

HEALTH, SAFETY AND WELLBEING OF CHILDREN

NQS

QA2	2.1	Health - Each child's health and physical activity is supported and promoted.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2	Safety – Each child is protected.
	2.2.1	Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	2.2.2	Incident and Emergency management – Plans to effectively manage incidence and emergencies are developed in consultation with relevant authorities, practised and implemented.

Education and Care Services National Regulations (New South Wales Government, 2018)

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Aim/Rationale

This policy provides the guidelines governing provision of health care at the NNS in line with regulatory authorities. This policy sets out parent's and educators' responsibilities and some guidelines for action in a variety of potential circumstances with the following aims:

- It is to promote good health and safety practices and health education both in the immediate situation and for children's future development.
- To safeguard all children from contracting illnesses and infections, by creating an environment that maintains their wellbeing and the wellbeing of the group. For children it supports their wellbeing by staying at home when unwell.
- For parents and educators to effectively respond to and manage illness, injury, trauma, incidences and emergencies which occur at the service to ensure the safety and wellbeing of children, educators and visitors.
- To support educators and their right to work in a healthy, safe and respectful work environment.

We require the support of parents in minimising the risk of spreading infection to other children if their child is unwell, by following the exclusion procedures and expectations of the preschool in line with 'Staying Healthy' 5th Edition, National Health and Medical Research Council. This policy will provide clear guidelines on the processes for implementation when a child is unwell.

For parents, this policy provides an account of what action will be taken if their child is unwell at preschool. It sets out the circumstances under which parents/guardians may be asked to keep their child away from the preschool when their child is unwell, including when a doctor's certificate will be required. It also explains how we give medication at the preschool in the event of the child being taken ill or needing medication while at the preschool. Further, by supplying this information it is hoped that expectations can be closely matched to reality and that the frustration and disappointment of being asked to take your child home can be avoided.

Medication

The NNS will only administer prescribed medications. Medication will not be given unless specifically prescribed by a medical practitioner. The medication must be in its original container, must be within its use by date and prescribed to that child. The prescription label should be attached to either the box or bottle or medication.

Where possible, families should request a slow release prescription medication from their doctor so that the medication can be administered at home, with minimum dosages needing to be given at preschool.

Medication will be stored safely in the designated cupboard in the child's room that is out of reach of children or stored in the kitchen fridge in a locked container.

Short Term Prescribed Medication

A medication form must be filled out by the family with a staff member when medication is required to be given to a child at preschool.

Staff will complete this form when giving medication to a child in line with our medication procedures.

Long Term Medication – See Medical Conditions Policy

A child may have a specific health care need, allergy or medical condition where medication for the treatment of this long-term condition is required, either intermittently or on a continuous basis. If this is the case a long term medication form must be filled out by the family with a staff member present. Some long term conditions may include asthma, diabetes or a diagnosis of a child being at risk of anaphylaxis.

We will also require a medical management plan that has been completed and signed off by the child's medical practitioner that details reason for medication, dosage required and procedures to follow.

A risk minimisation plan will be developed using the medical management plan and in consultation with the family to ensure that the child's specific health care needs, allergies or medical conditions are addressed and minimised.

These management and risk minimisation plans will be kept in the child's enrolment folder and a copy with a photograph of the child will be visible in the child's room so the child can be easily identified, and another copy will be in the emergency back pack and in the staff room.

Parents will always be required to bring the child's medication with the child when the child attends the preschool.

All staff and adults at the service, working directly with the children, are informed about the child and their medical management and risk minimisation plan.

This form will be updated by the family and the medical practitioner annually.

Procedure for Administering Medication

- The family will complete and sign a medication form for their child, which includes the child's name, the name of medication, the dosage to be given and required time and method of administering the medication and date to be given.
- Only permanent staff members with a current first aid certificate will administer medication.
- There will always be two staff members administering medication to a child. Both staff will:
 - Check the medication form that the parents have filled out to ensure it is filled out correctly and they know what is being asked of them.
 - Check the prescription label on the medication to ensure it is in the child's name, details of the dosage to be given against the medication form and the use by date on the medication to ensure it is current. These details will be written on the medication form by the staff member giving the medication, including name of medication, dosage to be given, expiry date of medication and date and time given.
 - Check that the dosage measured out is correct against the prescription label.
 - Witness the child being given the medication.
 - Fill out all the details on the medication form straight away after giving the medication and sign off that the medication has been given.
- Medication will be stored safely in the designated cupboard that is out of reach of children or stored in the kitchen fridge in a locked container.
- The parent will sign the medication form to acknowledge that the correct medication and dose was given at the end of the day when picking up their child.

Illness at Preschool

- Well Children** – Well children are able to participate in the general routines and program at the preschool, engaging appropriately with other children and adults.
- Unwell Children** – Unwell children may have a contagious illness, seem unusually tired, coughing excessively, have excessively runny noses, not able to participate in the general routines and program at the preschool, and require one on one support from an educator.

Procedure

- As the preschool does not have the proper facilities to care for sick children, parents will be contacted to come and collect their child if they are unwell.
- The preschool is guided by 'Staying Healthy' Edition 5 and the NSW Health Department regulations on child illness and infectious diseases.
- Children will be excluded from preschool if they are viewed by the Director/ Teachers as "generally unwell" which is affecting their ability to interact with the normal preschool day or if they have symptoms of a contagious disease or illness, coughing excessively or have continually runny noses.
- Teachers know their children well and notice when a child is behaving in a way that is unusual for them. If they suspect a child becomes ill then the child will be cared for and the parent or guardian will be contacted to collect the child as soon as possible.

- Should the parent/guardian not be contactable then the "Emergency Contacts" person(s) shall be contacted for collection of the child.
- Parents may be asked to provide a doctor's certificate before the child can return to preschool, stating they are no longer contagious to other children. Such a certificate will not override the preschool's discretion to exclude the child if they still have concerns for the wellbeing of the preschool.

Some symptoms which may indicate that a child is ill include:

- Severe, persistent or prolonged coughing
- Thick green mucus from nose
- Constant discharge from nose
- Breathing difficulties
- Yellowish skin or whites of eyes
- Conjunctivitis – tears, redness of eyelids, irritation, swelling and white/yellow discharge from eye
- Unusual spots and rashes
- Feverish appearance
- Loss of appetite
- Unusual behaviour – general discomfort, irritable, less active, lethargic
- Pale skin colouring
- Sore throat or trouble swallowing
- Headache or stiff neck
- Vomiting
- Diarrhoea

Teachers will write up any illness on the Illness and Medication Form that the parents will sign when picking up their child.

In the case where a child's illness leads to further medical attention being needed (such as hospitalisation) the "Accident and Emergency" procedure will be followed. (see *Accident and Safety Policy*).

Temperatures

Aim/Rationale

Children's body temperature often fluctuates markedly during the course of an infection. A very common pattern is for a child to develop a high temperature during the course of the night, but to appear well the next morning. During the day, however, the child's temperature may once again be on the rise. Typical body temperature for a child is 36.5 to 37 degrees celsius.

Procedure

- We ask parents to ring and inform the preschool if their child has been unwell. If the child has had a temperature we ask the parents to ensure their child only returns to preschool after a full 24 hours of NO symptoms of a temperature or anything else has passed. We ask parents not to give medication that will suppress or mask the symptoms of an illness before bringing their child to preschool as this may put other children's and staff's health at risk.
- Teachers suspecting that a child has an elevated temperature should measure the child's temperature by using a thermometer.
- If the child's temperature is between 37.5 and 37.9 degrees Celsius, parents will be contacted and informed their child has a low grade temperature. Staff will continue to monitor the child closely to make sure they are okay.

- If the temperature is 38 degrees Celsius or greater the child will be considered unwell and the parents will be contacted to come and collect their child as soon as possible. Temperatures are usually the first sign of an illness brewing. Teachers will record the illness details in the Illness and Medication report, which the parents will sign on picking up their child. The child will be monitored closely to ensure their temperature doesn't rise and steps will be taken to reduce the temperature using a cool damp cloth and removing extra clothing.
- If the preschool is unable to contact the parents/guardians it will assume responsibility and monitor the child closely to ensure their temperature doesn't rise and steps will be taken to reduce the temperature using a cool damp cloth and removing extra clothing. If the temperature continues to rise Paracetamol will be administered unless permission has not been given on the child's enrolment form. If the temperature does not stabilise and the parents or the emergency contacts can still not be contacted, the child will be taken to the Royal North Shore Hospital by ambulance accompanied by a staff member. We will continue to try to contact the parents or emergency contacts.
- If a child appears to be in pain, parents will be contacted. In some circumstances Staff may seek permission to give Paracetamol for pain relief. The concerned teacher must record full details of paracetamol administration in the Illness and Medication report, which the parent will sign on pick up.
- If your child has been sent home with a temperature we expect you to keep them at home for a full 24 hours without a temperature or until they are completely well, and there is no sign of illness before returning to the preschool. This will reduce the possibility of cross-infection with other children.

We appreciate your support in helping us to provide an environment that is safe and healthy for all children.

Administering Paracetamol / Panadol

The preschool will have Panadol in their First Aid cabinet only for emergencies.

Staff will follow the same procedure for paracetamol as for the giving of any medication (see *Medication Procedure*).

- Always ring the parent first to get permission. If unavailable, check the child's enrolment form to see if permission to give Panadol has been signed by the parent.
- The teacher must write all details in Illness and Medication form, which the parents will sign when picking up their child.

Illness, Injury, Trauma Forms and Procedures

- Any illness, injuries, trauma or incidents that happen to children will be written up using the appropriate illness, injuries, trauma or incidents preschool form.
- The form will include the child's name, date of birth, date and time of the incident, details of what happened and any action taken. Two staff and the Director will sign the form and the parents will sign the form when picking up their child.
- Any injuries above the shoulders or bruising of the back will be reported by phone to the family at the time of the incident.
- Parents will be notified to pick their child up if necessary.

Notification of Reportable Illness, Injury, Trauma Procedures

In the case of an illness, injury, trauma, incident or emergency resulting in the need for immediate medical or regulatory attention:

- If the incident is an illness, injury or trauma that requires further medical attention the Director/ Teachers will arrange for the child to be taken to Emergency at the Royal North Shore Hospital. Children will be taken to the hospital by ambulance. The NNS is covered by NSW Ambulance Service. The child's emergency details will be given to the paramedics accompanying the child in the ambulance. Every effort will be made to contact the parents/guardians immediately before taking the child and before treatment is sought. A staff member will accompany the child to the hospital and stay until their family is with them.
- The Director / Teachers will ensure that parents are notified as soon as possible, but not later than 24 hours after the incident, injury, illness or trauma at the preschool.

- The Director / Teachers will report the illness, injury, trauma, incident to NSW Department of Education by filling out online a Serious Incident Report.
- The Director/Teachers will report the illness, injury, trauma, incident to the NNS Management Committee and provide written records of what has occurred, actions taken, date and time, name of child, and their date of birth.
- The preschool's 'Illness, Injury, Trauma, Incident Form' will be filled out by the relevant staff member in the child's room, which will include the child's name, date of birth, details about the incident, injury, trauma, incident and action taken, date and time of incident and any further action taken. This form will be kept on the child's file.

Notification of Reportable Traumas and Incidents

- Educators will document all details of the trauma or incident on the appropriate preschool forms. It is the responsibility of the educator in direct association with the child during the incident to complete the form and follow-up with the Director. The form will be viewed and signed by the Director. Parents need to sign the report and will be given a copy for their records if required.
- In the case of a reportable trauma, incident or accident, the Director / Teachers will contact parents and notify them of the situation
- Should the parent or guardian be unable to be contacted, the emergency person(s) will be notified and requested to collect the child if necessary.

Serious Incident Form S101 - <https://www.acecqa.gov.au/resources/applications/reporting>

The Notification of Serious Incident form should be completed when a serious incident occurs. These types of incidents should be documented within 24 hours of the incident. A serious incident is defined in the National Regulations as:

- the death of a child while attending a service, or following an incident while attending a service
- any incident involving injury, trauma, or illness of a child where medical attention was sought, or should have been sought
- an incident at the service premises where the attendance of emergency services was sought, or should have been
- if a child:
 - appears to be missing or cannot be accounted for
 - appears to have been taken or removed from the service premises in a way that breaches the National Regulations, or
 - is mistakenly locked in or locked out of any part of the service premises.
- The Approved Provider / Director will need to notify the Regulatory Authority within 24 hours of the incident - see page 114 of the Guide to the National Law and National Regulations for more information.
- If an incident occurs and is not deemed serious then the NL01 Notification of complaints and incidents (other than serious incidents) form may be completed.

Accident /Emergency Procedure

- The child will be comforted, cared for and supported by a teacher, providing appropriate first aid treatment if necessary.
- Another teacher will make sure the rest of the children are safe and supervised and that teacher/child ratios are maintained at all times.
- The Director/Assistant Director will immediately be informed and they will check the child to see what action needs to happen.

- If the incident is serious requiring medical attention, ring “000” emergency for ambulance assistance. One staff member will go with the child, if the child needs to be transported to hospital in an ambulance as a support, until their parent or emergency contact can arrive to join them.
- Ring parent or emergency contacts, explaining the incident, what has happened and actions taken and where the child will be going.
- Staff members will complete an accident/incident form, which will include the child’s name, date of birth, date and time of incident, where the incident happened, how many staff were there, and treatment and procedures followed.
- The Director will ring The Chair or Vice Chair on the MC to inform them, explaining the incident, the procedure followed and any further action that needs to be taken.
- Fill out online ‘Notice of a serious accident at a children’s service’ from the FACS website www.community.nsw.gov.au
- Ring Insurance Company **Austcover Propriety Ltd (02 89131777)** and email them a detailed report explaining the incident and the procedures followed and any follow up required.

Immunisation

Aim/Rationale

To comply with the Public Health Act 2010 (NSW) the preschool keeps an immunisation register on all children attending the preschool. From January 2018, an early childhood service will only be able to enrol a child who is fully vaccinated, on an approved catch up schedule or has a medical contraindication to vaccination.

Procedure

- Parents of all newly-enrolled children are requested to provide evidence that their child/children are appropriately immunised in accordance with their age. This request is in line with the Department of Health’s objectives of full immunisation of all children.
- If for any reason, a child has not been immunised, parents will be asked to provide a statement of exemption from their own medical practitioner with a medical reason not to be vaccinated.
- All children not age-appropriately immunised will be immediately excluded from the preschool upon outbreak of measles or whooping cough or any other vaccine-preventable disease, under advice from the Public Health Unit. All children who are excluded will be required to pay full fees, unless determined otherwise by the Management Committee.

Parents are expected to consult their doctor for the current recommendations as to the nature and timing of appropriate vaccinations.

Contagious Diseases

Aim/Rationale

In a preschool environment, where children spend so much time playing in close contact with each other, it is inevitable that contagious diseases and viruses will be present. Regular cleaning and hygiene practices are used to minimise the spread of such illness across the preschool.

Procedure

We exclude children with contagious illnesses to prevent cross-infection, to ensure the preschool maintains an environment that is healthy and hygienic. Please reference the table of exclusion below.

Prevention of Cross-Infection

Aim/Rationale

The following guidelines for exclusion have been taken from *Guidelines for the Control of Infectious Diseases in Childcare* (NSW Public Health Act 2010 and *Staying Healthy in Childcare* 5th Edition.

The first means of prevention is always to wash hands thoroughly (please read General Hygiene procedures below)

Procedure

Exclusion of Sick Children: Recommended Minimum Periods of Exclusion from School, Preschool and Child Care
 Preschool for Cases of Infectious Diseases – Staying Healthy 5th Edition Preventing Infectious Diseases in Early
 Childhood Education and Care Services -
https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55_staying_healthy_5th_edition_150602.pdf

CONDITION	EXCLUSION
Bronchiolitis	Exclude until all symptoms have disappeared and child is well
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours before returning to the preschool
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash has first appeared.
Cold sores (herpes simplex)	Young children unable to comply with good hygiene practices or with open sores are excluded and should stay at home until the blisters have dried completely.
Common cold	Exclude children who have green, runny noses, excessive coughing and general inability to cope with daily routines at the preschool
Conjunctivitis	Exclude until discharge from eyes has ceased unless a doctor has diagnosed none infectious conjunctivitis.
Croup	Exclude until child is well
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours.
Cytomegalovirus (CMV) Common herpes virus Infection	Exclude if child is unwell and until all blisters have dried.
Diarrhoea and vomiting (gastroenteritis) (Motions that are peculiar to the child's normal motions: runny and watery, more frequent, will be considered as diarrhoea)	Exclude until there has not been a loose bowel motion for 48 hours.
Diphtheria	Exclude until medical certificate of recovery is received following at least 2 negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.
Ear infections (otitis)	Exclude if there is any discharge from the ear and until child feels well after antibiotics have been started
Fungal Infection of the skin or nails (Ring worm, Tinea)	Exclude until the day after starting appropriate anti-fungal treatment.
Gastro / Giardiasis	Exclude until there has not been a loose bowel motion for 48 hours.
Glandular fever (mononucleosis)	No exclusion.
Hand, foot and mouth disease	Exclude until all blisters have dried
Hemophilus type b (Hib)	Exclude until the child has received appropriate antibiotic treatment for at least 4 days. A medical certificate is required to return.

CONDITION	EXCLUSION
Head lice	If head lice is detected, parents will be contacted to let them know. Children will wear a hat for the day and must be treated before returning to the preschool.
Hepatitis A	Exclude until a medical certificate of recovery is received, and at least 7 days after the onset of jaundice or illness
Hepatitis B and Hepatitis C	Not excluded unless child is unwell.
HIV, AIDS	Not excluded unless child is unwell. If the child is severely immune compromised, they will be vulnerable to other people's illnesses.
Hookworm	Not Excluded
Hydatid	Not excluded unless child is unwell.
Impetigo – (School Sores)	Exclude until the child has received antibiotic treatment for at least 24 hours and any sores on exposed skin should be covered by a water tight dressing.
Influenza	Exclude until child is well
Listeriosis	Not excluded unless child is unwell.
Measles	Exclude for at least 4 days after onset of rash
Meningitis (viral)	Exclude until well
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed.
Molluscum contagiosum	Not excluded unless child is unwell.
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)
Norovirus and other gastroenteritis viruses	Exclude until there has not been a loose bowel motion or vomiting for 48 hours.
Parvovirus (erythema infectiosum, fifth disease, slapped cheek syndrome)	Not excluded unless child is unwell.
Pertussis (Whooping Cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing.
Pneumococcal Disease	Exclude until child is well
Ringworm, pediculosis (lice), trachoma	Re-admit the day after appropriate treatment has commenced
Roseola	Not excluded unless child is unwell.
Ross River Virus	Not excluded unless child is unwell.
Scarlet fever	Exclude until the child has received antibiotic treatment for at least 24 hours and the person feels well.
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours.
Streptococcal sore throat (including Scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.
Temperature, fever	Exclude for at least 24 hours until child feels well and temperature has returned to normal
Thrush (Candida)	Do not exclude

CONDITION	EXCLUSION
Toxoplasmosis	Not excluded unless child is unwell.
Tuberculosis	Exclude until a medical certificate from an appropriate health authority
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by an appropriate health authority
Vomiting	Exclude until there has not been a vomit for 24 hours.
Warts	Do not exclude. Treat.
Whooping cough (Pertussis)	Exclude the child for five days after starting antibiotic treatment or for 21 days from the onset of coughing.
Worms (intestinal)	Exclude if loose bowel motions are occurring. Exclusion is not necessary if the child has received antibiotic treatment and feels well.
Rotavirus	Exclude until there has not been a loose bowel motion or vomiting for 24 hours.
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of the rash.
Salmonellosis	Exclude until there has not been a loose bowel motion or vomiting for 24 hours.
Scabies and other mites causing skin disease	Exclude until the day after starting appropriate treatment and the child feels well.

General Hygiene Procedures

Aim/Rationale

Research shows that maintaining the highest standards of hygiene practices has proven to reduce the risks of cross-infection. At the NNS health and safety is of the utmost priority and in following the procedures outlined below we aim to minimise cross-infection and safeguard our children and teachers.

It is a priority that all children and staff will wash their hands on arrival in the morning at the preschool.

Hand Washing

The NNS will at all times follow proper hygiene procedures to eliminate the risk of cross-infection.

THE FOLLOWING PROCEDURE WILL BE CARRIED OUT AT ALL TIMES. This applies to teachers, children, parents and any other adult that is spending time at the preschool.

Hands will always be washed and dried thoroughly as required and at the following times:

- On arriving at the preschool
- Teachers will also wash hands when returning to the room after a break
- Before preparing food
- Before eating
- Before helping children with their food
- After toileting
- After touching eyes, ears, nose, hair or mouth
- Before (if possible) and after giving first aid

- After wiping children's or own nose, teachers need to wash their hands or if outside use gloves and the wet paper towels ("Wet Ones")
- Blood, faeces and urine are to be washed off skin with cold soapy water
- After handling garbage
- After any other unhygienic practice
- Hands must be dried on single-use or disposable towels.

Staff members and children will learn and be encouraged to wash hands in the following way:

- Wet hands under running water.
- Apply soap.
- Wash palms and back of hands.
- Wash between fingers.
- Wash up wrist.
- Rinse hands under running water.
- Dry hands on individual hand towel.

Meal Times

After meals the floor will be swept ensuring all food scraps are placed into recycling compost container.

- Areas where children eat their meals will be kept clean and wiped down before and after eating.
- Children will either sit on mats on the floor or at tables.

Food Preparation / Kitchen Area:

- The children's and teachers' cups and utensils will be washed in the dishwasher.
- All benches and other surfaces will be cleaned regularly with warm soapy water or vinegar.
- Teachers will wash hands before handling food to be shared with the children.
- During cooking experiences with the children, teachers will ensure children have washed their hands, food is hygienically handled, and a hygienic preparation area will be used.

Resting / Linen

- Mattresses will be wiped down with warm soapy water or vinegar if used by different children or once per term and/or as required.
- Parents will provide appropriate-sized sheet in a drawstring bag for their own child's use, which will be stored in the child's locker if not being used.
- Parents are responsible for ensuring their child's sheets are clean and remain clean and hygienic.
- Preschool linen will be washed between each use by volunteer parents

Toys and Equipment

- Equipment which is raw wood will be wiped down with warm water or vinegar.
- All equipment in the preschool will be washed regularly and as needed.
- General day-to-day cleaning by teachers and the cleaner will maintain the environment.

Cleaning

A colour-coded cloth system will be used for cleaning:

- Green – Kitchen only

- Blue – Floor
- Yellow – Food
- Pink - Craft
- Paper towel – bathroom mirrors, sinks and toilets
- Paper towel – paint spills then blue cloth

Children’s Bathroom

Children's toilet area will be cleaned once daily and maintained as required throughout the day, refer to cleaning procedures in the children’s bathroom.

Sandpit

Sandpits can be a source of infection. The sandpit will be raked every morning, covered each night and hosed down with water when necessary.

Contact with, and disposing of Body Fluids

To avoid the risk of cross-infection, staff members will treat all bodily fluids as infectious by:

- Avoiding direct contact with blood / mucus/ urine and faeces by wearing disposable gloves.
- Avoiding direct contact if there is broken skin, cuts, sores or open wounds, or when blowing noses by wearing disposable gloves.
 - Any person in contact with or splashed with blood should wash thoroughly with soap and water.
 - All items that have come into contact with blood or other bodily fluids must be disposed of in a separate ‘rubbish bin’ nominated for this purpose. There will be two specifically marked small rubbish bins, one in the children’s bathroom and the other near the First Aid cabinet.
 - Soiled clothing or linen will be placed into a plastic bag and the child will be cleaned up and dressed in clean clothes.
 - If children are soiled and in need of a bath to appropriately clean them, teachers will bath child in children's large sink and towel off before re-dressing in clean clothing.

Programming, Health and Hygiene

Children will be engaged in discussions about healthy practices which include eating healthy food and taking responsibility for embracing hygienic practices.

- Meal times are a wonderful opportunity to discuss healthy eating options and why this would be beneficial to our wellbeing.
- Physical play is also discussed and encouraged so children have energy, confidence, resilience and good health.
- Hygienic practices are encouraged through children:
 - Wiping their own noses and disposing of tissues safely, washing their hands afterwards.
 - Coughing into elbows
 - Hand washing before eating, after toileting, after blowing their nose and when necessary.
 - Hygienic toileting procedures: flushing after use, correctly wiping self, washing and drying hands.

It is essential that staff members support and supervise groups of children when in the bathroom and at transition times to ensure health and safety procedures are followed.

First Aid

- Only staff members with a current first aid certificate can administer first aid.

- No child or staff member will be refused first aid at any time.
- Staff members will follow hygiene practices at all times when practicing first aid.
- All educators will be trained in first aid.
- We have two first aid kits; one indoors in the children's bathroom and one outdoors attached to the wall in our outdoor play area.
- A WH&S nominated educator will regularly check and be responsible in replacing supplies in both kits.

Safety Procedures

Aim/Rationale

As stated in the 'code of conduct' and the 'duty of care,' which all educators practice and adhere to, children's safety, health and wellbeing is of the highest priority of the educators and management of our preschool.

It is our aim to ensure procedures are in place to maintain the safety of the preschool environment for the wellbeing of the children, staff members and families.

The Environment

- A safety checklist of outside areas and equipment for potential problems will be conducted each morning before children go outside and as equipment is set up for children's use.
- If equipment or the environment is found to be in need of maintenance, teachers will either fix it themselves or report the problem to the Director immediately. The educators will assess the situation, securing the immediate safety of the children.
- Educators will fill out the hazard maintenance form (in the office in Hazard Maintenance folder) and note faults or concerns. Play areas or equipment will be blocked off or put aside.
- Soft fall will be provided in the playground and extra mats added when needed.
- ALL areas of the preschool, including the rooms, playground and bathrooms, will be kept safe, clean and in good order providing adequate lighting, ventilation and heating.
- The children will be educated through the program that if they see a spider, snake, sharp or dangerous object NOT to touch it and to tell an educator immediately.
- It will be the responsibility of the Director, in conjunction with the educators, to ensure safe, quality, well maintained, age- appropriate equipment is purchased and provided for the children.
- The preschool will ensure the building and grounds are protected to the best of our ability from vermin and spiders by the use of regular non-toxic pest control.
- Water play will be provided for the children under direct supervision of educators always and the water will be recycled in the garden after use
- The main fire exit gate will be unlocked but kept latched using the padlock every morning
- All gates and latches will be kept closed at all times.
- NO smoking is allowed on the premises of the NNS at any time.
- NO dangerous items are to be brought to the preschool. In the case of these items being at preschool, teachers will sensitively discuss with the child so they understand and remove and store in a safe, secure place.
- Children will not be allowed in the kitchen unsupervised.
- Original containers will be used to store chemicals/cleaning products and stored in a secure area out of children's reach. Safety data sheets will be kept in the chemical cupboard.
- Spray bottles in each room holding chemicals will be labelled using manufacturers' labels, refilled regularly and stored in high locked cupboards out of reach of the children.

Educator Responsibilities

- Educator /child ratios will be maintained in accordance with the government licensing regulations (1 teacher: 10 children.)
- Educators will be present in all areas where children are present.
- The educators will ensure maintenance of the playground and rooms ensuring all areas can be viewed for adequate supervision.
- Training students, work experience personnel and volunteers will NOT be counted in our adult/child ratios or left unsupervised with the children.
- Parents are asked upon enrolment to write details of the authorised person/s to which their child will be released on the child's enrolment form, and where applicable, any custody orders that apply.
- Where the authorised persons are not available to collect the child. Educators will not release a child unless they have been advised by the parent via a phone call, email or in writing of their nominated allocated person to collect their child for that day. Educators will check with each other and the Office and photo identification, such as a current driver's license, will be needed if the educator is not familiar with this person.
- Children and parents are greeted on arrival and departure by at least one educator.
- Educators to ensure that all parents or authorised people are to sign their child in and out each day in the sign-in form.

Safe Supervision of Children

- Educators are to be in view of other educators when interacting with children.
- When an educator leaves the room, they need to inform the other educators. Where possible the educator in the room needs to be in sight and sound of other educators.
- Educators are to supervise the washing of hands and toileting and support children in wiping themselves at the toilet. If children need help gloves must be worn when wiping children's bottoms. After toileting, if necessary, remind children to flush and then wash their hands.
- In the event that an educator is in the bathroom alone they are to position themselves in view of a window or doorway if possible.
- When in the bathroom educators are to remind children to wash their hands with soap, and then shake the water off their hands into the sink, then wipe their hands with a paper towel and put it in the bin.
- When outside the educators must position themselves at different points in the garden so that the area is fully supervised. Educators also need to let each other know where they are in the garden and try to be in view of each other.
- Staff member's interactions and conversations outside with other educators should be limited so that the majority of time educators are actively interacting and playing with the children.
- When leaving the outside environment educators need to check that there are enough educators outside and let all educators know they are going inside for a minute and the reason why. Ratios must be maintained at all times.

Sources

Education and Care Services National Regulations 2018

Early Years Learning Framework

National Quality Standard

NSW Health

Staying Healthy in Child Care Preventing Infectious Diseases in Child Care (5th Edition 2013).
https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55_staying_healthy_5th_edition_150602.pdf

Public Health Amendment (Review) Act 2017 No 43 <https://www.legislation.nsw.gov.au/acts/2017-43.pdf>

Review

The review will be conducted by:

- Management
- Employees
- Families

Last reviewed: September 2018

Date for next review: 2020