



Health and Well-Being Policy

1. POLICY STATEMENT

This policy covers all areas of health and wellbeing regarding all children, families, educators and volunteers that access the service.

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2. SCOPE

This policy applies to children, families, volunteers and educators at the service.

3. IMPLEMENTATION

a) The Approved Provider (Walkerville Primary Governing Council Inc) will:

- Ensure the following procedures are known and followed by management and all educators, volunteers and visitors.

b) A Nominated Supervisor/Certified Supervisor and educators will:

- Ensure all educators are given the policy, review and adhere to it.
- Ensure their practise and decisions follow the policy.

4. SECTIONS

Section (1) MEDICAL CONDITIONS AND HEALTH POLICY

Policy Statement

We aim to provide safe and effective care of children by ensuring that educators are fully aware of reactions to, and management of, any child's allergies, medical conditions or health requirements. The service requires the disclosure of all medical conditions or health requirements from families on their enrolment form.

Definitions

Medication – A medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth.

Registered medical practitioner - A person registered under the Health Practitioner Regulation National Law to practice in the medical profession (other than as a student).

Procedure

- It is the family's responsibility to inform service of any medical conditions or health requirements the child may have at the time of enrolment in writing on the enrolment form. The service will assess whether educators/staff are appropriately trained to manage the child's special health needs at that time.
- If a medical condition or health requirement becomes known after a child has already commenced an enrolment, it is the family's responsibility to advise the service in writing on the communication record before the next session of care is provided.
- Where children require medication or have special medical needs for long term conditions or complaints, the child's doctor or allied health professional and parent/guardian must complete a Medical Plan and/or an Emergency Action Plan. Such a plan will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition.
- Medical Plan and/or an Emergency Action Plan will need to be renewed every 12 months.
- Families are required to supply the service with the adequate and in-date medication and management plan for the children to attend.

- If a food allergy exists, families will be asked to provide any particular diet suggestions for us to provide if required.
- Educators regularly update medication, checking for dates and children's names. Family's must replace any out of date medications before the child's next attending session when notified to do so. Failure to do so will result in the refusal of care for that child until adequate in date medication has been supplied.
- The family member providing the medication or instructions from medical professionals must sign the communication record along with an educator to ensure it has been noted.
- All educators are to make themselves aware of children's allergies, medical conditions and health conditions listed above the kitchen bench & in the First Aid Room. All medication is kept accessible in the first aid room in case of an emergency.
- Medication administered by an educator must be recorded in the Child Medication Record Log. Families are requested to sign this form before and after the medication has been administered.
- Health conditions that do not require medication but educators need to be aware of are kept in the Excursion folders with a photo and an outline of the child's needs. This will be reviewed monthly to add any new children or remove any that have left the service and update forms and medication.
- A process for informing all staff (including volunteers) of the needs of the individual children and the agreed management practice will be done in a way that protects the rights and dignity of the child.
- If a child takes the wrong medication, the wrong amount of medication, or takes medication via the wrong route, the following steps should be followed:
 - Ring the Poisons Information Centre 13 1126 and give details of the incident and child.
 - Act immediately upon the advice given (e.g. if advised to call an ambulance) and notify the child's emergency contact person.
 - Document your actions.
 - Generally, the employer will require completion of a critical incident report (located in the main filing cabinet, bottom drawer in critical incident tab) and an

accident and injury report form.

- Notify families and guardians of the incident and steps taken.
- Children with specific medical needs must be reassessed in regard to the child's needs and the service's continuing ability to manage the child's special needs, on a regular basis, depending on the specific child's medical condition.
- Parents/families/guardians should consider whether their child who requires medication is well enough to be at the service, and to keep the child at home if unwell.
- If children are receiving medication at home but not at the service, the parent/guardian should advise the educator of the nature of the medication and its purpose and any possible side effects it may have for the child.
- For each child who is being educated and cared for, and who requires the administration of medication, the following details must be recorded:
 - the name of the child
 - date of birth
 - the authorisation to administer medication (including, if applicable, self-administration), signed by a guardian or a person named in the child's enrolment record with authorised to consent
 - the name of the medication to be administered
 - the time and date the medication was last administered
 - the time and date, or the circumstances under which, the medication should be next administered
 - the dosage of the medication to be administered
 - the manner in which the medication is to be administered
 - last known time and date medication was administered
- if the medication is administered to the child:
 - the dosage that was administered
 - the manner in which the medication was administered
 - the time and date the medication was administered
 - the name and signature of the educator who administered the medication
 - the name and signature of the educator who checked the identity of the child, the

dosage and administration.

- name and signature of the witness to the administration.

- Children in the service may be responsible to self-medicate when:
 - The service is provided with a written medication authority (and clear direction from the family and doctor that the child is able to self-manage).
 - The parent has signed the daily medication dose onto the service's medication plan
 - The medication is in the original pharmacy labelled container.
 - The medication is stored according to the manufacturer's instructions.
 - Limitations on the quantity brought to the service (daily requirement preferred).
 - Children are not to store their own medication except for their own Ventolin or EpiPen when necessary.
 - If educators observe a child apparently self-medicating, they can sensitively and privately ask to see the medication and check with the parent/guardian.
 - It is the responsibility of all people on the site to respect others' medication and to keep one's own medication secure to minimise risk to others.
- On the occasion the child only attends during vacation care. It is the responsibility of the family to physically hand the medication to an educator during the sign in process. This will be recorded on the services Vacation Care Medication Receipt and signed and dated by both family member and educator.
- Risk Minimisation Plans are required to be developed in consultation with the Coordinator and the parents of a child in compliance with the National Law:
 - To ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised;
 - If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented;
 - If relevant, to ensure that practices and procedures notify and inform the parents of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented;
 - To ensure that practices and procedures are in place so that all educators and volunteers can identify the child, the child's medical management plan and the location of the child's medication to ensure that they can be implemented in an emergency

- If relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented.
- Risk is minimised due to educator diligence ensuring any risk posed to a child will not enter the service including but not limited to food, donated resources, animals, allergens such as pollen or dust.
- In an emergency administration of medication can be authorised verbally by a parent or a person named in the child's enrolment record. If they cannot be contacted a registered medical practitioner or an emergency service can give permission.
- An educator is responsible for ensuring the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid equipment. This is done every 3 months or when necessary.
- All excursions will have at least one Level 2 first aid trained staff member on duty.
- A comprehensive first aid kit will accompany the staff on all excursions along with a mobile phone.
- All children attending excursions will have provided a signed medical form providing medical details and giving staff permission to contact a doctor or ambulance should an instance arise where their child requires treatment. Copies of the signed medical forms are to be taken on the excursion with the originals left at the program.
- All children, especially those with a documented Asthma Management Plan, are expected to carry their own asthma reliever medication. Emergency asthma medication is always available at the OSHC office. Staff are responsible for taking each child's anaphylaxis medication on excursions.

Section (2) DEATH AT THE SERVICE

Policy Statement

The Approved Provider, educators or the Nominated Supervisor will ensure that immediate and appropriate action is taken to notify any relevant authorities in the event of an incident

that causes death of a child, educator or family member who attend the service or whilst at the Service.

Incident that causes death could include:

- injury or trauma
- illness
- pre-existing condition
- child taken or removed from the service
- child locked in or out of an area
- any circumstance posing risk to health, safety or wellbeing
- accident including but not limited to; car accident, drowning or act of nature etc.

Procedure for a death at the service

Educators will follow and implement the following procedure in the event of a serious incident or injury of a child:

- Attempt DRSABCD pursuant to current guidelines.
- Follow evacuation/ lockdown procedure refer to Emergency Procedures Policy to remove children and unnecessary bystanders from area.
- Call an ambulance immediately on 000.
- The Nominated Supervisor will call the family/guardians of the child and arrange to meet at the hospital or medical facility.
- Medical staff will advise family on further action to be taken.
- Explain to children and families that an incident has occurred and that precautions have been taken to ensure safety. Refer to confidentiality policy for further disclosure.
- Allow educators to attend the deceased person's funeral if they wish and consider the necessity and practicality of closing the service on the day of the funeral.

Within 24 hours Responsible Person will:

- Contact relevant school delegates and department of education.
- Write report regarding incident.
- Notify state Police Department.
- Notify the Regulatory Authority.

Educators will follow and implement the following procedure in the event of a serious incident or injury of an educator, family members, contractors or volunteers:

- Attempt DRSABCD pursuant to current guidelines.
- Follow evacuation/ lockdown procedure refer to Emergency Procedures Policy found in the emergency to remove children and unnecessary bystanders from area.
- Call an Ambulance immediately on 000.
- The Nominated Supervisor will call the emergency contact of the adult and arrange to meet at the hospital or medical facility.
- Medical staff will advise emergency contact on further action to be taken
- Explain to children and families that an incident has occurred and that precautions have been taken to ensure safety. Refer to confidentiality policy for further disclosure.
- take steps to ensure children continue to be adequately supervised eg calling in relief staff to maintain ratios or where necessary requiring families to collect children

Within 24 hours Responsible Person will:

- Contact relevant school delegates and department of education.
- Write report regarding incident.
- Notify state Police Department.
- Notify the Regulatory Authority.

Procedure for a death of a person connected to the service

- Responsible persons are notified that a death of an educator, child or volunteer has occurred while not on site from family member of deceased person or police.
- Responsible person would inform school delegates and work with them to put in place a plan for notification and running of the service to follow.
- Contact counsellor for further advice and to organise them to be on site to inform other educators, children and volunteers of death.
- A letter will be written to inform families connected to the service about the death.
- Responsible persons will be in continuous contact with family of deceased person.
- Take steps to ensure children continue to be adequately supervised e.g. calling in relief educators to maintain ratios or where necessary requiring families to collect children.

- Allow educators to attend the deceased person’s funeral if they wish and consider the necessity and practicality of closing the service on the day of the funeral.
- Counsellor will be brought into service to assist with mental health.

Section (3) FIRST AID POLICY

Policy Statement

Walkerville Primary School out of School Hours Care understands that in accordance with the Work Health Safety Regulations 2012 it has a responsibility to provide first aid assistance to persons sustaining an injury or illness in the workplace. To achieve these responsibilities; the service will provide first aid services by:

- Having one educator fully trained in Senior First Aid & all educators to have an approved certificate in first aid on duty at all times whilst service is operating. This person/s is to undertake duties to assist in the prompt delivery of treatment for injuries.
- Providing First Aid Kits and supplies.
- Accommodating all educators who wish to be trained in First Aid.
- Educators to follow first aid guidelines in accordance with their abilities.

This policy and procedure has been developed to ensure that First Aid Kits and / or suitably trained educators are available if treatment is required.

Procedure

- A minimum of one educator present at all times will be currently qualified in first aid.
- A fully stocked and updated First Aid Kit will be kept in a secured place in the service. Educators are to ensure that this is easily accessible to all educators and kept inaccessible to the children.
- A separate travelling First Aid Kit will be also maintained and taken on all excursions and whilst outdoors.
- Individual First Aid Kits will be taken to each area containing immediate first aid equipment.
- The First Aid Kit will contain the minimum equipment suggested by the Red Cross or St Johns Ambulance.

- A First Aid manual will also be kept at the service.
- A cold pack will be kept in the freezer for treatment of bruises and strains.
- Educators and relief workers will be made aware of the First Aid Kit, where it is kept and their responsibilities in relation to it in the orientation process.
- Qualified first aiders will only administer first aid in minor accidents or to stabilise the injured or ill persons until expert assistance arrives in more serious accidents.

Section (4) HANDWASHING AND HYGIENE POLICY

Policy Statement

We aim to provide a healthy and hygienic environment at all times that will promote good health to the children & educators.

Implementation

a) The Approved Provider (Walkerville Primary Governing Council Inc) will:

- Ensure has adequate hand washing facilities in line with the National Regulations and Standards

b) A Nominated Supervisor/Certified Supervisor will:

- Ensure the hand washing facilities are in working order
- Ensure that a review and update of hand washing procedure is done regularly
- Ensure that female educators and children have access to proper feminine hygiene disposal
- Ensure systems are in place so all toilets, hand basins and kitchen facilities will be cleaned regularly

c) Educators will:

- Role model washing hands & other hygienic practices to promote personal hygiene and self-help skills to the children.
- Before preparing and handling food our educators are required to thoroughly wash their hands.

- Wash hands and apply gloves prior to applying any first aid treatment, and wash hands after finishing.
- After the following programmed activities educators and children are to wash their hands;
 - Gardening & Nature play
 - Cooking
 - Sensory
 - Animal Handling
- Ensure all hand washing facilities are regularly be checked to make sure soap is available.
- Ensure the general clean up at the service will only be undertaken if the area is free from hazardous materials, substances and if no risk is evident.
- Wear disposable gloves when in contact with blood, open sores, or other bodily substances.
- Ensure whilst in contact with clothes contaminated with bodily fluids or cleaning the contaminated area. Ensure gloves are worn, and hands washed upon task completion and removal of gloves.
- Ensure whilst they have cuts, open wounds or a skin disease such as dermatitis they require to cover it and wear disposable gloves. Used gloves should be disposed of safely.
- Ensure children do not share hats.
- Ensure children are reminded not to share drinks, utensils or use items that have been dropped on the floor.

Section (5) IMMUNISATION POLICY

Policy Statement

We respect the right of individual parents to choose whether to immunise or not to immunise their children. However children who are not immunised will be excluded for the period of an outbreak of a vaccine-preventable diseases.

Procedure

- In the event of an outbreak of vaccine-preventable disease at the service or school attended by children, children not immunised will be required to stay at home for the duration of the outbreak, for their own protection.
- The Public Health Unit will be notified if any child contracts a vaccine-preventable disease.
- Payment of fees will be required for children excluded during an outbreak of a vaccine-preventable disease, unless other arrangements, discussed and agreed to by Governing Council have been made.
- Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive the Child Care Benefit, the Child Care Rebate and the Family Tax Benefit Part A end of year supplement. The relevant vaccinations are those under the National Immunisation Program (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Childhood Immunisation Register (ACIR).
- Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements.
- Conscientious objection and vaccination objection on non-medical grounds will no longer be a valid exemption from immunisation requirements.
- Families eligible to receive family assistance payments and have children less than 20 years of age, who may not meet current immunisation requirements, will be notified by Centrelink.

Section (6) INFECTIOUS DISEASE POLICY

Policy Statement

Infectious Diseases are a threat to the health and welfare of the community if they are not treated with caution and respect. Families and educators are therefore required to make known any condition that is potentially harmful to others. Walkerville Primary OSHC aims to minimise the spread of potentially infectious diseases between children, their families,

volunteers and educators by excluding children who may have an infectious disease or who are too ill to attend the service.

Our service is committed to:

- providing a safe and healthy environment for all children, educators and any other persons attending the service.
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service.
- complying with current exclusion schedules and guidelines set by SA Health.
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Definitions

Blood-borne virus (BBV): A virus that is spread when blood from an infected person enters another person's bloodstream. Examples of blood-borne viruses include human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risks of contracting a blood-borne virus is negligible.

Exclusion: Inability to attend or participate in the program at the service.

Hand hygiene is a general term referring to any action of hand cleansing. It includes hand washing with soap and water and using antimicrobial hand rubs (for example, an alcohol-based hand rub). For more detailed information about hand hygiene, see: Personal Hygiene in Related policies

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.

Immunisation status: The extent to which a child has been immunised in relation to the recommended immunisation schedule.

Infectious diseases are diseases caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another.

Medication: Any substance, as defined in the Therapeutic Goods Act 1989 (Cth), that is administered for the treatment of an illness or medical condition.

Recommended minimum exclusion period: The period recommended by the Department of Health for excluding any person from attending a children's service to prevent the spread of infectious diseases through interpersonal contact. The exclusion period table, published by the Department of Health, can be accessed at <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-fromPrimary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>

Pandemic A pandemic is the worldwide spread of a new disease.

Respiratory hygiene or cough etiquette are terms used to describe infection prevention measures. Practices include:

- covering the mouth and nose when coughing or sneezing with elbow.
- using tissues and disposing of them appropriately.
- attending to hand hygiene immediately after coughing, sneezing or blowing nose.

Severe disease outbreaks occurs in greater numbers than expected in a community or region or during a season. It can be associated with high rates of serious illness and death.

Standard precautions are the minimum infection prevention and control practices that must be used at all times for all people in all situations. The use of standard precautions aims to minimise and, where possible, eliminate the risk of transmission of infection.

Implementation

a) The Approved Provider (Walkerville Primary Governing Council Inc) will:

- support the Nominated Supervisor and the educators at the service to implement the requirements of the recommended minimum exclusion periods
- conduct a thorough inspection of the service on a regular basis, and consulting with educators to assess any risks by identifying the hazards and potential sources of infection.
- ensure that the Nominated Supervisor, staff and everyone at the service adheres to the Hand Washing and Hygiene Policy and the procedures for infection control relating to infectious disease.
- ensure that appropriate and current information and resources are provided to educators and families regarding the identification and management of infectious diseases, blood-borne viruses and infestations.

- keeping informed about current legislation, information, research and best practice.

b) A Nominated Supervisor/Certified Supervisor and educators will:

- ensure that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (see infectious disease plan).
- ensure that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable.
- ensure that information from the SA Health about the recommended minimum exclusion periods is displayed at the service, is available to all stakeholders and is adhered to in the event of an outbreak of an infectious disease.
- ensure that a child who is not immunised against a vaccine-preventable disease does not attend the service when that infectious disease is diagnosed, and does not return until there are no more occurrences of that disease at the service and the recommended minimum exclusion period has ceased.
- notifying DECD within 24 hours when a child becomes ill with an infectious disease at the service or medical attention is sought while the child is attending the service.
- keep Emergency Contact Information for each child in the service. It is important that this information be kept up to date with regard to changes of address, contact numbers, doctor etc. Parents are required to inform educators of any changes to be made promptly.

Procedure

- Any child found attending the service who has an infectious disease will be quarantined at the service in the first aid room and first aid administered where necessary.
- The child's emergency contacts will be contacted immediately by nominated supervisor/educators. They will be asked to come collect their child from the service.
- All areas will be cleaned, the families will be informed a child has contracted an infectious disease and notices will be displayed in the main OSHC room and on

SkoolBag application. Confidentiality will be maintained and only the name and nature of the infectious disease will be disclosed.

- Any child that has symptoms of the infectious disease will need to have a medical certificate and have completed the applicable exclusion period as outlined in the current edition of Staying Healthy in Child Care (website below) to return to the service.
- https://www.abc.net.au/mediawatch/transcripts/1302_healthy2.pdf
- Nominated Supervisor/ educators will follow the guidelines from SA Health.
- Following the guidelines of SA Health website in the event the infectious disease is declared a pandemic by the Australian Government/ World Health Organisation our service will follow the advice from South Australian Government website (see below).
- <https://www.sa.gov.au/topics/education-and-learning/health-wellbeing-and-special-needs/infectious-diseases-and-exclusion>

Section (7) NUTRITION, FOOD/BEVERAGE, DIETARY REQUIREMENTS

Policy Statement

We aim to encourage the consumption of nutritious and varied food of good quality in the Walkerville OSHC Service. Children will be encouraged to develop good eating habits through good examples and education. Parents will be encouraged to share family and multicultural values and ideas to enrich the variety and enjoyment of food by the children. High standards of hygiene will be maintained throughout any food preparation. Educators will ensure that they have washed their hands, that food has been stored properly and purchased from reputable outlets and that all food handling utensils are clean and sterile in accordance with the Australian and New Zealand Food Standards Code.

Procedure

- Any food provided by the service will be prepared in a hygienic manner, educators must wash their hands and use gloves where appropriate.
- Where children are involved in food preparation, it shall always be under supervision in hygienic conditions. Food requiring refrigeration will be stored in the refrigerator, which is checked daily for the temperature.

- Children should be seated while eating or drinking.
- Snack times will be treated as social occasions. Educators will sit with the children and interact with them to encourage good eating habits and an appreciation of a variety of foods.
- Where possible, snacks and drinks will reflect a wide variety of cultures, especially the cultural backgrounds of families within the local community.
- Snacks and drinks will be appetising and provide variety. Where possible, fresh produce will be used.
- Food provided will be in accordance with the National Standard Guidelines for healthy eating.
- Menus will be planned with input from children, families and educators.
- Drinking water will always be available and accessible to educators and children.
- Snack and meal times will have a regular schedule but small, nutritious snacks of fruit and vegetables will be available to children who are hungry later in the day.
- Children will be encouraged to try different food but will never be forced to eat. Their food likes and dislikes and their family religious and cultural beliefs regarding food will always be respected.
- Where children are on special diets, the parents may be asked to provide a list of suitable foods and unsuitable foods and their child's food preferences or to supply special food.
- The denial of food will never be used as punishment.
- The importance of good, healthy food will be discussed with children during snack time, as appropriate.
- Information on nutrition, food handling and storage will be displayed at the service.
- A nutritional breakfast will be provided each morning at Before School Care.
- When food is prepared as part of the children's program of activities, the ingredients and preparation techniques used will be hygienic and safe and contribute to children's nutritional needs
- On special occasions children will be able to have treats to celebrate. Educators are to encourage that this is a special treat and that treat food is not encouraged as healthy eating.

Section (8) RESTRAINT OF A CHILD

A child may need to be restrained if there is an instance that the child will be harmed or poses a threat of harm to others. Physically restraining a child is a last resort and will only be done if all other methods of calming the child or guiding them to follow instructions has been exhausted. When a child may need to be restrained:

- If they are putting themselves in danger of harm, e.g. running in front of traffic or hurting themselves with an object.
- Child is not listening to instructions that are intended to keep them from harm, e.g. refusing to leave an area that poses danger, refuses to join group when leaving an excursion, refusing to follow lock down or evacuation procedure.
- If a child is posing a threat of harm to others including children, educators or families.

When restraining child educators must note:

- the age/size of the child.
- gender of the child.
- any impairment of the child e.g. physical, intellectual, neurological, behavioural, sensory (visual or hearing), or communication.
- any mental or psychological conditions of the child, including any experience of trauma.
- any other medical conditions of the child.
- the likely response of the child.
- the environment in which the restraint is taking place.
- Ensuring other educators remain with the child and educators restraining them.

Section (9) WATER SAFETY

Policy Statement

Water activities are a significant part of Australian life and provide children with opportunities to access a variety of activities for experience, learning and fun. However, all bodies of water present a significant hazard and require our service educators to be increasingly vigilant around them to ensure the safety of children. It is acknowledged that children can drown in as little as 5cm of water.

The Walkerville Primary School OSHC service recognises these risks posed by bodies of water and takes the safety of children and educators involved in water-based activities and around bodies of water seriously. The service will ensure that every precaution is taken so that children are able to enjoy water-based activities safely. Risk assessments will be carried out for programmed water-based activities and the outcomes will underpin the educator to child ratio for the activities.

Definition of a body of water

The service recognises the following locations are bodies of water:

- **swimming pools**
- **wading pools**
- **lakes**
- **ponds**
- **the sea**
- **creeks**
- **dams**
- **rivers**
- **equipment used by the service that could contain 5cm or more of water and would allow a child to submerge both nose and mouth at the same time.**

a) The Approved Provider (Walkerville Primary Governing Council Inc) and co-directors will:

- Actively access venues that provide additional supervision in the form of life guards, when the venue contains or has access to a body of water.
- Conducting a risk assessment of any venue the service plans to visit, to ensure that the service is able to provide appropriate levels of supervision and that the risk does not exceed the service's ability to maintain the safety of children.
- Ensuring a risk assessment is carried out on any activity the service sets up that allows children to access a body of water.
- Ensuring educators position themselves in the environment so that every child is within sight of an adult at all times and that supervision is direct and vigilant; and that

educators rotate their position in the environment on a regular basis to allow for movement and to maintain vigilance.

- On a swimming excursion, having some educators designated to supervise children from within the body of water.

POLICY PRACTICES OR PROCEDURES:

The service will ensure the safety of children around bodies of water by:

- Undertaking a risk assessment that will determine the required educator to child ratio for the proposed activity.
- Ensuring educators are placed in positions that allow them to directly and actively supervise any child accessing a body of water.
- Demonstrating a preference for venues that provide additional supervision in the form of life guards.
- Avoiding any venue with a body of water where sufficient precautions cannot be taken to ensure the safety of children. The National Regulations do not specify a specific educator to child ratio for activities where water is a feature. The number of educators present is to be determined by a risk assessment of the proposed activity. It must also be noted that in sections 165, 167 and 169 of the National Law there are clear statements about adequate supervision.

The adequacy of supervision shall be determined by a range of factors that include:

- numbers, ages and abilities of the children
- number and positioning of educators
- each child's current activity
- areas where children are playing, in particular the visibility and accessibility of these areas
- risks in the environment and experiences provided to children
- educators' knowledge of each child and each group of children

b) A Nominated Supervisor/Certified Supervisor and educators will:

- Ensure they do not carry hot drinks of tea or coffee onto the floor when they are caring for and educating children.
- will be test any warm water around children to ensure that is not hot enough to cause scalding.
- Water safety messages will be embedded in the children’s educational program, where appropriate, including during the following water-based activities: water play, sand play and play with elements of nature, such as mud, creek beds, watering the garden and rain catching from the natural environment.
- cover or make inaccessible to children all water containers (e.g. buckets).
- Empty any tubs or buckets used for water-based activities immediately after every use, and are stored in a way that prevents the collection of water.

Section (10) WORK HEALTH AND SAFETY

Policy Statement

Walkerville Primary School OSHC is committed to providing a workplace that is safe and without risk to the health or the welfare of all employees, contractors and members of the public in our workplaces, and the effective rehabilitation of injured employees.

POLICY PRACTICES OR PROCEDURES:

Walkerville Primary OSHC will comply with all relevant Work Health and Safety legislation and regulations to ensure the safety of all and to help the effective rehabilitation of injured employees. The service is also committed to the implementation and continuous improvement of Work Health and Safety policies and procedures. In implementing this policy and the Work Health and Safety Management System, The School Governing Council the OSHC Management Committee and, employees will:

- adopt a consultative approach with employees, contractors or other affected groups, and encourage the dissemination of Work Health and Safety information.
- comply with WHS legislation and standards and Work Cover Authority’s Compensation and Injury Management requirements.
- facilitate ongoing management and improvement of the WHS Management System throughout the service based on a ‘best practice’ approach.

- facilitate the integration of Work Health and Safety into all of the Service’s planning and Operations.
- ensure employees, contractors or other affected groups are appropriately researched and trained in relation to Work Health and Safety processes/issues.
- treat Work Health and Safety as a core management responsibility to improve understanding of responsibilities at all levels in the organisation.
- minimise Governing Council’s exposure to human and financial loss and respond quickly to assess the impact of any potential problem.

5. **SOURCES**

- ACECQA - Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011
- Education and Care Services National Regulations 2018
- My Time Our Place 2019

6. **REVIEW**

This policy will be reviewed yearly or when required by the Governing Council, Management Committee, Educators and families.

7. **LEGISLATIVE REFERENCES**

National Quality Standard

Quality Area 2- Children’s Health. & Safety **2.1** Health **2.2** Safety

Quality Area 3- Physical Environment **3.1** Design

Quality Area 4 - Staffing Arrangements **4.2** Professionalism

Quality Area 6 - Collaborative partnerships with Families and Communities **6.1** Supportive relationships with families **6.2** Collaborative partnerships

Quality Area 7- Governance & Leadership **7.1** Governance **7.2** Leadership

Education And Care Services National Regulations

77 Health, hygiene and safe food practices

85 Incident, injury, trauma and illness policies and procedures

- 86 Notification to parents of incident, injury, trauma and illness
- 87 Incident, injury, trauma and illness record
- 88 Infectious diseases
- 89 First aid kits
- 90 Medical conditions policy
- 91 Medical conditions policy to be provided to parents
- 92 Medication record
- 93 Administration of medication
- 94 Exception to authorisation requirement—anaphylaxis or asthma emergency
- 95 Procedure for administration of medication
- 96 Self-administration of medication
- 97 Emergency and evacuation procedures
- 98 Telephone or other communication equipment
- 99 Children leaving the education and care service premises
- 100 Risk assessment must be conducted before excursion
- 101 Conduct of risk assessment for excursion
- 103 Premises, furniture and equipment to be safe, clean and in good repair
- 106 Laundry and hygiene facilities
- 107 Space requirements—indoor space
- 109 Toilet and hygiene facilities
- 117A Placing a person in day-to-day charge
- 117B Minimum requirements for a person in day-to-day charge
- 117C Minimum requirements for a nominated supervisor
- 136 First aid qualifications
- 155 Interactions with children
- 157 Access for parents

Legislation

Blood Contaminants Act 1985

Children's Services Act 1985

Children and Young People (Safety) Act 2017

Community Welfare Act 1972

Education Act 1972

Education and Children's Services Act 2019

Education and Early Childhood Services (Registration and Standards) Act 2011

Emergency Management Act 2004

Health Care Act 2008

Work Health and Safety Act 2012 (SA)

Work Health and Safety Regulations 2012 (SA)

My Time Our Place

Outcome 1: Children have a strong sense of identity

Outcome 3: Children have a strong sense of wellbeing

Outcome 5: Children are effective communicator

Appendix:

1. Definitions

Health: A state of complete physical, social, emotional, mental and spiritual wellbeing and not merely the absence of disease or infirmity. It includes the ability to lead a socially and economically productive life. (Taken from Australian Curriculum)

Emotional Health: An ability to recognise, understand and effectively manage emotions and use this knowledge when thinking, feeling and acting. (Taken from Australian Curriculum)

First Aid: The initial care of the ill or injured, usually given by someone who is on the scene when a person becomes ill or injured. (Taken from Australian Curriculum)

Mental Health: A state of wellbeing in which an individual thrives and can manage normal stresses of life, work and recreation. Social, emotional and spiritual resilience, which enables people to enjoy life and survive pain, disappointment and sadness. It is a positive sense of wellbeing and an underlying belief in our own and others' dignity and worth. (Taken from Australian Curriculum)

Safety: Relates to safety issues that students may encounter in their daily lives, assessing risk, making safe decisions and behaving in ways that protect their own safety and that of others. It includes making safe decisions that keep people healthy in situations and places such as school, home, on roads, outdoors, near and in water, parties, online, first aid, relationships

and dating, and personal safety. Children and young people will seek out risks elsewhere, in environments that are not controlled or designed for them, if a play and physical activity provision is not challenging enough. Important learning can take place when children are exposed to, and have to learn to deal with, environmental hazards. (Taken from Australian Curriculum)

Wellbeing: Sound wellbeing results from the satisfaction of basic needs - the need for tenderness and affection; security and clarity; social recognition; to feel competent; physical needs and for meaning in life (adapted from Laevers 1994). It includes happiness and satisfaction, effective social functioning and the dispositions of optimism, openness, curiosity and resilience. (taken from MTOP)