SECTION 5: HEALTH AND SAFETY POLICIES AND PROCEDURES

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5.0 HEALTH AND SAFETY POLICIES AND PROCEDURES

It is the CELC policy for a child that is unwell not to attend the CELC to avoid the spread of germs and to assist the child to fully recover. This is also in recognition that the best possible care of an unwell child comes from being cared for by the child’s parents/carers and seeking advice from a medical practitioner.

The CELC will maintain a healthy and hygienic environment that promotes the health of the children, educators and parents/carers.

All stakeholders attending the CELC will be encouraged to share ownership of maintaining hygiene practices. CELC educators will ensure that they maintain and model current best practice hygiene procedures as advised by NSW health authorities. Educators will engage children in experiences, conversations, routines and responsibilities that promote children’s understanding of the importance of hygiene for the well-being of themselves and others. (National Quality Standards, 2.1.3, 2.1.4, 2.2.1).

Our CELC will work closely with children, families and other health professionals to manage medical conditions of children attending the CELC. The CELC Policy will be provided to parents/carers who identify that their child has a medical condition, and the appropriate medical authorisation form and action plans will be completed for each child. We will support children with medical conditions to participate fully in the day-to-day program in the CELC in order to promote their sense of being, belonging and becoming (“Early Years Learning Framework, 2009). Our educators will be fully aware of the nature and management of any child’s medical condition and will respect the children and family’s confidentiality” (National Quality Standards 2.1.1, 2.1.4, 2.3.2).

In the event of an accident, illness or incident that may require ambulance transportation of a person/student/child to hospital the health and safety of that person paramount. The CELC will call an ambulance as required. Details of Ambulance NSW policy and procedures are appended on Section 8 of the CELC’s Policies and Procedures and also available through Oscar.

5.1 PARENTS/CARERS RESPONSIBILITY - PROCEDURES AND GUIDELINES

- Signs of an unwell child include raised temperatures, as well as subtle changes in mood, behaviour, activity and appetite.
- Children who have had a temperature, vomiting or diarrhea in the 24 hours prior to their due attendance at the CELC will not be allowed to attend, nor will children who have been given Paracetamol and or Ibuprofen. Administering either or a combination of Paracetamol and Ibuprofen acts as a masking agent to symptoms of illness.
- In addition, children who have been prescribed antibiotics are required to remain away from CELC for 24 hours from commencement of the antibiotic. Antibiotics differ in the amount of time it takes for them to act on the body in curing an illness and have been known to trigger allergic reactions in children. Therefore a minimum exclusion period of 24 hours after first administration is enforced by the CELC.

5.2 PROCEDURES AND GUIDELINES TO ATTEND TO A CHILD THAT IS UNWELL DURING ATTENDANCE AT THE CELC

- Staff will contact the parent/carer to arrange for the child to be collected. Whilst awaiting parent/carer arrival, CELC staff will comfort the child and monitor their condition. Parents/carers must collect their child within thirty minutes of receiving notification that their child is unwell.
- In the event of serious deterioration of a child’s condition, staff will contact the relevant health practitioner/s to seek medical advice and act accordingly.
- If the child’s temperature rises above 38°C to 39.5°C and/or the parent/carer is unable to collect the child within thirty minutes, an ambulance will be called for immediate treatment. Refer to 5.5.3 Managing a High Temperatures at CELC.
- A child who has commenced antibiotics is to remain away from the CELC for 24 hours from the commencement of medication. A child who returns to the CELC before 24
hours will be asked to leave and not return to the CELC until the 24 hours are completed. It is for the wellbeing of the child and the CELC that the child remains at home.

- If a child or CELC staff member is suspected or confirmed by a Doctor as having an infectious disease, they will be required to be excluded from the CELC until such time as a Doctor’s clearance can be provided. The exclusion period will be as recommended by the NSW Department of Health and Staying Healthy in Child Care (2005) as per the Infectious Diseases Table at 5.4.2 of this document. The CELC will advise parents/carers of the relevant exclusion period through the CELC noticeboard and the attendance register area.

- In the event of a Vaccine preventable disease, children who are unimmunised and/or not up to date with their immunisation milestones, the parent/carer will be notified and the child will be excluded during the period of the outbreak of an immunisable disease.

Please note the Public Health Ammendment (Vaccination of Children Attending Child Care Facilities) Act 2013 declares that early childhood education and care services cannot enroll a child unless the parent/carer has provided documentation that shows the child: Is fully vaccinated for their age; or has a medical reason not to be vaccinated, or; has a parent/carer who has a conscientious objection to vaccination or; is on a recognized catch up schedule if their child has fallen behind with their vaccinations. Refer to 5.4 Immunisation Policy.

The CELC Director will contact the Population Health Unit, NSW Health for Western Sydney on Ph: (02) 9840 3603 Westmead Hospital after hours contact (02) 9845 5555 to notify if it is suspected that a communicable disease (for example Diphtheria, Mumps, Poliomyelitis, Haemophilus influenzae Type b (Hib), Meningococcal disease, Rubella (“German measles”), Measles, Pertussis (“whooping cough”), Pertussis (“whooping cough”) or three (3) or more children or staff have; chicken pox, cold sores, conjunctivitis, influenza, food borne illness and/or strep throat. Advice and Information regarding the illness will be provided through information pockets and noticeboards.

The CELC Director will also be required to contact the NSW Department of Education and Communities on 1800 619 113.

1 Education and Care Services National Regulation 2011, Clause 88 (2)
2 National Health and Medical Research Council (2005), Staying Healthy in Child Care, pgs. 7-9.
3 Guide to the National Quality Standards (2011) Quality Area 2
4 Public Health Ammendment ( Vaccination of Children Attending Child Care Facilities) Act 2013

<table>
<thead>
<tr>
<th>REVIEW DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>September 2013; November 2014; February 2015</td>
</tr>
</tbody>
</table>

**NEXT REVIEW DATE:** Enter next review date | February 2016 |
5.3 CONTENTS OF FIRST AID KIT

In accordance with Education and Care Services National Regulations 2011 (Clause 89)\(^1\) and First Aid in the Workplace Code of Practice\(^2\) the first aid is stocked with the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Kit contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions for providing first aid – including Cardio-Pulmonary</td>
<td>1</td>
</tr>
<tr>
<td>Resuscitation (CPR) flow chart</td>
<td></td>
</tr>
<tr>
<td>Note book and pen</td>
<td>1</td>
</tr>
<tr>
<td>Resuscitation face mask or face shield</td>
<td>1</td>
</tr>
<tr>
<td>Disposable nitrile examination gloves</td>
<td>5 pairs</td>
</tr>
<tr>
<td>Gauze pieces 7.5 x 7.5 cm, sterile (3 per pack)</td>
<td>5 packs</td>
</tr>
<tr>
<td>Saline (15 ml)</td>
<td>8</td>
</tr>
<tr>
<td>Wound cleaning wipe (single 1% Cetrimide BP)</td>
<td>10</td>
</tr>
<tr>
<td>Adhesive dressing strips – plastic or fabric (packet of 50)</td>
<td>1</td>
</tr>
<tr>
<td>Splinter probes (single use, disposable)</td>
<td>10</td>
</tr>
<tr>
<td>Tweezers/forceps</td>
<td>1</td>
</tr>
<tr>
<td>Antiseptic liquid/spray (50 ml)</td>
<td>1</td>
</tr>
<tr>
<td>Non-adherent wound dressing/pad 5 x 5 cm (small)</td>
<td>6</td>
</tr>
<tr>
<td>Non-adherent wound dressing/pad 7.5 x 10 cm (medium)</td>
<td>3</td>
</tr>
<tr>
<td>Non-adherent wound dressing/pad 10 x 10 cm (large)</td>
<td>1</td>
</tr>
<tr>
<td>Conforming cotton bandage, 5 cm width</td>
<td>3</td>
</tr>
<tr>
<td>Conforming cotton bandage, 7.5 cm width</td>
<td>3</td>
</tr>
<tr>
<td>Crepe bandage 10 cm (for serious bleeding and pressure application)</td>
<td>1</td>
</tr>
<tr>
<td>Scissors</td>
<td>1</td>
</tr>
<tr>
<td>Non-stretch, hypoallergenic adhesive tape – 2.5 cm wide roll</td>
<td>1</td>
</tr>
<tr>
<td>Safety pins (packet of 6)</td>
<td>1</td>
</tr>
<tr>
<td>BPC wound dressings No. 14, medium</td>
<td>1</td>
</tr>
<tr>
<td>BPC wound dressings No. 15, large</td>
<td>1</td>
</tr>
<tr>
<td>Dressing – Combine Pad 9 x 20 cm</td>
<td>1</td>
</tr>
<tr>
<td>Plastic bags - clip seal</td>
<td>1</td>
</tr>
<tr>
<td>Triangular bandage (calico or cotton minimum width 90 cm)</td>
<td>2</td>
</tr>
<tr>
<td>Emergency rescue blanket (for shock or hypothermia)</td>
<td>1</td>
</tr>
<tr>
<td>Eye pad (single use)</td>
<td>4</td>
</tr>
<tr>
<td>Access to 20 minutes of clean running water or (if this is not available) hydro gel (3.5 gm sachets)</td>
<td>5</td>
</tr>
<tr>
<td>Instant ice pack (e.g. for treatment of soft tissue injuries and some stings).</td>
<td>1</td>
</tr>
</tbody>
</table>

5.3.1 Procedures

It is a legal requirement that all first aid kits are equipped and restocked as items are used. It is the responsibility of the CELC staff to inform the CELC Director when an item has been used and a replacement item is needed. Medication, including analgesics such as paracetamol and aspirin, should not be included in first aid kits because of their potential to cause adverse health effects in some people including asthmatics, pregnant women and people with medical conditions. The supply of these medications may also be controlled by drugs and poisons laws.

Workers requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary.
Section 5 - Health and Safety Policies and Procedures

REVIEW DATES

<table>
<thead>
<tr>
<th>Date</th>
<th>Who was involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2013; November 2014; February 2015</td>
<td>Catholic Education Diocese of Parramatta: CEO, Preschool Directors, Preschool staff. Parents/Carers</td>
</tr>
<tr>
<td>NEXT REVIEW DATE: Enter next review date</td>
<td>February 2016</td>
</tr>
</tbody>
</table>

1. Education and Care Services National Regulation, 2011, Clause 89
5.4 IMMUNISATION POLICY

To comply with the requirements of the NSW Department of Health - Public Health Act 2010, and Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013 that the CELC will ensure that all children enrolled in the service will have appropriate health documentation on file. Families will be informed when an outbreak of an vaccine preventable disease is current in the CELC.

5.4.1 Procedures

- As a requirement of the Public Health Act 2010 parents are required to provide the CELC with documented evidence of their child's immunisation status. This will initially be provided at the time of enrolment and updated as necessary. Hard copies of the current Australian Childhood Immunisation Register (ACIR) Immunisation History Statement, and/or, ACIR Immunisation History Form, and/or an ACIR Immunisation Exemption certified by an immunisation provider will be kept as evidence on the child's file and recorded on the CELC's child care management software and the CELC Immunisation Register.

- It is a parents/carers right not to immunise their child however they will be excluded during an outbreak of vaccine preventable disease. At the time of enrolment, the family must provide an Australian Immunisation Exemption - Conscientious Objection Form which has been certified by an immunisation provider and a parent/guardian.

- The Population Health Unit will be contacted if there is an outbreak of a vaccine preventable disease on 02 9840 3603.

- Parents/Carers will be notified if there is an outbreak of a vaccine preventable disease, children who are unimmunised will be excluded from the CELC. The children will be able to return to the CELC when the Population Health Unit (PHU) has approved the CELC clear from these diseases.

- Payment of fees will be required for children excluded by an outbreak of a vaccine preventable disease.

- Staff will be encouraged to undergo immunisation for Hepatitis B and Influenza via private arrangements or via contact with the local Catholic school.

- Information pamphlets, newsletters and posters will be accessible for and provided to parents/carers as needed.

- It is also recommended that all adults receive a booster dose of Tetanus and Diphtheria vaccine every 10 years.
Immunisation preventable diseases are listed below.
(The signs/symptoms and exclusion periods are noted in infectious diseases and exclusion policy).

### National Immunisation Program Schedule
From 1 July 2013

#### Child programs

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Hepatitis B (hepB) ¹</td>
</tr>
<tr>
<td>2 months</td>
<td>Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough),</td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenza type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal conjugate (3yPCV)</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
</tr>
<tr>
<td>4 months</td>
<td>Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough),</td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenza type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal conjugate (3yPCV)</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
</tr>
<tr>
<td>6 months</td>
<td>Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough),</td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenza type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal conjugate (3yPCV)</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
</tr>
<tr>
<td>12 months</td>
<td>Haemophilus influenza type b and Meningococcal C (Hib-MenC)</td>
</tr>
<tr>
<td></td>
<td>Measles, mumps and rubella (MMR)</td>
</tr>
<tr>
<td>18 months</td>
<td>Measles, mumps, rubella and varicella (chickenpox) (MMRV)</td>
</tr>
<tr>
<td>4 years</td>
<td>Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated</td>
</tr>
<tr>
<td></td>
<td>poliomyelitis (polio) (DTPa-IPV)</td>
</tr>
<tr>
<td></td>
<td>Measles, mumps and rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>(to be given only if MMRV vaccine was not given at 18 months)</td>
</tr>
</tbody>
</table>

#### School programs

<table>
<thead>
<tr>
<th>10–15 years (contact your State or Territory Health Department for details)</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hepatitis B (hepB) ¹</td>
</tr>
<tr>
<td></td>
<td>Varicella (chickenpox) ¹</td>
</tr>
<tr>
<td></td>
<td>Human papillomavirus (HPV) ¹</td>
</tr>
<tr>
<td></td>
<td>Diphtheria, tetanus and acellular pertussis (whooping cough) (DTPa)</td>
</tr>
</tbody>
</table>

#### At-risk groups

<table>
<thead>
<tr>
<th>6 months and over</th>
<th>Influenza (flu) (people with medical conditions placing them at risk of serious complications of influenza)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months</td>
<td>Pneumococcal conjugate (3yPCV) ¹ (medically at risk)</td>
</tr>
<tr>
<td>12–18 months</td>
<td>Pneumococcal conjugate (3yPCV) (Aboriginal and Torres Strait Islander children in high risk areas) ¹</td>
</tr>
<tr>
<td>12–24 months</td>
<td>Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas) ¹</td>
</tr>
<tr>
<td>4 years</td>
<td>Pneumococcal polysaccharide (23yPPV) ¹ (medically at risk)</td>
</tr>
<tr>
<td>15 years and over</td>
<td>Influenza (flu) (Aboriginal and Torres Strait Islander people)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal polysaccharide (23yPPV) (Aboriginal and Torres Strait Islander people medically at risk)</td>
</tr>
<tr>
<td>50 years and over</td>
<td>Pneumococcal polysaccharide (23yPPV) (Aboriginal and Torres Strait Islander people)</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>Influenza (flu)</td>
</tr>
<tr>
<td>65 years and over</td>
<td>Influenza (flu)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal polysaccharide (23yPPV)</td>
</tr>
</tbody>
</table>

* Please refer to reverse for footnotes
### 5.4.2 What Are Infectious Conditions?

The following table lists contagious diseases children may contract. The table also lists whether these conditions require exclusion from the CELC. The parent/carer must bring a letter from your medical practitioner after any absence due to infectious illness stating the child’s clearance to attend CELC.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Exclusion of case</th>
<th>Exclusion of contacts*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter infection</td>
<td>Exclude until there has not been a loose bowel motion for 24 hours</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Candidiasis (thrush)</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Cytomegalovirus (CMV) infection</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Cryptosporidium</td>
<td>Exclude until there has not been a loose bowel motion for 24 hours</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Diarrhoea (no organism identified)</td>
<td>Exclude until there has not been a loose bowel motion for 24 hours</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Fungal infections of the skin or nails (e.g. ringworm, tinea)</td>
<td>Exclude until the day after starting appropriate antifungal treatment</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Glanduliasis</td>
<td>Exclude until there has not been a loose bowel motion for 24 hours</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Glandular fever (mononucleosis, Epstein–Barr virus (EBV) infection)</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hand, foot and mouth disease</td>
<td>Exclude until all blisters have dried</td>
<td>Not excluded</td>
</tr>
<tr>
<td><em>Haemophilus influenza</em> type b (Hib)</td>
<td>Exclude until the person has received appropriate antibiotic treatment for at least 4 days</td>
<td>Not excluded, Contact a public health unit for specialist advice</td>
</tr>
<tr>
<td>Head lice (pediculosis)</td>
<td>Not excluded if effective treatment begins before the next day at the education and care service</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice</td>
<td>Not excluded, Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Herpes simplex (cold sores, fever blisters)</td>
<td>Not excluded if the person can maintain hygiene practices to minimise the risk of transmission If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry Sores should be covered with a dressing, where possible</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Human immunodeficiency virus (HIV)</td>
<td>Not excluded if the person is severely immune compromised, they will be vulnerable to other people’s illnesses</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Condition</td>
<td>Exclusion of case</td>
<td>Exclusion of contacts*</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hydatid disease</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Exclude until appropriate antibiotic treatment has started&lt;br&gt;Any sores on exposed skin should be covered with a watertight dressing</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Influenza and influenza-like illnesses</td>
<td>Exclude until person is well</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Listeriosis</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Measles</td>
<td>Exclude for 4 days after the onset of the rash</td>
<td>Immunised and immune contacts are not excluded&lt;br&gt;For non-immunised contacts, contact a public health unit for specialist advice&lt;br&gt;All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case</td>
</tr>
<tr>
<td>Meningitis (viral)</td>
<td>Exclude until person is well</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Meningococcal infection</td>
<td>Exclude until appropriate antibiotic treatment has been completed</td>
<td>Not excluded&lt;br&gt;Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case</td>
</tr>
<tr>
<td>Molluscum contagiosum</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Mumps</td>
<td>Exclude for 9 days or until swelling goes down (whichever is sooner)</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Norovirus</td>
<td>Exclude until there has not been a loose bowel motion or vomiting for 48 hours</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td>Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing</td>
<td>Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics</td>
</tr>
<tr>
<td>Pneumococcal disease</td>
<td>Exclude until person is well</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Roseola</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Ross River virus</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Rotavirus infection</td>
<td>Exclude until there has not been a loose bowel motion or vomiting for 24 hours*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>Exclude until the person has fully recovered or for at least 4 days after the onset of the rash</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>Exclude until there has not been a loose bowel motion for 24 hours*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Scabies</td>
<td>Exclude until the day after starting appropriate treatment</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>Exclude until there has not been a loose bowel motion for 24 hours*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Streptococcal sore throat (including scarlet fever)</td>
<td>Exclude until the person has received antibiotic treatment for at least 24 hours and feels well</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td>Not excluded</td>
<td>Not excluded</td>
</tr>
</tbody>
</table>
5.4.3 HIV/AIDS and Hepatitis:

In NSW it is discriminatory under the relevant anti-discrimination acts to exclude children, parents/carers or caregivers from a CELC if they are HIV positive or have Hepatitis. This policy of non-exclusion is in line with those of the NSW Departments of Health, Education and Communities and the Australian College of Paediatrics.

There is no legal responsibility for any individual infected with HIV or Hepatitis to notify a CELC of their condition. The CELC hopes to encourage parents/carers and staff to inform at least the Director, and preferably the staff, of their condition while maintaining their confidentiality.

However, they do have a duty to act in a responsible manner towards others by openly accepting HIV positive or Hepatitis infected children, parents/carers and staff.

To minimise the risk of cross infection refer to 5.1.6, 5.2.0 and 5.2.1.

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<thead>
<tr>
<th>Condition</th>
<th>Exclusion of case</th>
<th>Exclusion of contacts*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis (TB)</td>
<td>Exclude until medical certificate is produced from the appropriate health authority</td>
<td>Not excluded</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children</td>
<td>Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection as they are at high risk of developing severe disease Otherwise, not excluded</td>
</tr>
<tr>
<td>Viral gastroenteritis (viral diarrhoea)</td>
<td>Exclude until there has not been a loose bowel motion for 24 hours*</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Worms</td>
<td>Exclude if loose bowel motions are occurring</td>
<td>Not excluded</td>
</tr>
<tr>
<td></td>
<td>Exclusion is not necessary if treatment has occurred</td>
<td></td>
</tr>
</tbody>
</table>

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5.4.3 HIV/AIDS and Hepatitis:

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To minimise the risk of cross infection refer to 5.1.6, 5.2.0 and 5.2.1.

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1. Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013
2. NSW Health, 2013, Immunisation Enrolment Toolkit

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### REVIEW DATES

<table>
<thead>
<tr>
<th>Date</th>
<th>Who was involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2013; November 2013; March 2014; February 2015</td>
<td>Catholic Education Diocese of Parramatta: CEO, Preschool Directors, Preschool staff. Parents/Carers</td>
</tr>
<tr>
<td>NEXT REVIEW DATE: Enter next review date</td>
<td>February 2016</td>
</tr>
</tbody>
</table>
5.5  ADMINISTRATION OF PRESCRIBED MEDICATION POLICY

The CELC is responsible for ensuring the health safety, privacy and welfare of children enrolled. In recognition of the duty of care there will be occasions when the administration of prescribed medication may be necessary to support students during the course of normal attendance at the CELC.

5.5.1  Procedures for CELC

- Provide practical support for the parents/carers of children who require prescribed medication during CELC activities.
- Maximise the participation in CELC activities of children who require medication or special procedures for managing a health condition.
- Optimise the health, safety and wellbeing of children.

5.5.2  Responsibilities of the CELC

- Provide parents/carers with medication forms that are essential for medication to be administered at the CELC.
- The prescribed medication will be administered by a CELC staff member and witnessed as follows:
  - A CELC staff member will administer the prescribed medication accordingly and a second CELC staff member will witness the following:
    - The correct child's name is on the medication.
    - The correct name of the medication.
    - The correct dosage is written down.
    - The medication is being given at the correct time.
    - The correct dosage is being given.
    - The time when the last dosage was given.
    - Expiry date of medication.
- Medication will be stored accordingly in a secured container and out of reach of children in an appropriate location.
- Keep and store records of all medication given.
- Provide parents/carers with a recognised management plan for children who require long term medication or management of a health condition at CELC.

5.5.3  Managing High Temperatures at CELC

- If a child's temperature is below 38 degrees but higher than 37.5, the staff member will attempt to bring the temperature down by applying luke warm face washers to the back of the neck and offer room temperature water to prevent dehydration. Parents/carers will be notified and must collect their child within thirty minutes of receiving notification that their child is unwell.
- If the child's temperature rises above 38°C to 39.5°C and/or the parent/carer is unable to collect the child within thirty minutes, an ambulance will be called for immediate treatment. The child's temperature will be taken and recorded every ten to fifteen minutes until the parent/carer arrives.

5.5.4  Administration of Non-prescription

- Non-Prescription creams include:
  - Sunscreen
  - Insect repellent
  - Sorbolene lotion
  - Paw Paw cream
- The administration of Non-Prescription Cream form must be completed by the parent/guardian before the cream can be applied.
- If the instructions state that the cream is not age-appropriate for the child, we must have a doctor's note to administer it.
• Creams must be provided in the original container with valid expiration date, clearly labelled with your child’s first and last name and be given directly to your child’s teacher.

5.5.5 Responsibility of Parents/Carers

• Any medication must be given directly to an authorised CELC staff member with written instructions from a medical practitioner.

• A medication authorisation form must be completed for each medication provided. This must be filled out accurately and signed and dated by parent/carer. Failure to do so will prevent administration of medication. No authority to administer medication to a child will be accepted verbally either in person or over the phone.

• Obtaining the relevant medication forms from the CELC and arranging for their completion and return.

• Medications must be in the original package bearing
  - Name of the medication
  - The child’s name
  - Dosage to be administered
  - Reason for medication
  - Administration instructions
  - Date of dispensing
  - Expiry date of product
  - Name of the doctor

• If anyone other than the parent/carer is bringing the child to the CELC, a written permission note from the parent/carer, including the above information, must accompany the medication. The guardian will be requested to complete the medication form at the CELC.

• Where medication for treatment of long-term conditions such as asthma, epilepsy or anaphylaxis is required, the CELC will require an action plan from the child’s medical practitioner or specialist detailing the medical condition of the child, correct dosage as prescribed and how the condition is to be managed.

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<td>Catholic Education Diocese of Parramatta:</td>
</tr>
<tr>
<td>March 2014 February 2015</td>
<td>CEO, Preschool Directors, Preschool staff.</td>
</tr>
<tr>
<td></td>
<td>Parents/Carers</td>
</tr>
<tr>
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<td>February 2016</td>
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<tr>
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</tr>
</tbody>
</table>
5.6 INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

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

5.6.1 Incident, Injury, Trauma and Illness Procedures

- At all times children are on the premises, at least one staff member of the CELC will have a current approved first aid certificate, current approved anaphylaxis management training and current approved emergency asthma management training.1
- First aid kits will contain a list of contents with product use by dates.
- A list of emergency numbers will be placed in prominent positions inside and outside and near telephones.
- Resuscitation posters are displayed inside and outside the CELC.
- All staff, volunteers and students will be informed of the CELC’s Health and Safety Policies and Procedures.
- On enrolment parents/carers must provide accurate health information regarding the child. This includes the child’s medical history, any known allergens and their associated management plan if applicable.
- Parents/Carers will be asked to sign for consent at initial enrolment regarding:
  - application of sunscreen,
  - permission to seek and carry out urgent medical, dental or hospital treatment,
  - consent to transportation via ambulance service,
- Any injury or illness will be treated by a first aid trained staff member immediately and the details will be recorded using the ACECQA approved Incident, injury Trauma and illness form.
- In the event of a serious incident please refer to Policy 5.6.2 Notification of a serious incident or death of a child.
- A staff member must accompany the child to the hospital when seeking the response of emergency services. It is the responsibility of the CELC Director to ensure that child staff ratios are maintained at all times.
- Emergency transportation costs between CELC and the hospital is covered under Catholic Education Office Diocese of Parramatta insurance policies. Where emergency medical treatment has been sought for a child, it is the family’s responsibility to cover the expenses that arise from the treatment.

5.6.2 Notification of a serious incident or death of a child

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

- Emergency Services
- Parent/carer
- Director of Systems Learning who will subsequently contact the Executive Director of Schools.
- The CELC Services Manager
- NSW Early Childhood Education and Care Directorate - Department of Education and Communities
- Please refer to the directory of services for contact numbers, these numbers can also be found located near the telephones of the CELC.

For the purposes of section 174(5) of the Law2, the following are prescribed as serious incidents:
(a) the death of a child –
   (i) while being educated and cared for by an education and care service; or
   (ii) following an incident while being educated and cared for by an education and care service;
(b) any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service--
   (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or Whooping cough, broken limb, anaphylaxis reaction.
   (ii) for which the child attended, or ought reasonably to have attended, a hospital;
(c) any incident where the attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought;
(d) any circumstance where a child being educated and cared for by an education and care service--
   (i) appears to be missing or cannot be accounted for; or
   (ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or
   (iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

5.6.3 CEDP Procedures for Reporting Serious Incident – children, visitors and staff

1. Standard first aid response must occur
2. Incident must be verbally notified to the Director
3. After the incident has been addressed, the incident must be recorded using the approved ACECQA Incident, Injury Illness and Trauma form, including accounts from witnessing staff *(for children see below for additional steps required listed under "Incident, Injury, Trauma and Illness")
4. A decision is made in conjunction whether completing a “Notification of Injury” is required. Further advice may be sought from Employment Relations Team.
5. If decided incident is reportable, incident must be reported to Catholic Education Office online through “Notification of Injury” within 24 hours. This may be completed by the Director, and or Manager based on the timing and requirements.

https://staffnet.parra.catholic.edu.au/sites/spsites/csohs/OHS/Lists/Notification%20of%20Injury/AllItems.aspx

Incident, Injury, Trauma and Illness

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

1. Complete the Catholic Early Learning Centre Incident, Injury, Trauma and Illness form as per our First Aid policy.
2. Ensure the parent signs and completes page 3 of Incident, Injury, Trauma and Illness form
3. Through liaising with your Director, the decision will be made whether to complete the SI01 Notification of Serious Incident and report to ACECQA
4. If proceeding with notification to ACECQA, your Director will action this within 24 hours of incident. In order to meet the 24 hour requirement.
Notification to ACECQA can be made via the NQAITS system. CELC Directors must register to use the online process prior to submission of notifications. Directors will be required to upload supporting documents to amend to the notification.

Emergency List of Contact Numbers:

<table>
<thead>
<tr>
<th>Emergency Services</th>
<th>Ph: 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Systems Learning</td>
<td>Refer to Directory of Services</td>
</tr>
<tr>
<td>CELC Services Manager</td>
<td>Refer to Directory of Services</td>
</tr>
<tr>
<td>Catholic Education Office - Switch – Reception</td>
<td>Ph: 9840 5600</td>
</tr>
<tr>
<td>NSW Early Childhood Education and Care Directorate</td>
<td>Ph: 1800 619 113 (toll free)</td>
</tr>
</tbody>
</table>

1. Education and Care Services National Regulation 2011, Clause 136(1)(c)

<table>
<thead>
<tr>
<th>Date</th>
<th>Who was involved</th>
</tr>
</thead>
</table>

**NEXT REVIEW DATE:** Enter next review date

February 2016
5.7 COMMUNICATING WITH HEALTH PROFESSIONALS IN AN EMERGENCY

To facilitate the effective prevention and management of acute illness, injury or infectious disease to CELC staff, children, volunteers or visitors by communicating appropriately with doctors, hospitals, emergency services, and Population Health Units.

5.7.1 Procedures For Communicating With Health Professionals In A Non-Life Threatening Emergency

- Any injury will be treated by an educator with first aid qualifications immediately after the acute illness or injury.
- In the case of a non-life threatening illness or injury contact the parent/guardian, doctor or dentist nominated by the family and ask for advice on what action to take.
- In the case of being unable to contact the parent/guardian, doctor or dentist nominated in a non-life threatening emergency, other resources to call upon are:
  - Another local doctor or dentist
  - Local hospital or emergency department
  - Poisons Information Line 131126
  - Health Direct Australia 1800 022 222
  - Emergency services 000
- In any emergency, call the emergency service on 000.

5.7.2 Procedures for communicating with Health Professionals in an Emergency

- Life threatening medical emergencies require an immediate call to emergency services 000, and include:
  - Chest pain/chest tightness
  - Sudden onset of weakness, numbness or paralysis to the face, arm, legs.
  - Difficulty breathing
  - Unconsciousness
  - Uncontrollable bleeding
  - Sudden collapse or unexplained fall
  - Unexplained fitting in adults
  - Falling from a great height
  - Severe burns, particularly to young children
  - Infants fitting
  - Ongoing Fever
  - After administering Adrenaline Auto Injectors
  - Little or no improvement after Administering Asthma medication
  - Little or no improvement following Diabetes Management Plans
  - Little or no improvement following Epilepsy Management Plans
- When calling emergency service 000, or speaking to a doctor in an emergency, follow the procedures below:
  - Name of the caller, the name of the CELC, address and phone number,
  - The nearest cross street
  - The name of the ill or injured person,
  - Whether they are an infant, child or an adult,
  - The name of the next of kin, parent/carer,
  - The nature of the illness, injury or emergency,
- When calling emergency services 000 and requesting assistance from the ambulance service, you will be asked:-
• to state the urgency of the situation,
• If the person is unconscious, whether they are breathing or have a pulse,
• if the person is bleeding severely, or is suspected of having a major injury, head injury, or is cyanosed (a ‘blue’ colour)
• What first aid action is being taken.

When speaking to the emergency services operator, stay on the line:

• Inform the child’s parent/carer, emergency contact or the designated responsible person that you have called an ambulance, the nature of the emergency, action taken or first aid provided, and the hospital the child was transferred to.
• Ensure a CELC staff member accompanies the injured child in the ambulance to the hospital until the child’s family arrives. The CELC Director is responsible for ensuring the CELC is adequately staffed and have a plan in place in case a staff member is required to accompany the child to hospital.
• Follow up any required advice or action, complete an Incident/Injury/Trauma and Illness Record, and S101 Notification of Serious Incident Form. Provide copies of forms and other documentation to the parent/carer.
• Contact the Director of Systems Learning and the CELC Services Manager and follow the online notification process for accidents and incidents involving staff, children, visitors and volunteers. Please refer to contacts list under 5.6.3 in this document, these numbers can also be found in a location near the CELC’s telephones.

References:
First Aid in the Workplace Code of Practice – Safe Work Australia 2012.

<table>
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**NEXT REVIEW DATE:** Enter next review date
February 2016
5.8 RISK MINIMISATION PLAN FOR MEDICAL CONDITIONS POLICY

The CELC aims to ensure that risks relating to a child’s specific health care need, allergy or relevant medical condition are assessed and minimised. 1

A Risk Minimisation Plan will be developed in consultation with the parent/guardians of a child with specific medical conditions such as asthma, diabetes, epilepsy or a diagnosis that a child is at risk of anaphylaxis. The Risk Minimisation Plan will detail known triggers for the child and will address strategies to minimise exposure. This may differ for each child. The Risk Minimisation Plan will be shown to all staff and will be kept in the child’s file.

The Risk Minimisation Plan in association with the child’s medical conditions action plan, will require that the child does not attend the service without medication prescribed by the child’s medical practitioner in relation to their specific health care need, allergy or relevant medical condition. If a child with a specific medical condition is brought to the CELC without the necessary medication, families will be required to take the child home and return with the medication. 2

5.8.1 Responsibilities of the CELC

- On enrolment provide each family with a copy of the medical conditions policy as it relates to the child’s specific medical condition, and the risk minimisation plan (Regulation 90).
- The medical conditions policy is available on the CELC website.
- Medical action plans are available from the CELC and must be completed by the child’s medical practitioner.
- The Nominated Supervisor, parent/guardian and where possible, the child’s primary educator, will meet to discuss and document a Risk Minimisation Plan.
- It is the parent’s responsibility for notifying CELC of any changes to their child’s health needs and the risk minimisation plan will be updated accordingly.
- Ensure that no child with a diagnosed medical condition attends the CELC without their treatment/medication.
- Record on the Risk Minimisation Plan when each family provides a child’s complete treatment/medication to the CELC.
- Inform all educators of the child’s medical condition, and the location of both the medical condition action plan and risk minimisation plan.
- Ensure all educators have undertaken Anaphylaxis and Asthma Management training, and engage in regular practice sessions with training apparatus.

1 Education and Care Services National Regulations 2011, Clause 90(1)(c)(i)
2 Education and Care Services National Regulations 2011, Clause 90(1)(c)(iii)(E)

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</tbody>
</table>
5.9 ANAPHYLAXIS – ALLERGY AWARE ZONE

At least one staff member with approved, current anaphylaxis, management training will be on the CELC premises at all times when children are in attendance.

The CELC is an ALLERGY AWARE ZONE. No foods containing nuts can be brought to or consumed on the CELC premises. An “Allergy Aware Zone” means that all children, staff and visitors at the CELC will not bring any foods containing nuts or nut products such as:

- peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts, chestnuts, hickory nuts, macadamia nuts, mixed nuts, pecan, pistachio nuts and walnuts.
- any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan

Parents are required to check with individual CELC’s for other known allergies that pose an anaphylactic risk to children. These allergens will be excluded in addition to nuts and nut products. E.g. dairy, egg, shell fish.

Products that state “May contain traces of nut” indicates that the product is made in a facility that makes a food that contains nuts or whose raw ingredients maybe contaminated by nut, however the food may not contain nuts.

If food is brought to the CELC where the ingredients state “may contain traces of nut”. Families will need to include the original packaging which lists the ingredients of the product, so that it can be determined whether the item present a risk to children with known anaphylaxis.

If educators are in doubt of the ingredients of a product, these items will be returned to the family.

Children are not excluded from learning and social experiences because of allergies.

5.9.1 Procedures for CELC Staff to Ensure a Safe and Healthy Environment for the Children with Allergies:

The following guidelines and procedures have been prepared to assist in the prevention of life threatening anaphylaxis. It is not intended to replace professional medical advice or treatment. Any questions regarding a medical diagnosis should be directed to a qualified medical practitioner.

- The CELC is committed to working with families in managing the needs of the child with anaphylactic reactions to known allergens. On enrolment families are given an anaphylaxis management plan,
- endorsed by the Australasian Society of Clinical Immunology and
- Allergy organisation, which must be completed by a medical practitioner and returned to the CELC.
- On enrolment, the Nominated Supervisor, parent/guardian, and where possible the child’s primary educator, will meet to formulise a Risk Minimisation Plan to determine known allergens and the level of interaction with known allergens that cause an anaphylactic reaction.
- Ensuring that all staff are aware of children with anaphylactic allergies and the allergens that pose a risk or which may trigger a reaction in children.
- CELC staff are required to attend anaphylaxis training to ensure current knowledge of allergens, prevention strategies and treatment procedures for children whom suffer anaphylactic reactions.
- Confidentiality is maintained at the CELC regarding children’s health. Children’s anaphylaxis action plans are displayed in areas highly visible to educators.
- Parents/Guardians with a child who suffers from allergies are asked to provide alternative food items in times of celebration e.g. birthdays.
- Monitor the use of activities and materials in the CELC by the children to ensure safety, for example Egg cartons or peanut butter jars, muesli bar boxes etc. may contain traces of the food which is sufficient to trigger an
anaphylactic reaction in children.

- Cooking experiences which include ingredients that are associated as potential allergens for children, educators will exercise a high level of caution and supervision during these experiences.
- The CELC reserves the right to exclude other food items based on known allergens of children enrolled at the service. For example eggs.
- Each CELC will have an emergency adrenaline auto injector on the premises.

5.9.2 Parents/Guardians Responsibilities/Requirements:

- Inform educators on enrolment or diagnosis of their child’s medical condition.
- Provide an Anaphylaxis Management Plan completed by a doctor and endorsed by the Australasian Society of Clinical Immunology and Allergy organisation. Parents can access this form from www.allergy.org.au or through the administrative personnel of the CELC.
- In addition to the Anaphylaxis Management Plan, parents/carers must complete and sign a medication form and consult with the Nominated Supervisor and where possible the child’s primary educator in the development of a Risk Minimisation Plan.
- Notify educators of any changes to their child’s allergy status and provide the CELC with a new anaphylaxis action plan, and risk minimization plan.
- Provide an adrenaline auto-injector each time the child attends the CELC.
- Regularly check the expiry date of their child’s adrenaline auto injector.

5.9.3 Storage and expiry of CELC Adrenaline Auto Injector

- Adrenaline auto injectors are to be stored in a cool dark place, in an insulated wallet to maintain storage of medication between 15°C and 23°C.
- Adrenaline auto injectors are to be kept out of reach of children, in an easily accessible location. Adrenaline auto injectors are NOT to be locked away to ensure easy access in a medical emergency.

5.9.4 Responsibilities of CELC educators

- Read and understand the CELC Anaphylaxis – Allergy Aware Zone policy.
- Maintain current approved anaphylaxis management qualifications.
- Regularly practice the administration of an adrenaline auto injector.

5.9.5 Resources and Support Available

FACTS (Food Anaphylactic Children Training Support) organisation has a number of kits, books and videos available for purchase. Phone 99137793 Australasian Society of Clinical Immunology.

1 Education and Care Services National Regulations 2011, Clause 90(1)(c)(i)

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5.10 HOW TO USE THE ADRENALINE AUTOINJECTOR FOR CELC STAFF

5.10.1 Procedures for the Use of Adrenaline Auto-Injectors

The following action must be implemented when responding to an anaphylactic reaction in children:

- Lay the person flat, do not stand or walk. If breathing is difficult allow the person to sit.
- Administer the adrenaline auto-injector.
- Call an ambulance phone 000.
- (Please refer to the communicating with health professionals policy regarding information provided to emergency services operator).
- The emergency services operator will prompt you for this information during the call.
- Contact parent/carer or emergency contact.
- Further adrenaline doses may be given if no response in 5 minutes. Please note this is dependent on whether there is another adrenaline auto-injector provided by the family.

There are five (5) main steps to using an adrenaline auto-injector, these are:

i. Form a fist around adrenaline auto-injector and pull off the coloured safety release, and/or safety cap (do not twist). Before removing the coloured safety release and/or safety cap you should check that your thumb is closest to the cap end, and not over the end of the adrenaline auto-injector, this is the active end.

ii. Place the coloured end or needle tip against the outer mid-thigh of the person needing the adrenaline auto-injector, at a 90 degree angle. **NOTE:** Adrenaline autoinjectors can be administered through a child’s clothing.

iii. Push hard until a click is heard or felt; hold in place for 10 seconds. For an Anapen push the red button until a click is heard and hold in place for 10 seconds.

iv. Remove from thigh and massage the injection site for 10 seconds.

v. Contact the ambulance and notify them of the incident.

- Remember that children may move or pull away when the adrenaline auto-injector is given, if the needle comes out of the child's leg before the full dose of adrenaline is administered, it cannot be reinserted. Therefore it is important to hold the child securely while administering.

5.10.2 Procedures for What to Do After Administering the Adrenaline Auto-Injector

- When an adrenaline auto-injector has been used the child should remain under medical observation for at least 4-6 hours after the symptoms have resolved. Therefore the procedures outlined in the communicating with health professionals in an emergency policy must be followed.
- An ambulance should be called immediately after using an adrenaline autoinjector to take the child/person to hospital, so they can be given further treatment and remain under observation for at least 4 hours.
- The used adrenaline autoinjector should be placed in a rigid container, labelled clearly with the time it was given and then handed over to the ambulance. Transient (temporary) side effects of adrenaline such as increased heart rate, trembling and pallor are to be expected.

**NB:** Anapen injectors need to be placed in rigid containers and the procedure followed as stated above.

- Epipen injectors have retractable needles, and space for documentation of specific action taken on the Epipen devise.
• Ensure an appropriate person accompanies the injured child in the ambulance to the hospital until the child’s family arrives. The Director is responsible for ensuring the CELC is adequately staffed and have a plan in place in case a staff member is required to accompany the child to hospital.

• Inform the child’s parent/carer, emergency contact or the designated responsible person that you have called an ambulance, the nature of the emergency, action taken or first aid provided, and the hospital the child was transferred to.

• Follow up any required advice or action, complete an Accident/Injury/Acute Illness Report Form, and provide copies of the form and other documentation to the parent/carer.

• Contact the Director of Systems Learning, the CELC Services Manager and the NSW Early Childhood Education and Care Directorate.

• Please refer to the contact list below 5.6.3, these numbers can also be found located near the telephones.

References:
Sydney Children’s Hospital Fact Sheet – Allergy, 2015
Australasian Society of Clinical Immunology and Allergy Organisation 2012.

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5.11 ASTHMA POLICY

At least one staff member with approved, current asthma management training will be on the preschool premises at all times when children are in attendance. (Regulation 136)

5.11.1 CELC Staff – Procedures

- All records on children with asthma are kept in order, up to date and are easily accessible by staff in case of an emergency.
- Staff will review child’s records with parents/carers on a regular basis to ensure that medication is appropriate for their current asthma status.
- No medication is to be kept in children’s bags.
- Nominated Supervisors will provide opportunities for staff to be trained in asthma management and use the Asthma Action Plan – National Standard, endorsed and by the Asthma Foundation NSW.
- Implement the treatment procedures outlined in a child’s Asthma Action Plan.
- Be informed of the asthma policy, asthmatic children enrolled at CELC and the location of the Asthma Action Plan (National Standard) and medication.
- The Nominated Supervisor, parent/guardian, and where possible the child’s primary educator will consult with the parents to formulate a Risk Minimisation Plan to accompany the Asthma Action Plan.
- Know the location of the child’s medication and the CELC Asthma Management kit which includes a Ventolin and a spacer for provision of administering to a child requiring Ventolin.
- Display an asthma emergency procedure poster developed by the asthma foundation NSW at the CELC.
- Display in prominent positions in the CELC environment an Asthma First Aid Poster developed and endorsed by the Asthma Foundation NSW.
- Asthma medication will be stored out of reach of children, in an easily accessible position. Asthma medication will NOT be locked away to ensure easy access in an Asthma emergency.
- Ensure that the Asthma Management Kit is taken on excursions.
- Check the use by dates of Asthma medication as part of the First Aid inventory and hazard inspection checklists.

5.11.2 Parent/Carer Responsibilities - Procedure

- Inform CELC staff of changes in the child’s asthma condition to ensure that medication is administered in response to changing signs and symptoms.
- Provide CELC staff with sufficient equipment which includes spacer, mask and medication for asthmatic children to use in accordance with the procedures outlined in the Asthma Action Plans.
- Consult with the Nominated Supervisor and where possible the child’s primary educator to formulate a Risk Minimisation Plan.
- Ensure that all asthma medication is labeled with child’s name and expiry date and handed to a staff member. **No medication is to be kept in a child’s bag.**
- Provide CELC staff with an Asthma Action Plan (National Standard) completed by the child’s doctor. This form will be updated every six months in accordance with recommendations made by Asthma Foundation, or in response to changed Asthma treatment.
- In addition to the Asthma Action Plan, sign and complete a medication form.

5.11.3 Maintenance of CELC Asthma Management Kit
NHMRC Australia Guidelines for the prevention and Control of Infection in Healthcare (2010) advise that medical devises that come into contact with mucus membranes or non-intact skin, should be single person use. Once the CELC Asthma Management Kit has been used to manage a child’s asthma condition, the apparatus should be given to the family and a new devise purchased.

All children who enroll in the CELC and have experienced asthma should have a current action plan and own medication on site for all days enrolled. This includes children with seasonal asthma.

Resources

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

Asthma Australia
www.asthmaaustralia.org.au

1 Education and Care Services National Regulations 2011, Clause 136(1)(c)
2 Education and Care Services National Regulations 2011, Clause 90(1)(c)(i)
3 Education and Care Services National Regulations 2011, Clause 92(3)(b)

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5.12 MANAGING CHILDREN WITH EPILEPSY

5.12.1 To facilitate effective care of a child with epilepsy, the parents/carers will:

- Inform CELC staff of changes in the child’s epilepsy to ensure that medication is administered in response to changing signs and symptoms.
- Provide the CELC staff with appropriate medication for children who have epilepsy to use in accordance with the procedures outlined in the Epilepsy Management Plans.
- Ensure that all medication that is provided to CELC staff is stored in sealed plastic bags and labeled with child’s name and expiry date. No medication is to be kept in a child’s bag.
- Provide the CELC staff with an Epilepsy Management Plan completed by the child’s doctor. This form will be updated as required.
- In addition to the Epilepsy Management Plan, complete and sign a long term medication form.

The specific points to be included on the Management Plan include:

- A current photo of the child
- The plan should state the type of seizure, and the signs and symptoms the child will display leading up to and having an epileptic episode
- Any known triggers
- The name of medications, dosage, and the form of administration
- The date the child experienced the last seizure, type of seizure and if the seizure resulted in medical treatment by medical practitioners, and or health professionals.
- What action will be taken if the child experiences an epileptic episode.

5.12.2 CELC Staff Will Facilitate Effective Care For Children With Epilepsy

- Provide families with an Epilepsy Management Plan endorsed by Epilepsy Australia, on enrolment and prior to the first day of attendance for the child. Forms can be accessed from Section 8 of the CELC Core Policy and Procedures Handbook and from http://www.epilepsyaustralia.net
- Encourage staff to undertake training in the management and treatment of epilepsy.
- Ensure that an Epilepsy Management Action Plan is completed and signed by the child’s doctor, describing the current signs and symptoms and medical treatment for the child.
- Ensure all authorization documents have been completed and signed by parents/guardians, including medication form, and Risk Minimisation Plan developed in consultation with Nominated Supervisors and primary contact educators.
- In circumstances where a child has had a convulsion and even if it stops, the CELC Director or staff will immediately dial 000 for an ambulance and notify the family in accordance with the Health Policy and Communicating with health professionals in an emergency policy.
- If emergency treatment is required for a child having a convulsion or an epileptic seizure, CELC staff will administer first aid or medical aid according to the child’s Epilepsy Management Plan. If the child has no action plan (has never had a seizure before) follow the management plan of an epileptic seizure below.
- A seizure first aid poster developed and endorsed by Epilepsy Australia will be displayed in prominent areas of the CELC outlining first aid action to be taken in the event of a seizure.
5.12.3  Register of signs and symptoms associated with epileptic seizures

A person having a seizure may:
- Suddenly cry out;
- Fall to the ground (sometimes resulting in injury) and lie rigid for a few seconds;
- Appear congested and have a blue face and neck;
- Have jerky, spasmodic muscular movements;
- Froth at the mouth;
- Bite their tongue;
- Lose control of bladder and/or bowel.

5.12.4  Management of an epileptic seizure

- Time the seizure
- Protect person from obvious injury- remove any furniture and objects,
- Place something soft under their heads and shoulders.
- Do not try to restrain the person or stop the jerking,
- Do not place anything in the mouth,
- Gently roll the person into the recovery position when possible,
- Stay with the person until the seizure ends naturally
- Calmly talk to the person until they regain consciousness

1 *Education and Care Services National Regulations 2011*, Clause 90(1)(c)(i)

Reference:
*Epilepsy Australia – Epilepsy and Risk (accessed 27 February 2015) at* [www.epilepsyaustralia.net](http://www.epilepsyaustralia.net)

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5.13 MANAGING CHILDREN WITH DIABETES

5.13.1 Parent/Carer Responsibilities – Procedures

- Provide the CELC with a Diabetes Management Plan which is endorsed by Diabetes Australia, completed and signed by a doctor. This form will be regularly updated and is available in Section 8 of the CELC Core Policy and Procedures Handbook.

- Inform CELC staff of changes in the child's diabetic condition to ensure that medication is administered in response to changing signs and symptoms.

- In addition, all authorisation documentation such as a CELC medication form and a Risk Minimisation Plan must be signed and dated by the child's parent/guardians.

- Provide all necessary glucose monitoring and management equipment for children with diabetes to use in accordance with the procedures outlined in the Diabetes Management Plan.

- If the child has no action plan the CELC will ensure that in cases of need, there are glucose foods or sweetened drinks available to treat hyperglycemia (low blood glucose) e.g. glucose jelly beans. Furthermore, slow acting carbohydrate foods such as milk or raisin toast, will be available to help maintain blood glucose levels.

- Be responsible for administering their child's insulin before or after attendance at the CELC.

5.13.2 To facilitate effective care for a child with diabetes the CELC will

- Encourage staff to undertake training in the management and treatment of diabetes. This includes being appropriately trained in performing finger prick blood glucose and urinalysis monitoring.

- Provide families with a Diabetes Management Plan endorsed by Diabetes Australia, on enrolment and prior to the first day of attendance for the child. Forms can be accessed from http://www.diabetesaustralia.org and from Section 8 of the CELC Core Policy and Procedure Handbook.

- Ensure that a Diabetes Management Action Plan is completed and signed by the child's doctor, describing the current signs and symptoms and medical treatment for the child.

- In addition to the Diabetes Management Plan, parents/carers are to complete and sign a medication authority and Risk Minimisation Plan.

- Inform parents/carers that CELC educators may administer a child's insulin, or administer parenteral injections of glucose or glucagon in an emergency, when they have received appropriate training from a recognized authority.

- Inform parents/carers that a child's insulin should be administered before and/or after attendance at the CELC.

- Ensure opportunity for the child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Diabetes Care Plan and medical advice.

- If treatment is required for a child with hypoglycaemia, administer first aid or medical aid according to the child's Diabetes Management Plan.

- In circumstances where a child needs emergency medical treatment, the Director or staff will immediately dial 000 for an ambulance and notify the family in accordance with the Health Policy and Communicating with health professionals in an emergency policy.

- Display in prominent areas of the CELC environment a diabetes first aid poster developed and endorsed by Diabetes Australia is outlining first aid action to be taken in the event of a seizure.
5.13.3 The specific points to be included on the diabetes management plan\(^2\) include:

- A current photo of the child;
- What symptoms and signs to look for that might indicate hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose);
- When, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring;
- What action will be taken if the child experiences a diabetic episode;
- What meals and snacks are required including food content, amount and timing;
- List opportunities for the child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Diabetes Care Plan and medical advice;
- What action to take including emergency contacts for the child's doctor and family or what first aid to give.

\(^1\) Education and Care Services National Regulations 2011, Clause 90(1)(c)(i)


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5.14 MANAGEMENT OF CHOKING

The CELC will aim to minimise the risk of choking or aspiration in children by being aware of the appropriate first aid management procedures.

5.14.1 Visual / Physical Signs of Choking

Signs of a Child choking include:

- having difficulty breathing;
- making a whistling or crowing sound;
- turning blue in the face;
- collapsing or unconscious.

5.14.2 Procedures For CELC Staff In Preventing Choking

Preventing choking in children:

- Supervise children when eating;
- Children are encouraged to sit at the table while eating;
- Always supervise children playing with items that may pose a risk of choking. For example, balloons, coins, pen tops, etc;

5.14.3 First Aid - Choking

Assess the injury or illness, the severity and degree of urgency, administer first aid or cardiopulmonary resuscitation (CPR) as appropriate, call for an ambulance dial 000.

When calling 000, please follow the procedure for communicating with health professionals in an emergency – Refer to CELC Policy 5.7. Emergency operators will prompt you for all necessary information.

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5.15 DENTAL HEALTH POLICY

5.15.1 Dental Health Aim
CELC staff will raise awareness by implementing dental health promotion / education programs in CELC settings, in consultation with dental professionals (e.g. provide appropriate and accurate dental health literature for children, parents/carers and educators).

5.15.2 Educational Resources
NSW Little Smiles offers a wide range of age appropriate dental health activities for CELC personnel to use.
NSW Little Smiles provides dental information for parents/carers.
Colgate Bright Smiles is an additional educational program focusing on dental hygiene for CELC children. Resources are free and need to be ordered in Term 1 from the Colgate website. www.colgate.com.au.

5.15.3 Dental Trauma (Accidents) Procedure:
First Aid for a Knocked Out or Chipped Tooth in a Child
In the management of any dental trauma. The following sequence should be followed:

Step 1
- Remain calm and try to find the tooth. A dental professional will want to see the tooth and/or the tooth fragment(s). It is important to know whether the tooth or tooth fragment(s) has been inhaled.
- Inhaled teeth are a medical emergency and the child MUST be taken immediately to the Emergency Department of a Hospital for a check-up and a possible chest x-ray.

Step 2
- If it is a baby tooth, do not put it back in the socket because it will damage the underlying developing permanent (adult) tooth. Children aged 0-5 years are more likely to have baby teeth than permanent teeth. If there is any doubt about whether it is a baby tooth or an adult tooth, put the tooth in milk or saline and take the child to a dental clinic immediately.
- If a permanent tooth has been knocked out, place it in milk or saline immediately to avoid dehydrating and damaging the delicate cells on the root. Do not rinse or scrub dirt off the tooth. Do not allow the tooth to remain dry at any stage.
- Notify parents/carers of the incident.
- Go to a dental clinic or the Emergency Department of a Hospital as soon as possible. Time is a critical factor in saving the tooth.
- Dental emergencies will follow the procedures outlined in the communicating with health professionals in an emergency procedure.

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5.16 CONTACT WITH BLOOD AND BODY FLUIDS

The CELC will minimise risk and exposure to diseases through contact with blood and body fluids by using recommended health and safety standards and infectious control precautions.

(Note: Under the Anti-Discrimination Act the CELC will not discriminate when enrolling children or employing staff who may be living with HIV/AIDS or may have hepatitis B or C infection).

5.16.1 CELC Staff Procedures

- Ensure that precautions for hygiene and infection control are enforced.
- Wash hands and skin with warm soapy water, after contact with blood or bodily fluids.
- Clean up spilt blood and bodily fluids with neutral detergent and warm water.
- Wear gloves before attending to a child or adult.
- If there is a spill of blood or body fluids onto a child’s or adult’s clothing, remove clothing, rinse under running water and seal in a plastic bag. Disinfect sink or tub immediately.
- If blood or body fluid is splashed in the eyes, flush with running water for several minutes.
- Dispose of soiled nappies appropriately.
- Prevent sharing combs, brushes, toothbrushes and other personal items.
- Consult with a doctor or Work Cover Authority, if staff or children have been exposed to HIV or other blood borne diseases.

5.16.2 Soaking Implements

Soak any implements used from the first aid box in a fresh solution of:

- Hospital grade disinfectant diluted to correct ratio; or
- Neutral detergent and hot water.

5.16.3 Cleaning & disposing of body fluids – urine, blood, vomit and faeces:

- Avoid direct contact with the spill;
- Wear gloves and a protective apron or overalls, eye protection and disposable mask if eye or face splashes are likely;
- Contain the spill as far as possible by placing absorbent paper or paper towel around the edges of the spill, mop up as much as possible with absorbent paper, discard into a sealed heavy plastic bag (preferable yellow with the biohazard sign which are commercially available), and dispose of as contaminated waste;
- Clean up the remaining spill and contaminated surfaces with neutral detergent and water;
- Dry or ventilate the area, discard all gloves and disposable materials into a sealed heavy plastic bag for disposal;
- Any contaminated clothing, cloths or cleaning implements should be washed in neutral detergent and hot water. If using a washing machine, wash contaminated and non-contaminated materials separately, use the longest cycle for contaminated material, and if washing by hand, wear gloves;
- For spills onto carpet or upholstered furniture, wear gloves, mop up as much excess fluid as possible with absorbent paper, clean with a neutral detergent and water, and shampoo with an industrial carpet cleaner as soon as possible;
- Wash hands thoroughly;
• After the area has been cleaned, children should be kept away from the area until it is considered safe for use.

5.16.4 Exposure to HIV or blood or body fluids procedure (needle stick injury, skin contact, splash into eyes, nose or mouth or biting):

• Seek medical advice as soon as practical about risk of infection and post exposure treatment including HIV and hepatitis B and C treatment and testing regardless of the known or presumed infection status of source person of the blood or body fluid.

• Report the injury to the Work Cover Authority and public liability insurer, the Director of Systems Learning and the CELC Services Manager. Document the injury on the injury report form.

• Report the injury to the NSW Department of Education and Communities on 1800 619 113 (toll free number).

• Document the injury on the injury report.

5.16.5 Procedure for needle stick or sharps injuries:

• Wash the injured area with soap and running water;

• Dry the wound and cover with a water resistant occlusive dressing;

• Dispose of the object that caused the injury, wear gloves and use forceps or tongs to pick up the object, and discard into a sealed firm container to be disposed of (preferably a yellow biohazard sharps container which are commercially available);

• For advice, contact the NSW Needle Stick Hotline on 1800 804 823.

5.16.6 Administering First Aid And Cardiopulmonary Resuscitation (CPR)

Use a disposable mask or a mask with a one-way valve, available from St. John Ambulance or Red Cross First Aid.

References:

National Health and Medical Research Council (2012), Staying Healthy (5th Ed.), Canberra, pgs. 48-51.


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5.17 SAFE ENVIRONMENT POLICY

5.17.1 Responsibilities for CELC Educators – Procedures

- Choose equipment that meet children's developmental level, strengths and interests and are sufficient in numbers.
- Maintain the building and equipment in a safe, clean condition and in good repair.
- Report to the CELC Director any damaged plug sockets, power cords or extension cords.
- Ensure electrical circuit breakers are installed and maintained.
- Complete and sign off on the Outdoor safety checklist on a daily basis.
- Equipment will be cleaned and disinfected regularly.
- Hazard inspection checklist will be done on a quarterly basis and documented in the fire drill and hazard inspection folder.
- Fire extinguishers are inspected and tagged on a six (6) monthly basis by professionals.
- An evacuation plan will be displayed at each exit door location of the CELC for accessibility by all staff and visitors.
- Fire drill will be practiced every three months in a calendar year, and documented. Fire drills will be planned and spontaneous at different times of the day.
- Pest control to be conducted annually – organised by CELC Director.
- All appliances must be tagged by a registered inspector on yearly basis.
- Validate if an appliance has been checked by inspecting the label that is attached to the appliance.
- A maintenance and repair book will be available to itemise repairs and maintenance.
- A list of all qualified trades-people will be made available to the CELC Director in consultation with the facilities officer in Catholic Education Office Diocese of Parramatta, or the local parish school who would provide certification on insurance, licensing and clearance.
- Ensure that all equipment complies with the Australian Standard AS 4685 SET:2014 Playground Equipment and Surfacing (This document is available from Standards Australia).
- Ensure that the outdoor program complies with Cancer Council NSW Regulations.

*Education and Care Services National Regulations, Part 4.3 – Division 1, 2011; BCA, Australian Standards Playground Equipment and Surfacing through Kidsafe NSW at [www.kidsafensw.org](http://www.kidsafensw.org)*

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5.18 SUN PROTECTION POLICY

The Catholic Education Diocese of Parramatta Catholic Early Learning Centres have decided to adopt Cancer Council NSW Sun Protection Policy as best practice policy in this area. The following is the Cancer Council NSW policy1 as it may be applied to preschools.

Australia has the highest rate of skin cancer in the world. Research has indicated that young children and babies have sensitive skin that places them at particular risk of sunburn and skin damage. Exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life. Early Childhood Services play a major role in minimizing a child’s UV exposure as children attend during times when UV radiation levels are highest.

This sun protection policy has been developed to protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun.

5.18.1 Outdoor Activities

Sun Protection Procedures Are:

The CELC will use a combination of sun protection measures whenever UV Index levels reach 3 and above. This will include:

- From October to March sun protection is required at all times. Extra sun protection is needed between 11am and 3pm and during this period outdoor activities should be minimised. Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.
- From April to September (excluding June and July) outdoor activity can take place at any time. However, from 10am – 2pm sun protection is required.
- In June and July when the UV index is mostly below 3, sun protection is not required. Extra care is needed for services in the far west and north of NSW and for all children who have very fair skin.
- All sun protection measures (including recommended outdoor times, shade, hat, clothing and sunscreen) will be considered when planning excursions and incursions.

5.18.2 Shade

The CELC will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments should be conducted to monitor existing shade structures and assist in planning for additional shade.

5.18.3 Hats

Staff and children are required to wear sun safe hats that protect their face, neck and ears.

A sun safe hat is a:
- Legionnaire hat;
- Bucket hat with a deep crown and brim size of at least 5cm (adults 6cm);
- Broad brimmed hat with a brim size of at least 6cm (adults 7.5cm). (Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended).

Children without a sun safe hat will be asked to play in an area protected from the sun (e.g. under shade, veranda or indoors) or be provided with a spare hat.
5.18.4 Clothing
When outdoors, staff and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible. This includes wearing:

- Loose fitting shirts and dresses with sleeves and collars or covered neckline.
- Longer style skirts, shorts and trousers.

(Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended).

5.18.5 Sunscreen
All staff and children will apply SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the use-by-date monitored.

5.18.6 Educators as Role Models
Staff will act as role models and demonstrate sun safe behaviour by:

- Wearing a sun safe hat (see Hats);
- Wearing sun safe clothing (see Clothing);
- Applying SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors;
- Using and promoting shade;
- Wearing sunglasses that meet the Australian Standard1067 (optional);
- Families and visitors are encouraged to role model positive sun safe behaviour.

5.18.7 Education and Information
Sun protection will be incorporated regularly into learning programs. Sun protection information will be promoted to staff, families and visitors. Further information is available from the Cancer Council website www.cancercouncil.com.au/sunsmart.

5.18.8 Policy Availability
The sun protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to staff, families and visitors.

5.18.9 Review
Management and staff will monitor and review the effectiveness of the sun protection policy regularly. The CELC's sun protection policy must be submitted every two years to the Cancer Council for review to ensure continued best practice. Refer to the Cancer Council's guidelines and website www.cancercouncil.com.au/sunsmart for further information.

References

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5.19 CHILDRENS CLOTHING PROCEDURE

5.19.1 CELC Staff Responsibilities for Clothing:
Inform parents/carers of their responsibilities in dressing their child appropriately for CELC.

5.19.2 Parent/Carers Responsibilities for Clothing:
- Dress children appropriately for all the seasons for their comfort.
- Children should not be dressed in restrictive clothing that is not easy to dress or remove, for example, overalls, this can hinder their self-help skills and emotions.
- CELC requires safe footwear, it is important for activities such as climbing and running. For the safety of children CELC requires that children do not wear thongs, slippers, CROCS, and gumboots due to possible hazards. Gumboots may be packed in children’s bags and worn during wet weather exploration.
- A spare set of clothing suitable for the current season should be in the child’s bag for any accidents that may occur.
- The CELC discourages children from wearing clothing which presents a choking hazard such as capes.

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5.20 TOILETING PROCEDURE

To minimise the spread and risk of infectious diseases whilst children and others are toileting.

5.20.1 CELC Toileting Responsibilities

- Have a safe, well maintained, age appropriate toilet facilities, which complies with the Building Code of Australia.
- Encourage children to flush the toilet after use.
- Assist children with the CELC's hand washing procedures.
- Place any soiled clothes in a sealed plastic bag for the families to take home.
- Exclude children who have diarrhoea, until their symptoms have ceased.
- Be aware of the diverse styles of toileting due to cultural or religious practices.
- Be aware of and accommodate the possible need to maintain privacy of toileting and dressing.
- Have pictures for children to look at which role model correct toileting procedure.

5.20.2 CELC Responsibilities In Relation To Cleaning Toilets

Children’s toilet area should be cleaned at least once during the day. The procedure is as follows:

- Apply gloves;
- All toilets and hand basins are to be wiped with the use of disinfectant or neutral cleaner.
- Use single pieces of paper towel for each toilet;
- Remove each paper towel after use and dispose of it;
- Use single pieces of paper towel for each tap, then dispose of it;
- Remove gloves and dispose of them.

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5.21  HAND WASHING PROCEDURE
The aim of this procedure is to minimise the spread and risk of infectious diseases and provide procedures that applying effective hand washing guidelines and standards reduce the transmission of infectious diseases.

5.21.1 CELC Responsibilities to Effectively Prevent the Spread of Infectious Disease

- Ensure safe, well maintained, hygienic, age appropriate, and staff appropriate facilities are available for hand washing at all times.
- Ensure effective hand drying facilities are available and well maintained.
- Liquid soap is available and is the most effective way to wash hands thoroughly.
- CELCs will not use antibacterial soaps as these may kill bacteria but not all viruses.
- Ensure that staff and children with cuts and abrasions, dermatitis and/or open wounds on their hands cover them with a water resistant occlusive dressing, and/or gloves.
- In a situation where running water is not available or an educator is performing multiple tasks where hands can potentially be contaminated, hands are wiped with an alcohol based hand rubs.
- Alcohol based hand rubs reduce germs but do not remove the dirt.
- Displays of waterproof posters for hand washing procedures are readily available and are on display above the wash basins and on the walls of the CELC and bathroom.

5.21.2 How to Wash Your Hands

- The process of thoroughly washing and rinsing your hands should take 10 – 15 seconds.
- Pictorial displays of the hand washing procedure are displayed at hand washing basins.
- Paper towel is used to pat hands dry. Or children’s individual towels are used as and spaced apart for airing.
- People suffering from eczema or sensitive skin may use sorbolene cream instead of soap. In addition to drying their hands, educators will need to re-apply sorbolene cream.

5.21.3 When to wash hands

- Before and after eating and handling food ....;
- After coming in from outside play;
- After touching nose secretions;
- After coming in contact with blood, faeces or vomit;
- Before joining the mixed age group (if applicable); and
- Before going home. This prevents taking germs home. Parents/Carers can help with this;¹
- After handling pets or other animals;
- After all arts and crafts;
- After going to the toilet.

¹ National Health and Medical Research Council (2006), Staying Healthy in Child Care, Canberra, p. 5.
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5.22 STORAGE AND HANDLING OF DANGEROUS SUBSTANCES AND EQUIPMENT POLICY

The CELC endeavors to provide a safe environment where chemicals and hazardous equipment are stored and handled appropriately.

5.22.1 CELC Staff Procedures

- Potentially dangerous products, including chemicals, first aid supplies, medicines and cleaning agents will be kept in secured cupboards at all times or inaccessible to children. These cupboards will be clearly labelled with their contents.
- The CELC will choose to use a less toxic product for cleaning and other purposes.
- All chemicals, first aid supplies, medicines and cleaning agents are stored in their original labelled containers.
- Material Safety Data Sheets are kept on all products used at the CELC. Staff will follow manufacturer’s directions for use and first aid instructions as per data sheet.
- Every attempt will be made to purchase the same brands consistently to ensure familiarity of safety precautions.
- When a new product is bought for the CELC, a Material Safety Data Sheet is given to all staff to read before use.
- Use the approved personal protective equipment such as gloves, aprons when using chemicals.
- Warning signs are posted on or near storage areas for potentially dangerous products and include a list of those products.
- Material Safety Data Sheets will be used in the event of a spill.
- For bulk storage, different kinds of chemicals will be stored with space between the containers.
- The shelf life of chemicals will be checked regularly. Out of date chemicals will be discarded appropriately. Dispose of chemicals greater than five years old, as per SDS.
- Any motorised or electrical equipment used will be stored in a lockable area away from children. Only people who are trained and authorised will use equipment e.g. mower, cleaning machine.
- The phone number for the Poisons Information Centre is posted beside all telephones in the CELC.

5.22.2 Risk Minimisation Strategies

The CELC will ensure that appropriate risk management strategies are developed that comply with the services’ Work Health and Safety Policy and considers the following:

- Safety Data Sheets (SDS) refer to OSCAR to access product information and relevant Data Sheets for Chemicals used in schools.
- Handling, storing, transporting and disposal procedures and practices;
- Safety checks;
- Recommended Personal Protection Equipment (PPE);
- First Aid emergency plans.

Where appropriate a ‘Register of dangerous products’ will be developed that lists the following:

All potentially dangerous products, even those products that do not require a MSDS.
It is the Directors’ responsibility to ensure that this register is updated at least annually or as new potentially dangerous products are used at the CELC.

5.22.3 Garbage

Engage in environmentally sustainable practices to reduce waste.

Each room will be supplied with a covered rubbish bin, lined with a plastic garbage bag. The bin will be stored in a location where children and staff can dispose of their rubbish without concern for safety.

Staff or Cleaner will seal the plastic garbage liner and empty into a bulk waste bin washing hands thoroughly afterwards.

5.22.4 Disposing Of Syringes, Broken Glass And Used Condoms

Educators will wear disposable impermeable gloves and a plastic apron to dispose of hazardous materials.

Dispose of all potentially infected waste including syringes, broken glass used condoms and gloves in a sealed plastic bag in the general waste.

Hands must be washed with soap and water, and dried thoroughly when the task is complete.

5.22.5 Electrical

Power points will be covered with childproof plugs when not in use.

The electrical appliances will be tested and tagged regularly to comply with OHS standards.

5.22.6 Hot and Cold Water Supply

Hot water will be regulated to less than 43.5º degrees to reduce the risk of scalding.

5.22.7 Photocopiers

The photocopier will be kept in a well-ventilated room, every precaution is taken to minimise the potential risk presented by the photocopier to members of staff. This includes ensuring that the door or window will always remain open when photocopying, especially when photocopying large quantities.

The person changing the toner will wear disposable gloves and take care not to allow toner to make contact with the skin. Gloves are to be removed from the wrist by peeling back without touching contaminated area and disposed of in a covered bin, which is out of reach of children. Wash hands thoroughly after changing toner.

Regular maintenance of the photocopier will be carried out by a professional.

Staff will photocopy items with the cover down as ultraviolet light is emitted when cover is left up.

5.22.8 Children’s Equipment

Check all equipment for poor design and manufacturer faults and ensure items are non-flammable.

Check equipment regularly for sharp edges, rough surfaces and brittle parts that could cause splinters and cuts.

Ensure children are using equipment safely and correctly.

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5.23  HAZARD INSPECTION PROCEDURE
The CELC will effectively minimise the risk of accidents and injuries through proactive measures.

5.23.1  CELC Staff Procedures:
- Implement a hazard inspection and complete and sign a hazard inspection form once per term in addition to indoor and outdoor daily safety check.
- Walk through each room of the CELC and check off listed hazard items.
- Playground safety checks to be completed daily with a checklist signed and filed.
- List any areas of concern or potential problem areas.
- Report concerns to the Director and rectified as soon as possible.

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**5.24 EMERGENCY EVACUATION - LOCK DOWN/LOCK OUT POLICY**

CELC staff will comply with regulations in emergency evacuation procedures to ensure the safety of all people while at the CELC.

As per the Education and Care Services National Regulation 2011, and the Building Code of Australia the children’s services premises must be provided with appropriately placed smoke detectors and a fire extinguisher. All fire protection equipment with which the premises of a service is equipped must be tested in accordance with the requirements of AS 185.1-2005 for Level 1 service and be kept in proper working order.

The emergency and evacuation plans and preschool floor plans will be displayed prominently beside all service exits. These plans will be based on a risk assessment of all potential emergencies that reasonably could arise. The risk assessment will be reviewed annually for currency\(^1\).

**5.24.1 Emergency Evacuation – Lock Down/Lock Out Policy**

A) Fire Procedure:
- Person who notices fire blows the whistle.
- Whistles are to be provided to all CELC staff and must be worn around individual’s neck. Additional whistles will also be available in the foyer, kitchen and rooms and should be placed in the vicinity to emergency chart and must not be removed for any other purpose.
- Any whistle used in an emergency or drill must be returned immediately upon resumption of normal routine.
- Stay calm and assist anybody in immediate danger and comfort any child who is distressed.

B) Whistle Locations:
- Rooms, Foyer/Office, Kitchen.
- Whistle should be kept with CELC staff at all times.
- Specific person is to collect and take attendance register; (see emergency procedure plan and individual role descriptions).

C) Staff:
CELC Directors will assign responsibilities to all CELC Staff. A staff member is required to attend to the following, if safe to do so:
- Switch off power points, lights and fans;
- Switch off gas to stove;
- Ensure taps are turned off;
- Collect first aid kit;
- Switch off power lights if safe;
- Close doors;

Additionally, CELC is required to:
- Take class roll, emergency folder;
- Adults talk quietly and firmly reassuring children physically and verbally;
- Director will check each room of the CELC, collect rolls, personal mobile phone, and first aid bag;
- Children escorted to the designated assembly areas. Please refer to the emergency evacuation plan;
- Children are to be accounted for using the daily attendance records;
- First aiders to assist with any injuries until emergency service arrives;
• Staff and children are to stay away from building until help arrives and further instructions are given;
• If main exits are blocked, smash window where possible from inside and pass children outside.

D) Lock Down/Lock Out:
• If the situation arises where a person is causing concern for the safety of children and staff the external doors will be locked and all children will be asked to move away from windows and doors.
• Director or staff person nearest to the phone will notify the police.
• Children are kept calm by playing a quiet game.

E) Bomb Evacuation:
In an event of a bomb, the following must be strictly adhered to:
• Assemble all children in the assembly evacuation area;
• Follow the same procedure as if there was a fire.

F) Storms:
• Children are to remain indoors, playing away from the windows and doors;
• Close blinds (if applicable) if lightening becomes frightening for children;
• Reassure children verbally and physically, quietly and confidently.

5.24.2 Emergency Evacuation Plan and Procedure

1. Blow the Whistle several times in each room including the Outdoor Area making sure all staff and children hear the whistle.

2. Let all staff know where the fire is situated.

3. Gather children to appropriate doors.

4. Teachers to get children to hold hands in pairs and move them calmly to meeting point

5. CELC educators / staff
   • Assemble children
   • Check rooms
   • Check roles
   • Check bathroom

   Office Staff / Director
   • Collect phone
   • Evacuation bag
   • Collect sign in/out books
   • Visitor book

6. Move to the evacuation area.

7. Check roles.


9. Wait patiently for Assistance.
   Be calm and entertain the children with songs.

10. Blow the Whistle several times in each room including the Outdoor Area making sure all staff and children hear the whistle.

11. Let all staff know where the fire is situated.

12. Gather children to appropriate doors.

13. Teachers to get children to hold hands in pairs and move them calmly to meeting point

14. CELC educators / staff
   • Assemble children
   • Check rooms
   • Check roles

   Office Staff / Director
   • Collect phone
   • Evacuation bag
   • Collect sign in/out books
• Check bathroom
• Visitor book

15. Move to the evacuation area.
16. Check roles.
17. Report any discrepancies.
18. Wait patiently for Assistance.
   Be calm and entertain the children with songs.

5.24.3 Assembly Locations:

Two (2) evacuation assembly areas outside the building will be selected;
(see Evacuation Plans)
• These areas should be away from the building, clear of flying debris and
operations of emergency services;
• All are to remain in their evacuation area until clearance has been notified;
• Make sure that the route to your assembly area has no obstructions e.g.
locked gates;
• Trial evacuations will be carried out once every three (3) months with date
and time recorded in the fire drill book;
• All new staff will be kept up to date with these procedures;
• The CELC staff have access to a telephone to enable immediate
communication with parents/carers and emergency services as required2;

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1 Education and Care Services National Regulations 2011, Clause 97(1-4).
2 Education and Care Services National Regulations 2011, Clause 98

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5.25 PEST CONTROL POLICY

To provide a clean and safe environment by maintaining a vermin and pest free CELC. We will endeavour to do this with the minimum use of chemicals and with professional help from out sourced agencies.

- Pest inspection and control will be carried out by a licensed contractor at least annually.
- Equipment will be properly stored away clean as not to attract pests and vermin.
- Refuse bins and disposal areas will be emptied and cleaned daily and disposed of in the appropriate outdoor trash bin.
- Kitchen and food preparation areas will be checked daily for any signs of pests or vermin. Should any pests or vermin be identified then action will be taken to rid the CELC of the problems.
- Indoor and outdoor environments will be kept free from clutter to reduce nesting and hiding places.
- The CELC will choose a pest control method through a contractor that is using a minimal toxic method.
- Management will only use registered and licensed pest control operators.
- The CELC will maintain up to date Material Safety Data Sheets for any pesticides kept on the premises.
- Any use of chemicals products will only be conducted outside the hours of the children’s and staff presence in the building.
- If pesticides poisoning occurs staff will follow first aid directions on the label, and material data sheets, and seek immediate medical advice by calling the Poisons Information Line on 131126.

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5.26 HEATING, VENTILATION AND LIGHTING

To provide a quality environment by ensuring adequate provision and maintenance of heating, ventilation and lighting in the CELC1.

- All heating and cooling systems will be of good quality and checked regularly to ensure safety and reliability.
- Any maintenance of the appliances will be conducted as required as noted in maintenance book.
- All heating and cooling systems and power cords will be kept in a safe area and away from children.
- The Director and educators will take individual needs and specific activities into account when ensuring that heating and ventilation levels are comfortable.
- Adequate ventilation will be provided at all times. Windows will be properly maintained to ensure easy opening and screens placed on them for protection from bugs and insects.
- Natural light is considered to be most desirable. Provision of natural light areas will be enhanced as much as possible.
- Adequate light will be maintained indoors.

1 Education and Care Services National Regulations 2011, Clause 110.

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5.27 POOL AND WATER SAFETY POLICY

To prevent child accidents and illnesses relating to swimming pools, wading pools and other water hazards to comply with regulations.1

- Children will be closely supervised near water at all times. This includes activities involving water play, bathrooms and in craft preparation areas where there are sinks installed.
- Appropriate ratios will be enforced at all times where water hazards are identified.
- CPR (cardiopulmonary chart) will be displayed both indoors and outdoors.
- Children will participate in water safety discussions and activities as a part of the curriculum.
- Water safety, pool safety information leaflets will be available to parents/carers.

1 Education and Care Services National Regulations (NSW) 2011, Clause 274

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5.28 POISONOUS PLANTS POLICY

To provide a safe and secure environment with nature and plants surrounding the CELC. The CELC will maintain updated lists of potentially poisonous plants from the Poisons Information Centre (PIC).


5.28.1 Responsibilities:

To ensure that:

- All plants brought into the CELC are checked against the list prior to exposure to children.
- All telephones have the PIC phone number beside them at all times.
- Annual updates of the Plants list are obtained through PIC.
- Before developing any gardens in the CELC staff will endeavour to research the types of garden fodder to be used. This includes items such as mulch, potting mix, garden surrounds.

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