing the event to life are well briefed about the task and that the objectives and deadlines are adhered to.*
5. **Handle all money carefully**  
*Always issue receipts when money is received. All payments should be by cheque (where possible) and details recorded.*

## 6. ***Keep things fun***

*It will keep everyone enthusiastic and on track*

### Required Documentation

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Document Title	Purpose	Location
<b>Fundraising Approval Form</b>	To outline fundraising activity for approval by ELC Team	Kindergarten SharePoint Site

## OPERATING EXPENDITURE PROCEDURE (KINDERGARTEN)

### Link to policy and support documentation

- ◆ *Delegations Framework*, Catholic Education Diocese of Rockhampton

### Description

Each kindergarten has an annual budget which is negotiated and agreed upon in the six months prior to the commencement of the operational year (calendar year, January-December). In order to utilise the funding set out efficiently, and comply with financial and auditing requirements, CEDR have set out particular procedures and positions within the organisation that can be authorised signatories in this process.

### Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Governance and Management Policy
- ◆ Staffing Policies and Procedures

### Implementation

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## BUDGETED OPERATING EXPENSES

### SUPPLIER INVOICES

1. Invoices received from supplier for budgeted operating expenditure.
2. Kindergarten Administration Assistant (or teacher where administration assistant is unavailable or Kindergarten Director fills that role) stamps with accounts payable stamp and signs to say that goods received. Kindergarten Director signs that the expense is approved (for invoices under \$200.00 total). This will fulfill the requirement of two separate signatures on each invoice.
3. Send approved invoice to [ELCAccounting@rok.catholic.edu.au](mailto:ELCAccounting@rok.catholic.edu.au) for processing.
4. Where invoice is above \$200.00 total, Kindergarten Director is to sign to say that goods are received. The invoice is then sent to [ELCAccounting@rok.catholic.edu.au](mailto:ELCAccounting@rok.catholic.edu.au) to be processed. Early Learning and Care Manager will sign to approve the expense before it is processed.

### CREDIT CARD PURCHASES

1. Complete credit card reconciliation as per credit card reconciliation how to guide.
2. Send completed reconciliation and tax invoices to [ELCAccounting@rok.catholic.edu.au](mailto:ELCAccounting@rok.catholic.edu.au) for processing.
3. Final approval through CEDR Leadership Team.

### UNBUDGETED OPERATING AND CAPITAL EXPENDITURE

Unbudgeted operating and capital expenditure includes any expenses that are not listed or over the budgeted amount of that year's approved budget. Updates on the available budgeted funds are supplied through Early Learning and Care Team on a monthly basis via email. CEDR Leadership/ Finance Council can approve expenditures outside of budgeted amounts on application.

#### Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Unbudgeted Operating Expenditure Request Form</b>	Application for unbudgeted operating expenditure	Contact ELC Team to request.
<b>Credit Card Reconciliation How To Guide</b>	How to guide for completing the credit card reconciliation	Kindergarten Share Point Site



## OPERATING EXPENDITURE PROCEDURE (OSHC)

### Link to policy and support documentation

- ◆ *Delegations Framework*, Catholic Education Diocese of Rockhampton

### Description

Each service has an annual budget which is negotiated and agreed upon in the six months prior to the commencement of the operational year (calendar year, January-December). In order to utilise the funding set out efficiently, and comply with financial and auditing requirements, CEDR have set out particular procedures and positions within the organisation that can be authorised signatories in this process.

### Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Governance and Management Policy
- ◆ Staffing Policies and Procedures

### Implementation

## BUDGETED OPERATING EXPENSES

### SUPPLIER INVOICES

1. Invoices received from supplier for budgeted operating expenditure.
2. OSHC Educator (any staff member that is not the OSHC Coordinator) stamps with accounts payable stamp and signs to say that goods received. OSHC Coordinator signs that the expense is approved (for invoices under \$200.00 total). This will fulfill the requirement of two separate signatures on each invoice.
3. Send approved invoice to [ELCAccounting@rok.catholic.edu.au](mailto:ELCAccounting@rok.catholic.edu.au) for processing.
4. Where invoice is above \$200.00 total, OSHC Coordinator is to sign to say that goods are received. The invoice is then sent Nominated Supervisor to be approved.
5. Send approved invoice to [ELCAccounting@rok.catholic.edu.au](mailto:ELCAccounting@rok.catholic.edu.au) for processing.

### CREDIT CARD PURCHASES

1. Complete credit card reconciliation as per credit card reconciliation how to guide.
2. Nominated Supervisor signs credit card reconciliation.
3. Send completed and signed reconciliation and tax invoices to [ELCAccounting@rok.catholic.edu.au](mailto:ELCAccounting@rok.catholic.edu.au) for processing.
4. Final approval through CEDR Leadership Team.

### UNBUDGETED OPERATING AND CAPITAL EXPENDITURE

Unbudgeted operating and capital expenditure includes any expenses that are not listed or over the budgeted amount of that year's approved budget. Updates on the available budgeted funds are supplied through Early Learning and Care Team on a monthly basis via

email. CEDR Leadership/ Finance Council can approve expenditures outside of budgeted amounts on application.

#### Required Documentation

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Document Title	Purpose	Location
<b>Credit Card Reconciliation How To Guide</b>	How to guide for completing the credit card reconciliation	OSHC Share Point Site
<b>Unbudgeted Operating Expenditure Request Form</b>	Application for unbudgeted operating expenditure	Contact ELC Team to request.

# DELIVERY OF CHILDREN TO, AND COLLECTION FROM, EDUCATION AND CARE SERVICES PREMISES POLICY

## Policy Statement

Catholic Education – Diocese of Rockhampton aims to provide effective supervision for all children at all times within the operating hours for the service. The health and safety of children and service staff will always be a priority. A parent of the child being educated at a centre may enter the centre at any time the child is in attendance (except in cases listed in Principle 1 –point three section ‘a’ & point five).

## Background

The *Education and Care Services National Regulations* require Approved Providers to ensure their services have policies and procedures in place in relation to the delivery of children to, and collection from, the service premises.

Children’s safety and wellbeing is of primary importance, and Approved Providers and their services must ensure that appropriate measures are in place to protect children from any harm or hazard, including providing adequate supervision and preventing the entry of unauthorised persons.

The transition of children to, and away from, a service requires particular attention, particularly given how busy it can be at certain times and the number of people coming and going. Safeguarding children during their delivery to, and collection from, the service premises can be enabled by the creation of policies and procedures and an effective process for their implementation.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ The safety, health and wellbeing of the children at our services is paramount. Our policies and procedures outline that the points of delivery to, and collection from, the service are safe for children.
- ◆ Families’ decisions about their children are valued and respected. This includes decisions about the people authorised to collect their children from the service premises.
- ◆ Service leaders, educators and staff are provided with the necessary training and support to implement the policies and procedures for the delivery of children to, and collection from, the service premises.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and its associated procedures.

## Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Enrolment and orientation
- ◆ Acceptance and refusal of authorisations
- ◆ Providing a child safe environment
- ◆ Incident, injury, trauma and illness
- ◆ Transportation of children
- ◆ Excursions

## Monitoring, evaluation and review

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as making any changes due to the outcome of an incident or inquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.

# DELIVERY OF CHILDREN TO, AND COLLECTION FROM, EDUCATION AND CARE PREMISES PROCEDURE (KINDERGARTEN)

## Link to policy and support documentation

- ◆ National Education & Care Services Regulations 2011
- ◆ National Education & Care Services Law Act 2010

## Description

To comply with the specific requirements required to ensure the health and safety of the children in our care, we have specific procedures around the delivery of children to, and collection from our kindergartens. It is critically important that the kindergarten has an accurate list of authorised persons, and that those persons correctly sign the child in and out of the kindergarten.

## Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Delivery of Children to, and Collection From, Education and Care Premises Policy

## Implementation

### AUTHORISED PERSONS

- ◆ An authorised person is someone who is either listed on the enrolment form or in another form of writing (in the case of one-off emergency collections) by the child's parents' as someone authorised to collect the child. The person must be 18 years old or above. Exemptions for this age requirement may be given in some circumstances. Those circumstances would have to be submitted in writing to the Approved Provider for consideration and acceptance.
- ◆ In the event of an authorised person collecting a child from the service, who is not familiar to service staff, the person is required to provide recognised identification such as a driver's licence.
- ◆ In this procedure the term 'parent or authorised nominee' does not include a parent who is prohibited by a court order from having contact with the child.
- ◆ The approved provider, nominated supervisor or responsible person in charge of the service is not required to allow a parent to enter the service premises if—
  - (a) permitting the parent's entry would—
    - (i) pose a risk to the safety of the children and staff of the service;
    - (ii) conflict with any duty of the educators under the Law;
  - (b) the service is aware that the parent is prohibited by a court order from having contact with the child.
- ◆ Where a child is considered to be:

- ◇ at significant, imminent risk of suffering harm and/or
- ◇ if there are grounds to suspect that unless someone intervenes to prevent it, the actions of a person will result in, or is likely to result, in a detrimental effect of a significant nature on the child's physical, emotional and/or psychological well-being,
- ◇ the educator is to contact the Student Protection Team the Police on 000 to inform them of the situation.

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## SIGNING IN AND OUT

- ◆ Responsibility for the child by kindergarten personnel begins when the child is signed in by an authorised person. Responsibility ends when the child is signed out by a parent or an authorised person.
- ◆ All children will be signed in and out by a parent or an authorised person.
- ◆ Where digital sign in and out methods are available, the software will note the time and complete the name of the person who has signed the child in or out. This is accepted as a digital signature from that person. Accordingly, it is an expectation that all authorised persons will have their own, unique user and log in details to sign the child in and out and that these will not be shared with anyone else.
- ◆ If a digital sign in method is not available, paper sign in and out attendance sheets will be made available by the service and the authorised person (staff member or parent) signing a child in or out must:
  - ◇ Note the time;
  - ◇ Print their name;
  - ◇ Sign the entry.
- ◆ A child may only leave the education and care service premises under the following circumstances:
  - ◇ a parent or authorised nominee collects the child
  - ◇ a parent or authorised nominee provides written authorisation for the child to leave the premises
  - ◇ a parent or authorised nominee provides written authorisation for an educator to take the child outside the centre's premises
  - ◇ the child requires medical, hospital or ambulance treatment, or there is another emergency
  - ◇ The child being transported by the service or on transportation arranged by the service
- ◆ Please note: it is understood that where a kindergarten child accesses a Catholic Education OSHC on the same premises as the kindergarten, educators are approved to sign the child in and out as agreed on the child's enrolment documentation.

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## LATE COLLECTION OF CHILDREN

In some cases, parents may be unavoidably detained and unable to collect their child before closure time. If this occurs, parents must contact the service as soon as possible to advise of either alternative arrangements or their own expected time of arrival.

If no contact has been made with the kindergarten five (5) minutes after the kindergarten's closure the responsible person will;

- ◆ Attempt to phone parents to ascertain why collection has not occurred.

- ◆ Inform parents that they may incur a late fee for every 15 minutes that the child is not collected.
- ◆ If the kindergarten is unable to contact the authorised person/parent at this time they will;
  - ◇ Phone authorised people listed on the child's enrolment form to arrange for immediate collection of the child.
  - ◇ Contact the Nominated Supervisor.

When the parent or authorised person arrives to collect child:

- ◆ Ensure that the correct time is written on the sign in/out sheet (responsible person is to co-sign to acknowledge time out).
- ◆ Documenting and placing note in child's file or profile – detailing family name, child's name, date and time of collection, the name of the person who was authorised to collect the child.
- ◆ Inform the family whether a late collection fee will be charged to their account. Confirm this charge amount by email within 48 hours.

NB. Staff are to document the actual time they left the service when it is reasonable to do so.

**If no one can be contacted and the child has not been collected after an hour of kindergarten closure time**, the Department of Child Safety and or the Police will be contacted and asked to take responsibility for the child. In this case, it is recommended that contact be made with the CEDR Early Learning and Care Team at the same time.

- ◆ Two staff will supervise at all times when there are children in attendance and for the operational hours of the service.
- ◆ To ensure the safety of children, staff will work together to provide effective care and support. This may include providing necessary food and clothing to ensure the continued comfort for child.

If a child is continually collected late, this must be brought to the attention of the Nominated Supervisor and Early Learning and Care Team, as this may result in termination of enrolment at the kindergarten.

## ABSENCE FROM SERVICE

If a child is absent on a day they are enrolled at the kindergarten, service staff will attempt to contact the family to determine the reason for the child's absence if they have not been notified previously.

This day will then be recorded as an absence in the service's attendance record and any relevant fees will apply.

## Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
Version 13.00	<i>Early Learning and Care Policies and Procedures</i>	230   Page



**Attendance record**

To track attendance of all children at the service including time they are signed in and out, and authorised person who did so.

Software package (i.e. Xplor or The Alpha School System)  
Hard copies also accepted – generated from software package or template on Kindergarten Sharepoint site

# DELIVERY OF CHILDREN TO, AND COLLECTION FROM, EDUCATION AND CARE PREMISES PROCEDURE (OSHC)

## Link to policy and support documentation

- ◆ National Education & Care Services Regulations 2011
- ◆ National Education & Care Services Law Act 2010

## Description

To comply with the specific requirements required to ensure the health and safety of the children in our care, we have specific procedures around the delivery of children to, and collection from our OSHC services. It is critically important that the service has an accurate list of authorised persons, and that those persons correctly sign the child in and out of the kindergarten.

## Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Enrolment and Orientation Policy and Procedure
- ◆ Delivery of Children to, and Collection From, Education and Care Premises Policy

## Implementation

### AUTHORISED PERSONS

- ◆ An authorised person is someone who is either listed on the enrolment form or in another form of writing (in the case of one-off emergency collections) by the child's parents' as someone authorised to collect the child. The person must be 18 years old or above. Exemptions for this age requirement may be given in some circumstances. Those circumstances would have to be submitted in writing to the Approved Provider for consideration and acceptance.
- ◆ In the event of an authorised person collecting a child from the service, who is not familiar to service staff, the person is required to provide recognised identification such as a driver's licence.
- ◆ In this procedure the term 'parent or authorised nominee' does not include a parent who is prohibited by a court order from having contact with the child.
- ◆ The approved provider, nominated supervisor or responsible person in charge of the service is not required to allow a parent to enter the service premises if—
  - (a) permitting the parent's entry would—
    - (i) pose a risk to the safety of the children and staff of the service;
    - (ii) conflict with any duty of the educators under the Law;
  - (b) the service is aware that the parent is prohibited by a court order from having contact with the child.

- ◆ Where a child is considered to be:
  - ◇ at significant, imminent risk of suffering harm and/or
  - ◇ if there are grounds to suspect that unless someone intervenes to prevent it, the actions of a person will result in, or is likely to result, in a detrimental effect of a significant nature on the child's physical, emotional and/or psychological well-being,
  - ◇ the educator is to contact the Student Protection Team the Police on 000 to inform them of the situation.

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## SIGNING IN AND OUT

- ◆ Responsibility for the child by OSHC personnel begins when the child is signed in by an authorised person. Responsibility ends when the child is signed out by a parent or an authorised person.
- ◆ All children will be signed in and out by a parent or an authorised person.
- ◆ Where digital sign in and out methods are available, the software will note the time and complete the name of the person who has signed the child in or out. This is accepted as a digital signature from that person. Accordingly, it is an expectation that all authorised persons will have their own, unique user and log in details to sign the child in and out and that these will not be shared with anyone else.
- ◆ If a digital sign in method is not available, paper sign in and out attendance sheets will be made available by the service and the authorised person (staff member or parent) signing a child in or out must:
  - ◇ Note the time;
  - ◇ Print their name;
  - ◇ Sign the entry.
- ◆ A child may only leave the education and care service premises under the following circumstances:
  - ◇ a parent or authorised nominee collects the child
  - ◇ a parent or authorised nominee provides written authorisation for the child to leave the premises
  - ◇ a parent or authorised nominee provides written authorisation for an educator to take the child outside the centre's premises
  - ◇ the child requires medical, hospital or ambulance treatment, or there is another emergency
  - ◇ The child being transported by the service or on transportation arranged by the service
- ◆ Please note: it is understood that OSHC educators are permitted to sign children in and out of the service to the attached school or kindergarten for the purposes of before and after school care sessions, as agreed in the child's enrolment documentation.

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## LATE COLLECTION OF CHILDREN

In some cases, parents may be unavoidably detained and unable to collect their child before closure time. If this occurs, parents must contact the service as soon as possible to advise of either alternative arrangements or their own expected time of arrival.

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If no contact has been made with the OSHC five (5) minutes after the OSHC's closure the responsible person will;

- ◆ Attempt to phone parents to ascertain why collection has not occurred.
- ◆ Inform parents that they may incur a late fee for every 15 minutes that the child is not collected.
- ◆ If the OSHC is unable to contact the authorised person/parent at this time they will;
  - ◇ Phone authorised people listed on the child's enrolment form to arrange for immediate collection of the child.
  - ◇ Contact the Nominated Supervisor.

When the parent or authorised person arrives to collect child:

- ◆ Ensure that the correct time is recorded on the sign in/out record (if a paper attendance record, responsible person is to co-sign to acknowledge time out).
- ◆ Document and place note in child's file or profile – detailing family name, child's name, date and time of collection, the name of the person who was authorised to collect the child.
- ◆ Inform the family whether a late collection fee will be charged to their account. Confirm this charge amount by email within 48 hours.

NB. Staff are to document the actual time they left the service when it is reasonable to do so.

**If no one can be contacted and the child has not been collected after an hour of service closure time**, the Department of Child Safety and/or the Police will be contacted and asked to take responsibility for the child. In this case, it is recommended that contact be made with the CEDR Early Learning and Care Team at the same time.

- ◆ Two staff will supervise at all times when there are children in attendance and for the operational hours of the service.
- ◆ To ensure the safety of children, staff will work together to provide effective care and support. This may include providing necessary food and clothing to ensure the continued comfort for child.

If a child is continually collected late, this must be brought to the attention of the Nominated Supervisor and Early Learning and Care Team, as this may result in termination of enrolment at the service.

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## ABSENCE FROM SERVICE

If a child is absent on a day they are booked at the OSHC, service staff will:

- ◆ contact the school office to determine if the child was also absent from school. If they were absent from school, the child will be marked absent in the service attendance record. Service to call and/or text family to advise that the child has been marked absent for that day.
- ◆ If the child was present for school, attempt to contact the family to determine the reason for the child's absence. If this is the first confirmation that the child will be absent from the service, the child will be marked absent in the service attendance record and any relevant fees will be applied.

## Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Attendance record</b>	To track attendance of all children at the service including time they are signed in and out, and authorised person who did so.	Software package (i.e. Xplor) Hard copies also accepted – generated from software package or template on OSHC Sharepoint site

# ENROLMENT AND ORIENTATION POLICY

## Policy Statement

To ensure that our enrolment and orientation processes meet the unique needs of each child and family, the service aims to develop collaborate partnerships and promote a sense of belonging for the child and their family to the service community.

## Background

The *Education and Care Services National Regulations* require Approved Providers to ensure their services have policies and procedures in place in relation to enrolment and orientation.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ Respectful and supportive relationships with our families are valued with a focus smooth transitions and quality outcomes for children in our kindergartens and services. Our quality enrolment and orientation processes seek to promote these relationships.
- ◆ Input is actively sought from all those associated with the service in our decision-making processes. For families, this begins at enrolment and orientation.
- ◆ The educational program accounts for each child's knowledge, strengths, ideas, culture, abilities and interests. Enrolment and orientation viewed as an important opportunity to begin to gather this information from the child and their family.
- ◆ Systems and practices ensure that record keeping meets regulatory requirements including in relation to confidentiality and storage.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and it's associated procedures.

## Links to other policies and procedures

- ◆ Acceptance and refusal of authorisations
- ◆ Dealing with medical conditions in children
- ◆ Dealing with infectious diseases
- ◆ Incident, injury, trauma and illness
- ◆ Delivery of children to, and collection from, education and care service premises
- ◆ Emergency and evacuation
- ◆ Excursions
- ◆ Governance and management

- ◆ Interactions with children
- ◆ Dealing with complaints
- ◆ Payment of service fees and provision of a statement of fees charged by the kindergarten/service
- ◆ Safe transportation of children

### **Monitoring, evaluation and review**

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or inquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.



# ENROLMENT AND ORIENTATION PROCEDURE (KINDERGARTEN)

## Link to policy and support documentation

- ◆ Education and Care Services National Law Act 2010
- ◆ Education and Care Services National Regulations 2011
- ◆ Queensland Kindergarten Funding Scheme: Funding Requirements 2017
- ◆ Delayed Entry and Delayed Exit Enrolment Procedure for Approved Queensland Kindergarten Programs (Department of Education and Training)

## Description

The process of enrolment for kindergarten-age children is inclusive for all who seek a kindergarten program that is embedded with the Catholic tradition.

Religious understandings will be explored throughout the program and will not be limited to set times. It is an expectation that children enrolled at the kindergarten will participate in these experiences. Families who are not Catholic, who seek enrolment in our service are welcome. It is an expectation that on enrolment all families will value the ethos of the program as expressed in our Mission Statement and are supportive of the Catholic tradition.

Each parent/carer will be required to complete a current online enrolment form for each child and provide any updates to enrolment information throughout the year. This process is to ensure the safe and appropriate care of children and to comply with legislation.

Families will be provided with comprehensive information about the kindergarten's operation and management details. Additionally, we recognise the varying needs and perspectives of families from culturally and linguistically diverse backgrounds. The service operate under an 'open-door' policy where families are welcome to participate in their child's education.

## Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Enrolment and Orientation Policy
- ◆ Inclusive Practices Policy and Procedure

## Implementation

### ENROLMENT PROCESS

1. Expression of Interest Application Forms are completed online by families wishing to enrol their child at a kindergarten.
  - ◆ Fully completed expression of interest applications will ensure a child's placement onto a kindergarten's wait list. Lodgement of this form does not guarantee the child a place within a service. A separate form needs to be completed for every child within a family.
  - ◆ Children may enrol into a kindergarten at any time during the year if a vacancy is available.

- ◆ Children must have turned three years of age prior to the commencement at kindergarten. Priority will be given to those children who are within the kindergarten-age cohort (see *Priority of Access*). However, if sufficient enrolment places are available, pre-kindergarten age children or children of kindergarten age (additional days to the designated 600 hours per year), may be offered remaining places at a time determined by the Early Learning and Care Team.
  - ◆ **Children are not automatically enrolled into the Catholic school** located nearest to the kindergarten when the child is of school-age. Families will need to complete a separate enrolment process to be placed on the wait list for a Catholic school.
2. Families will be asked to meet with the kindergarten staff and Kindergarten Curriculum and Equity Coordinator or delegate if there are additional requirements identified for a child to access the program.
    - ◆ This process will commence as soon as additional requirements are identified (depending on status of diagnosis or when information is provided to the kindergarten).
    - ◆ Any reasonable adjustments to support a child who has additional needs or where there may be health and safety considerations to access the kindergarten program will be considered.
    - ◆ This agreement will be made in consultation with families prior to the commencement of the kindergarten year of attendance. Any enrolment offer will not be considered as finalised until an initial agreement is reached.
    - ◆ Any amendments to this initial agreement of enrolment conditions need to be endorsed by the family, kindergarten teacher/director and Kindergarten Curriculum and Equity Coordinator or delegate.
  3. Families will be sent an enrolment pack in the months prior to the commencement of their child's kindergarten year, or when a place becomes available at the kindergarten for mid-year enrolments. The enrolment form which is part of the pack will need to be fully completed and returned to confirm the enrolment of the child. All information contained in enrolment documentation will be treated in accordance with the Catholic Education – Diocese of Rockhampton Standard Collection Notice (which is to be provided to all families on Enrolment – this document is to be provided as a separate document and not embedded in the Enrolment Form).
  4. Simultaneously, payment of an enrolment fee, as set out in the fee information, must be received.
    - ◆ The enrolment fee is non-refundable.
    - ◆ If for any reason a family is unable to pay this fee, alternative arrangements can be negotiated with the CEDR Early Learning and Care Team.
  5. Once returned, the enrolment form will be checked by the kindergarten director to ensure that all regulatory required sections have been completed and any supporting documents attached (please refer to Regulations 160-162 and 177 for required information). **Enrolment will not be considered confirmed until completed enrolment documentation has been received and confirmed by the kindergarten director.**

6. Parent information night details, equipment lists, calendars and fees will be distributed to families after the enrolment form is completed. Parent nights are offered outside of business hours to allow as many parents and carers as possible to attend. If a family cannot make it to a session, the information is emailed to them for their perusal and reference as these sessions contain essential information, including sign up for child orientation sessions.
7. Child orientation sessions, which are held in the week prior to commencement of the child's kindergarten year, are designed to allow the child to familiarise themselves with the educational environment, educators and their peers.

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## PRIORITY OF ACCESS

- ◆ Priority will be given to children who are of the eligible kindergarten age for Catholic Education Diocese of Rockhampton kindergartens centres i.e. children who are at least four years old by June 30 in the year they participate in the program.
- ◆ Evidence of the child's date of birth must be provided by the child's parent or carer prior to enrolment – Birth Certificates, Passports or other government issued documents (government identifier must be evident) with the child's full name and date of birth.
- ◆ If there are additional places available after the kindergarten offers have been made, the kindergarten-cohort will be offered additional days at the service based on request. The families' work/study commitments may also be considered. Additional days will incur a higher daily fee as they are not eligible for government funding beyond the prescribed 600 hours a year.
- ◆ Pre-kindergarten aged children (must be at least three years old), may be offered a place at the service if places are still available after all kindergarten-age children have been placed, and additional days offered for those children. These are at the discretion of Catholic Education Diocese of Rockhampton and will incur a higher fee rate than a kindergarten-age place as they do not receive any government funding.
- ◆ The following kindergarten-age children may be given priority of access in exceptional circumstances at the discretion of the Diocesan Director:
  - ◇ Siblings of families attending the service.
  - ◇ Children of staff if they are required to teach in one of our services or schools and enrolment is required for this to occur.
- ◆ Vulnerable and At Risk kindergarten-age children may be placed regardless of any other considerations in priority of access as long as regulated enrolment conditions are met.

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## ATTENDANCE

- ◆ During the enrolment process, parents/guardians will be required to nominate the days/sessions, their child will be attending.
- ◆ Children who are of kindergarten age will be enrolled in a five day fortnight Approved Kindergarten program.
- ◆ These enrolled days will remain in place for the remainder of the year/ nominated period or until written notification of cancellation is received by the parent/carers. Fees will continue to be paid as per Fee Collection and Payment Policy and Procedure.
- ◆ In the case of a parent/guardian requesting to alter enrolled day/s for their child/ren, they are required to complete a *Change to Kindergarten Days Booked/Cancellation*.

- ◆ Alterations to enrolment will not occur until such time that this form is completed and returned to the Nominated Supervisor. Families will be notified if the change is approved and the date at which it will take effect.

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## ORIENTATION

### Families:

- ◆ New families will be provided with all the relevant enrolment information
- ◆ Time will be provided for families to discuss any needs with the teacher
- ◆ Staff will be introduced to new families
- ◆ Families and child will be shown around the service
- ◆ Families will be invited to spend time with their child during service hours
- ◆ Families will be shown the procedures for signing in/out
- ◆ Families will be offered the opportunity to engage in the service's Volunteers Induction. This information is distributed after the parent information night and induction forms must be returned to the service.
- ◆ Families will have access to the Parent Code of Conduct and reminded of confidentiality regarding the centre operations and the children at the service
- ◆ Families will be shown where they can access relevant information regarding service procedures
- ◆ Service information will be provided digitally where possible, so that translation programs can be used by families as required.
- ◆ Interpreter services will be made available for non-English speaking families

### Children:

- ◆ New children will be introduced and welcomed to the group
- ◆ Staff will familiarise the children into their new environment
- ◆ New children will be closely monitored to ensure they are settling into the program

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## DELAYED ENTRY & EXIT

- ◆ Delayed entry to or delayed exit from our Approved Kindergarten Program may be initiated by either the parent and/or the kindergarten teacher. Enrolment decisions should be informed by a child's development (social-emotional, cognitive, spiritual, physical).
- ◆ Where a child is approved to access delayed entry to, or delayed exit from, an Approved Kindergarten Program, the Approved Provider will be able to claim the relevant subsidies.

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## RE-ENROLMENT

Families will be able to re-enrol the following year in our services if a place is available. If it is determined a child will be returning, the families are requested to notify the service as soon as possible to be considered for a placement the following year. Re-enrolment can only occur if fees are paid in full for the current year of attendance.

## Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint

<b>Document Title</b>	<b>Purpose</b>	<b>Location</b>
<b>Change to Kindergarten Days Booked/Cancellation</b>	To change booked days or cancel enrolment with kindergarten	All Kindergarten Site
<b>Catholic Education Enrolment form</b>	To meet regulatory requirements of enrolment record	Online enrolment form platform (i.e. OnBase, Xplor)
<b>Family Handbook/ Enrolment Pack</b>	To give families necessary information about their chosen kindergarten. Customised to each service.	Provided by email at time of enrolment. Family Handbook also available on Family Google site.

## ENROLMENT AND ORIENTATION PROCEDURE (OSHC)

### Link to policy and support documentation

- ◆ Education and Care Services National Law Act 2010
- ◆ Education and Care Services National Regulations 2011
- ◆ Child Care Subsidy Australia

### Description

Catholic Education, Diocese of Rockhampton outside school hours care services' process of enrolment is aligned to the inclusion of all who seek care for their child outside of school hours while participating in a care program embedded in a Catholic tradition.

Spirituality will be explored throughout the program will not be limited to set times. It is an expectation that children enrolled at the service will participate in these experiences. Families who are not Catholic who seek enrolment in our service are welcome. It is an expectation that on enrolment all families will value the ethos of the program as expressed in our Mission Statement and who are supportive of the Catholic tradition.

Each parent/carer will be required to complete a current online Enrolment for each child and provide any updates to enrolment information throughout the year. This process is to ensure the safe and appropriate care of children and to comply with legislation.

Bookings are essential, and not transferred from each school year or from one vacation care program to the next. Limitation on vacancies is dictated by Service Approval capacity, approved Child Care Subsidy (CCS) places and staffing.

Families will be provided with comprehensive information about the service's operation and management details. Accordingly, we recognise the varying needs and perspectives of families from culturally and linguistically diverse backgrounds. The service will allow time for families to spend time with their children in the service.

### Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Enrolment and Orientation Policy
- ◆ Inclusive Practices Policy and Procedure

### Implementation

#### ENROLMENT PROCEDURE

Children may enrol into any education and care program from the day they commence at Prep or if the Service Approval extends to kindergarten-age children, then from the day they commence at the kindergarten.

Children must be at least 4 years old and attending a Catholic school to attend the program unless the Service Approval indicates otherwise. Once families have enrolled their child into

the program, a yearly re-enrolment must be completed prior to the commencement of each new school year or the enrolment with the service will cease.

1. Families can complete an enrolment form or place their child/ren on the waitlist for a service from the Catholic Education Diocese of Rockhampton website. School officer, OSHC staff and Early Learning and Care Team staff all refer them to that location to complete online enrolment form.
2. OSHC Coordinators or delegate check enrolments as they enter the child care management system each week for new enrolments and confirm that the enrolment form is complete (please refer to Regulations 160-162 and 177 for required information). If not, they must follow up with the family to obtain missing information. **If an enrolment form is received and there are no places available at the service, family must be notified there are no places currently available and that they will be placed on the wait list.**
3. Once enrolment form is complete and a place is available at the service, OSHC Coordinator or delegate is to contact the enrolling family to:
  - a. Clarify any information the service deems necessary to properly care for and educate the enrolled child e.g. clarify information on Action or Health Plans, Parenting Orders etc.
  - b. Confirm start date at the service.
  - c. Send family handbook with information about opening hours, fees and parent rights and responsibilities.
4. Bookings will be confirmed for the child/ren through the Xplor app for casual bookings, or via email if a regular booking, and child may commence at the service.

**Please note:**

- ◆ All information contained in enrolment documentation will be treated in accordance with the Catholic Education – Diocese of Rockhampton Standard Collection Notice. The service from time to time discloses personal and sensitive information to others for administrative and educational purposes only. This includes to government departments, the Catholic Education Offices, the Queensland Catholic Education Commission, the service's local diocese, school and the parish, schools within other dioceses, medical practitioners, and people providing services to the service including specialist visiting teachers, coaches, volunteers and counsellors.
- ◆ Evidence of the child's date of birth must be provided by the child's parent prior to enrolment. Children can only be enrolled if they are between the ages that the service is licensed to provide care for (information located on the Service Approval certificate).
- ◆ If a child enrolled at the service is suspected of contracting a contagious condition, Queensland Health or a medical practitioner may advise the service to remove those children who have not been vaccinated for this contagious condition. These children will not be able to return to the service for a prescribed period as directed by the Nominated Supervisor. Parents/carers are required to continue paying full fees for this prescribed period as per the *Bookings* section of this procedure, unless overruled by a directive from a government body.
- ◆ Children will not be collected from neighbouring schools (other than the host school) due to the additional hazards involved in walking children daily. This also incurs additional responsibility and staffing requirements to fulfil this task and therefore is not available at services.



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## PRIORITY OF ACCESS

Our OSHC services have been established to provide care for the students of their associated schools. Therefore, first priority will be given to those children who attend the host school where the OSHC service is located. Secondly, students of neighbouring Catholic schools within our diocese will be offered a placement at the OSHC service. Catholic Education does not offer places to children from Schools that are not part of Catholic Education at this time.

In addition, although there are no mandatory requirements for filling vacancies, Nominated Supervisors and delegates will consider prioritising children who are:

- ◆ at risk of serious abuse or neglect
- ◆ of a sole parent/parents who satisfy/ies, the activity test through paid employment.

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## CHILD CARE SUBSIDY (CCS)

Correct and up to date information relating to CCS eligibility and confirmation of a Complying Written Arrangement (CWA) must be provided upon enrolment with the service if a family would like to claim CCS for their child/ren's attendances. If the family would prefer not to claim CCS, this request must be submitted in writing to the service and a Relevant Arrangement (RA) will be entered for all children in that family.

It is the family's responsibility to comply with all requirements to maintain their CCS and keep it up to date as outlined by the relevant government agencies and departments.

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## ORIENTATION

Families:

- ◆ New families will be provided with all the relevant enrolment information
- ◆ Time will be provided for families to discuss any needs with the Nominated Supervisor and or delegate.
- ◆ Staff will be introduced to new families
- ◆ Parents and child will be shown around the service
- ◆ Families will be invited to spend time with child during service hours
- ◆ Families will be shown the procedures for signing in/out
- ◆ Families will be shown where they can access relevant information regarding service procedures
- ◆ Interpreter services will be made available for non-English speaking families on request.
- ◆ Reconfirm details relating to Action and Health Plans, Parenting Orders or any other additional requirements for the enrolled child.

Children:

- ◆ New children will be introduced and welcomed to the group
- ◆ Staff will show new children areas they are allowed to access

- ◆ New children will be closely monitored to ensure they are settling into the program
- ◆ Where possible, children will be offered a buddy option on their first day and going forward if they find this supports their transition into the program

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## CANCELLATION OF ENROLMENT

Cancellation of enrolment at the service (including Vacation Care) will require two weeks' notice. All associated fees for the two-week period will be paid before leaving the service.

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## RE-ENROLMENT

Re-enrolment information is supplied in Term Four of the school year.

In alignment with service regulations, child enrolments must be updated each year. This includes the completion of a new enrolment form. Children will not be able to attend the service each year until a completed enrolment form is returned to the service. Services will send out notification and enrolment forms in Term 4 of each year to assist families in keeping their enrolment current.

Re-enrolment will not be permitted to families who have an outstanding account, except at the discretion of the Nominated Supervisor provided that a payment plan is in place.

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## REQUIRED DOCUMENTATION

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

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Document Title	Purpose	Location
<b>Catholic Education Enrolment form</b>	To meet regulatory requirements of enrolment record	Online enrolment form platform (i.e. OnBase, Xplor)
<b>Family Handbook/ Enrolment Pack</b>	To give families necessary information about their chosen service. Customised to each service.	Provided by email at time of enrolment. Generic Family Handbook also available on Family Google site.

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## BOOKING PROCEDURE (OSHC)

### Link to policy and support documentation

- ◆ Education and Care Services National Law Act 2010
- ◆ Education and Care Services National Regulations 2011
- ◆ Queensland Kindergarten Funding Scheme: Funding Requirements 2017
- ◆ Delayed Entry and Delayed Exit Enrolment Procedure for Approved Queensland Kindergarten Programs (Department of Education and Training)

### Description

In order to ensure fair and equitable access to OSHC services, Catholic Education Diocese of Rockhampton have clear guidelines regarding bookings. These allow each service to ensure that correct staff child to staff ratios are in practice at all times, experiences that children have requested are available when they attend the service, and adequate provisions are available during the operation of the service.

### Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Enrolment and orientation policies and procedure
- ◆ Inclusive practices policy and procedure

### Implementation

The service is required to maintain a record of each child to ensure the safe and appropriate care of children and compliance with legislation. As such, children without enrolment forms are legally unable to attend the service until such time as a completed enrolment form is provided.

At the time of enrolment parents/guardians will be required to nominate days/sessions, children will be attending and whether they will be booked in on a permanent or casual basis. Permanent bookings are when a child attends on regular booked days. Casual bookings are when a child attends on an irregular basis. This depends upon availability of vacancies for any one session.

These bookings will remain in place for the remainder of the year/ nominated period or until written notification of changes or cancellation is received by the service.

In the case of a parent/guardian requesting to alter a permanent booking i.e. change a permanent day of attendance or add or remove a day or days of permanent attendance, the parent/guardian is required to provide written notification to the service within two weeks of the proposed change date.

Alterations to permanent bookings will not occur until such time that written notification is received by the service and will depend on the availability of positions.

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## CHILDREN ARRIVING WITHOUT A BOOKING (WHERE CHILD IS UNACCOMPANIED BY PARENT/GUARDIAN)

If a child arrives at the service and is not booked in, and they are not accompanied by a parent/guardian, the service is not to book them in. The service is not able to make bookings that incur financial cost to a family without consulting with an authorised nominee for that child.

- ◆ An educator will accompany the child to the school administration office
- ◆ School staff are then to contact the child's family to collect them.

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## CHILDREN ARRIVING WITHOUT A BOOKING (WHERE CHILD IS ACCOMPANIED BY PARENT/GUARDIAN)

If a child (and parent) arrives at the service and the child is not booked in, explain to the parent that a booking was not made and check the following:

- ◆ The number of children booked to attend that session;
- ◆ The approved capacity of the session;
- ◆ The staff:child ratio.
- ◆ If the child has a current enrolment with the service

### **If there are vacancies for the session and the child has a current enrolment:**

- ◆ The parents are to be informed that as the booking is casual, the session fee will be added to their parent account.
- ◆ The child is to be booked into the service for the day, and parent is to sign them in via the childcare software management system app.

### **If there are NO vacancies for the session and a parent wishes to book their child in:**

- ◆ Inform the parent that there are no vacancies at the service for that session.
- ◆ Parents will need to make other arrangements for the care of the child unless the emergency care legislation can be applied (see emergency care section of this procedure).

### **If there are vacancies for the session and a child DOES NOT have a current enrolment form:**

- ◆ Explain to the parent that a current enrolment must be completed for a booking to be accepted and for a child to attend the service.
- ◆ Refer the parent to the *Enrolment and Orientation Procedure (OSHC)* and provide them with the enrolment link for the service.
- ◆ The child/ren are unable to attend the service until the enrolment procedure has been completed.

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## VACATION CARE

Vacation care bookings are made in advance of attendance, including the selection of education experiences. For those families that only attend the service during vacation care,

enrolment must be confirmed through myGov account prior to attendance to guarantee CCS is applied to fees.

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## CANCELLATION OF BOOKING

Cancellation of a booking will require **48 hours'** notice. Where this notice is not received within the designated timeframe, or no notice is received, the service reserves the right to record this attendance as an absence and require payment of associated fees.

Exemptions may be approved in exceptional circumstances at the discretion of the Nominated Supervisor of the service, through written application such as an email.

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## EMERGENCY CARE

Emergency care can only be accessed for one family at any one time. The following conditions apply:

- ◆ Child/ren are currently enrolled at the service
- ◆ Emergency care can only be provided for a period of no more than two consecutive days on which the service operates
- ◆ Should use of these places be required on more than three (3) occasions during the term or the care of more than the two children from one family is necessary, consultation with the Early Learning and Care Team will be required.
- ◆ Exceeding the number of places available will only be permitted if there is no risk to the health, safety and wellbeing of the children at the service. Notification is to be made via the NQA ITS (ACECQA – National Quality Agenda IT System).
- ◆ If service approval places are exceeded as a result of emergency care being provided, an Emergency Care Notice will be displayed.

### Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
N/A	N/A	N/A

# PAYMENT OF SERVICE FEES AND PROVISION OF A STATEMENT OF FEES CHARGED BY THE SERVICE

## Policy Statement

Catholic Education – Diocese of Rockhampton believes in quality education and care in all of our sectors. In order to provide that care, families are required to pay fees to assist in covering the operational costs of our services.

## Background

As a not-for-profit organisation, fees are a necessary part of operating all services to the benefit of the families who engage with them. Our aim is to keep fees affordable for working or studying families, by applying all possible funding to our fees and ensuring a lower gap fee wherever possible while still ensuring our operational costs are met.

Across our Diocese, daily kindergarten fees are identical, and OSHC service fees must fall within a range that is published by the Approved Provider. We clearly communicate these fees to families, and ensure any changes are advertised clearly and in a timely manner.

## Legislative Requirements

Rockhampton Catholic Education is committed to meeting all legislative and regulatory requirements at each of our Kindergartens and OSHC services. Please refer to Appendix A for details of how we meet those obligations across this document.

## Principles that Inform your Policy

- ◆ The fee structure to be fair and we accommodate payment plans for families requiring greater flexibility can be arranged. Fees structure is clear and transparent, and our systems and practices ensure that payments are processed correctly and receipts and statements are provided to families.
- ◆ Two-way communication is valued between families and the service. Fees are discussed at enrolment and two weeks' notice is provided of any changes to the fee structure.
- ◆ We ensure they are familiar with our fees at enrolment and we provide at least two weeks' notice of any changes to the fee structure.
- ◆ As a not-for-profit organisation, fees provide the day to day operation of the service.

## Key Terms

Please refer to *Appendix B – Key Terms* in this document for a list of terms that may require further explanation or definition than is provided in the text of this policy and it's associated procedures.

## Links to other policies and procedures

- ◆ Enrolment and orientation
- ◆ Governance and management

### **Monitoring, evaluation and review**

Rockhampton Catholic Education reviews policies and procedures annually. This process includes specifically requesting feedback from families, educators and other stakeholders, as well as any changes that were applied during that year as part of an outcome of an incident or inquiry.

In addition to this review, policies and procedures will be updated with an interim version if amendments or new legislation is introduced between annual reviews.



## FEE COLLECTION AND PAYMENT PROCEDURE (KINDERGARTEN)

### Link to policy and support documentation

- ◆ Payment of Service Fees and Provision of a Statement of Fees Charged by the Service Policy
- ◆ *Fees and Levies Collection and Concession Procedures*, Catholic Education Diocese of Rockhampton
- ◆ *Queensland Kindergarten Funding Essentials (sessional kindergartens)*, Department of Education, Queensland Government

### Description

This procedure is required to manage the payment of accounts and inform families of the processes relating to payment of fees at the kindergarten. It is a requirement that fees are paid within a reasonable time to ensure a sustainable, quality service for all families.

Kindergartens, as a non-compulsory education, are funded separately from schools. This funding is provided from the Queensland Department through our Central Governing Body – Queensland Catholic Education Commission (QCEC). There are several eligibility and operation criteria that must be met to safeguard this funding and Approved Kindergarten status.

The subsidy rate for kindergartens differs from the subsidy rate for long day care services and takes into account that families of kindergarten-age children attending our kindergartens are unable to claim Child Care Subsidy (CCS) for their children, so fees are not offset by that funding as they are at long day care services.

The primary carer on the child's enrolment form, as a signatory to that agreement, will be liable for payment of all fees incurred while their child/ren are enrolled at the service.

### Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Payment of Service Fees and Provision of a Statement of Fees Charged by the Service Policy
- ◆ Enrolment and Orientation Policy and Procedure
- ◆ Governance Policy and Procedure
- ◆ Family Feedback and Grievance Procedure
- ◆ Parent Rights and Responsibilities Procedure
- ◆ Inclusion Support Policy

### Implementation

There are no fees associated with placing a child on the wait list at Catholic Education kindergartens. Families need only submit an expression of interest through the online link for the specific kindergarten/s they are interested in enrolling their child with.

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Upon enrolment, an enrolment fee is due for payment to confirm the family accept a place for their child at the kindergarten in the following year.

Payment is required for all enrolled days and associated levies throughout the year including absences, public holidays and pupil free days. Our kindergartens operate beyond the Queensland Kindergarten Funding Essentials guidelines to ensure a minimum of 600 education hours are available per program. Fee Schedules will be displayed in each kindergarten and published on the Catholic Education, Diocese of Rockhampton website, and show the daily fee for funded and non-funded places.

Approved Kindergarten Funding is only available to:

- ◆ Children in the eligible kindergarten cohort i.e. children who are at least 4 years old by the 30 June in the year they participate in an approved kindergarten program;
- ◆ Only one kindergarten can receive funding for a child each year. If a family decides to enrol their child in two separate sessional kindergartens, they must clearly state and notify each service. For Catholic Education kindergartens, a *Kindergarten Funding Confirmation Form* will be supplied at the times of enrolment and must be returned with enrolment pack.

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## AFFORDABILITY SUBSIDIES FOR SESSIONAL KINDERGARTENS

There are two kindergarten fee subsidies available under the *Queensland Kindergarten Funding Essentials (sessional kindergartens)* guidelines. Where families notify the service of their eligibility, these subsidies will be applied directly to family fees to reduce out-of-pocket expenses.

*Kindy Plus* subsidy: A child who is eligible for this funding will be eligible for fee-free kindergarten. It is only available to families with kindergarten-age children (in their year before school) who meet the following criteria:

- ◆ The family (including foster families and kinship care families as determined by the *Child Protection Act 1999*) or the child must present one of the following:
  - An Australian Government Health Care Card
  - A current Australian Government Concession Card
  - A Department of Veterans' Affairs Gold or White Card
  - Evidence of formal foster or kinship care arrangements
- ◆ The child is living in a formal child protection out-of-home-care arrangement
- ◆ The child or parent identifies as Aboriginal or Torres Strait Islander (relevant section)
- ◆ The family has three or more children of the same age attending a kindergarten program at the same time (multiple birth, triplets or more)
- ◆ The family and child have entered Australia under the Australian Government's Refugee and Humanitarian Program, or is in the process of seeking asylum and holds a temporary visa.
- ◆ Temporary financial hardship (equivalent to the Australian Government's Additional Child Care Subsidy).

Evidence for these categories must be provided to the kindergarten to allow them to apply the appropriate fee subsidy.

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*Kindy FTB subsidy:* A child who is eligible for this funding will be eligible for fee-reduced kindergarten. It is only available to families with kindergarten-age children who can provide evidence that they were eligible for the Australian Government's Family Tax Benefit Part A or Part B payment in the financial year prior to the kindergarten year. This evidence should take the form of a letter from Services Australia that is typically sent directly to the family's MyGov inbox. This must be provided to the kindergarten to allow them to apply the appropriate fee subsidy.

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## PAYMENT OF ACCOUNTS

All accounts are automatically set to a weekly payment schedule, with payments to be made on a Thursday, by the childcare management software. Families can contact their service in writing to request a change to the billing period or day, and where possible within the software these requests will be accommodated. Any payment request changes will be confirmed by return email.

There is a parent app associated with the childcare software package utilised by all services. From this app, the primary account holder can:

- ◆ View statements and account balances at any time
- ◆ Update direct debit account payment details methods.

As per above, any changes to payment schedules must be requested in writing through the service.

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## OVERDUE ACCOUNTS

An account is considered overdue when a scheduled payment is not successfully debited. Where this occurs, the Nominated Supervisor or delegate must make written contact with the family to request a make up payment for the account. A record of all communication will be kept according to finance guidelines set out on the Kindergarten SharePoint site.

If payment is received after this notification is issued, no further action is required.

If payment is not received after this notification is issued, a reminder of payment due should be sent within seven (7) days of the missed payment, and alternative/ catch up payment arrangements offered.

If payment is not received and no contact is made by the family to correct their account within 14 days, a second reminder of payment due should be sent. This written payment reminder should be followed up with a phone call to establish that the payment due communications have been received.

Families who fail to respond to the second reminder letter and associated phone call within seven (7) days should be contacted again by phone and email before sending the third reminder letter. Before sending the third letter, consideration should be given to known personal circumstances and information from the parish priest.

The third letter can be organised by the Catholic Education debt collection agency. A fee may be associated with this service.

The guiding principle of following up overdue accounts is that the organisation cannot in good conscious allow families to incur debts that there is reasonable evidence they will be unable to pay. In some cases, enrolment with the service should be suspended while the account is paid to ensure families' will be able to resolve the debt. This should not be done to the detriment of the child/ren who would require care, and Nominated Supervisors and their delegates must be open to negotiating all terms that are fair to both parties to resolve any overdue account balance.

### Required Documentation

When printed, any documents lists are uncontrolled. Please confirm that the latest version is retrieved from the relevant location each time the form is used as these are kept current at all times. To determine if the form is the correct one, compare the version at the bottom of any printed document to the version at the bottom of the digital copy kept on SharePoint.

Document Title	Purpose	Location
<b>Statement of Fees</b>	To advertise fees for each kindergarten	CEDR website and Kindergarten SharePoint site
<b>Kindergarten Funding Confirmation Form</b>	To confirm which kindergarten will receive government funding for enrolled child.	Kindergarten SharePoint site and distributed to enrolling families

## FEE COLLECTION AND PAYMENT PROCEDURE (OSHC)

### Link to policy and support documentation

- ◆ Payment of Service Fees and Provision of a Statement of Fees Charged by the Service Policy
- ◆ *Fees and Levies Collection and Concession Procedures*, Catholic Education Diocese of Rockhampton
- ◆ Child Care Subsidy System, Australian Department of Education (Federal)

### Description

This procedure is required to manage the payment of accounts and inform families of the processes relating to payment of fees at the OSHC service. It is a requirement that fees are paid within a reasonable time to ensure a sustainable, quality service for all families.

OSHCs are funded only by fees that are paid by families and any childcare subsidy that is paid to them on behalf of families to cover part of their fees. As such, it is essential for the operation of services that fees are paid regularly.

The primary carer on the child's enrolment form, as a signatory to that agreement, will be liable for payment of all fees incurred while their child/ren are enrolled at the service.

### Links to other policies and procedures

Policies and procedures that refer to this procedure include but are not limited to:

- ◆ Enrolment and Orientation Policy and Procedure
- ◆ Governance Policy and Procedure
- ◆ Family Feedback and Grievance Procedure
- ◆ Parent Rights and Responsibilities Procedure
- ◆ Inclusion Support Procedure

### Implementation

All accounts are automatically set to a weekly payment schedule, with payments to be made on a Thursday, by the childcare management software. Families can contact their service in writing to request a change to the billing period or day, and where possible within the software these requests will be accommodated. This request and the payment terms that are in place must be confirmed in a reply email, so that families are aware of their payment obligations to the service.

There is a parent app associated with the childcare software packages utilised by all services. From this app, the primary account holder can:

- ◆ View statements and account balances at any time
- ◆ Update direct debit account details if they would like to change payment methods. Please note that changes to payment schedules must be emailed to the service and cannot be completed through the app
- ◆ Approve CWAs and RAs as required

## OVERDUE ACCOUNTS

An account is considered overdue when a scheduled payment is not successfully debited. Where this occurs, the Nominated Supervisor or delegate must make written contact with the family to request a make up payment for the account. A record of all communication will be kept according to finance guidelines set out on the OSHC SharePoint site.

If payment is received after this notification is issued, no further action is required.

If payment is not received after this notification is issued, a reminder of payment due should be sent within seven (7) days of the missed payment, and alternative/ catch up payment arrangements offered.

If payment is not received and no contact is made by the family to correct their account within 14 days, a second reminder of payment due should be sent. This written payment reminder should be followed up with a phone call to establish that the payment due communications have been received.

Families who fail to respond to the second reminder letter and associated phone call within seven (7) days should be contacted again by phone and email before sending the third reminder letter. Before sending the third letter, consideration should be given to known personal circumstances and information from the parish priest.

The third letter can be organised by the Catholic Education debt collection agency. A fee may be associated with this service.

The guiding principle of following up overdue accounts is that the organisation cannot in good conscious allow families to incur debts that there is reasonable evidence they will be unable to pay. In some cases, enrolment with the service should be suspended while the account is paid to ensure families' will be able to resolve the debt. This should not be done to the detriment of the child/ren who would require care, and Nominated Supervisors and their delegates must be open to negotiating all terms that are fair to both parties to resolve any overdue account balance.

### Required Documentation

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Document Title	Purpose	Location
<b>Fee Schedule</b>	Advertising the specific fees for each service.	OSHC SharePoint site and distributed to families