

Incident, Injury, Trauma and First Aid

Policy Statement

Our Service recognises children's instinctive desire to explore and test their growing capabilities is an essential part of their development. We acknowledge the importance of risk management to provide a safe environment and reasonably protect children from potential harm.

Policy Purpose

Staff and Educators have a duty of care to respond to and manage incidents, injury or trauma that may occur at the Service. To ensure the safety and wellbeing of the Our Service community, this policy will guide Staff and Educators to manage incidents and ensure they have the ability to provide prompt, basic first aid.

Scope

This policy applies to children, families, staff, management and visitors of the service.

Exclusions

Policy Review

At least annually or from time to time the organisation may make changes to this policy to improve the effectiveness of its operation.

Implementation

In the event of an incident occurring at the service, staff will respond immediately in accordance with the strategies, practices and procedures outlined.

Incident Preventative Strategies:

- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe.
- Adequately staff to effectively manage supervision and any potential risks to children's health and wellbeing.
- Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times.
- Regularly checking equipment and environment in both indoor and outdoor areas for hazards, and taking the appropriate action to ensure the safety of the children when a hazard is identified.
- Consider seasonal changes in weather. Where routines may need to be adjusted throughout the day, staff will assess the supervision risks to ensure they are best placed to adequately supervise children at all times.
- Reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required.
- Provide staff with access to appropriate up to date information, or professional development on the management of incidents.
- Maintain high levels of supervision at all times and review supervision plans where necessary.

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- Through the enrolment form, families will:
- Give written consent for the service to seek medical attention for their child, in the event of a medical emergency.
- Provide details of their preferred Doctor and Medicare details.
- Nominate additional persons authorised to contact in the case of an emergency and give consent for the child to receive medical treatment and/or administration of medication.

If a child, educator or visitor has an accident while at the Service a staff member who holds a first aid certificate will attend to them immediately.

National Law and Regulations Under the national legislation, an Education and Care Service must record details in the Incident, Injury, Trauma and Illness Report for the following occurrences:

- An incident in relation to a child
- An injury received by a child
- Trauma to which a child has been subjected
- An illness that becomes apparent.

This record must be kept and stored confidentially until the child is 25 years old.

Child Incident Report - *Injury, Trauma and Illness*

All information will be included in the Child Incident Report as soon as is practicable, but not later than 24 hours after the incident.

Details entered on this record include the following:

- Child's name and age.
- The circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms).
- Time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness.
- Action taken by the service, including any first aid provided, medication administered or medical personnel contacted.
- Details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness.
- Name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being at the service, and the time and date of the notifications/attempted notifications.
- Name and signature of the person making an entry in the record, and the time and date that the entry was made.
- Signature of a parent/guardian to verify that they have been informed of the occurrence.

The Director is responsible for collating information from the children's incident reports with regard to injury, trauma or illness. This information will be shared and discussed at staff meetings and used to guide continuous improvement in practice, policies and procedures.

First Aid

At least one staff member or nominated supervisor who holds a current approved first aid, asthma and anaphylaxis qualification will be in attendance during operational hours at the service and immediately available in an emergency.

First aid will only be administered by staff holding a current approved first aid, asthma, anaphylaxis qualification.

Easily accessible and well-equipped and properly maintained first aid kits will be located in the Service, in the outdoor environments and for excursions.

The contents of the First aid kit, including medications will be checked to ensure they are well stocked and are within expiry date.

Cold packs will be kept in the freezer for treatment of injuries.

In case of a medical emergency, the service will keep an in-date Epi-Pen JNR and ventolin medications on the premises in the first aid kit.

Trauma

There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context.

'Trauma changes the way children understand their world, the people in it and where they belong.' [Australian Childhood Foundation 2010] Making space for learning: Trauma informed practice in schools.

Trauma can disrupt the relationships a child has with their family, Educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural responses for Pre-School aged children who have experiences trauma may include:

- New or increased clingy behaviour such as constantly following a parent, educator or staff around.
- Anxiety when separated from family or educators.
- New problems with skills like sleeping, eating, going to the toilet and paying attention.
- Shutting down and withdrawing from everyday experiences.
- Difficulties enjoying activities.
- Being more jumpy or easily frightened.
- Physical complaints with no known cause such as stomach pains and headaches.
- Blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust into the way they are feeling.

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It is important for Educators and staff to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child's needs and determine the most appropriate way to support a child.

Educators can assist children dealing with trauma by:

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

Directors, Educators and Staff will ensure:

- Service policies and procedures are adhered to at all times.
 - Child Incident Reports are completed accurately as soon as practicable following an incident.
 - Parents or Guardians are notified as soon as practicable no later than 24 hours of an incident occurring.
 - First aid kits are easily accessible and recognised where children are present at the service and during excursions.
 - First aid qualification, anaphylaxis and asthma management training is current and updated.
 - Staff and children always practice appropriate hand hygiene.
 - Appropriate cleaning procedures and practices are followed.
 - First aid kits are suitably prepared and the contents checked regularly.
 - That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the service or if an ambulance was called in response to the emergency, the Regulatory Authority will be notified within 24 hours of the incident.
 - The name of all First Aid qualified staff is displayed where they can be easily viewed by all service users and the Authorities.
 - First aid qualified educators are present at all times on the roster and in the service.

Incident causing Injury

When a minor injury occurs at the service, staff qualified to provide first aid will:

- Assess the injury.
- Attend to the injured child and provide first aid.
- Staff will complete the child incident report and the person collecting the child will be informed of the incident and asked to sign the report to confirm their notification of the injury.

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- At the time of the incident and following medical treatment, if there is concern for the child's wellbeing, the educator will contact the parent/guardian to notify them of the incident and injury.
- Ensure health and hygiene procedures have been followed, all persons coming in direct contact with bodily fluids eg: blood must wash the contaminated areas thoroughly with soap and water.
- Use the spill kit and follow the procedures for cleaning the area contaminated with bodily fluids eg: blood.

When a serious injury occurs and emergency medical attention is required, the staff qualified to provide first aid will commence first aid treatment and CPR if necessary.

The following process will apply if Emergency medical attention is required:

- Staff qualified to provide first aid will assess the injury and direct the responsible person or adult bystander to contact an ambulance.
- When the situation is under control, the nominated supervisor/responsible person or person directed by the responsible person will contact the parent/authorised nominee to advise them of the incident and where they can meet their child – at the service or hospital. Every effort will be made not to panic the parent/authorised nominee.
- The responsible person will determine the staff member who will accompany the child in the ambulance if the parent/authorised nominee has not arrived at the service.
- All other staff will be required to remain at the service to ensure ratios are maintained.
- Ensure that any contact with the injured child's blood or body fluids has been appropriately dealt with.
- Complete the Child Incident Report, the parent/authorised nominee will sign the form to confirm their notification of the incident.
- Notify the NOMINATED SUPERVISOR of Our Service.
- Complete the required notification documentation to the Education and Child Care Regulatory Unit within 24 hours of the incident occurring.

Incident causing Unexpected Death

The unexpected death of a child at a service is a traumatic event and the impact on educators, children and families can cause emotional turmoil, which can overwhelm usual coping skills. Our Service will ensure that management and educators follow the procedures where immediate and appropriate action is taken to notify relevant authorities in the event of the death of a child whilst at the service.

Regulation 12 defines a serious incident involving the death of a child as:

- (a) The death of a child –
 - (i) While that child is being educated and cared for by an education and care service, or
 - (ii) Following an incident occurring while that child was being educated and cared for by an education and care service.

Refer to the Process section of this Policy for the Unexpected Death procedure.

POLICY AND PROCEDURES

Our Service Executive will ensure Directors, Educators, staff, families and children receive adequate and appropriate post-incident support.

Additionally, the Executive and Director will:

- Demonstrate sensitivity, open mindedness and a balanced approach.
- Recognise and support cultural needs.
- Ensure all evidence is preserved.
- Maintain accurate and detailed record keeping.
- Contact their legal representative for support and direction.
- Establish protocols for staff and Educators to discuss the traumatic event.
- Advise staff of social media protocol for the event.
- Provide professional and sensitive communication with families of the service.
- Engage the services of health care professionals (counselling and support for staff).
- Cooperate on an ongoing basis with inter-agencies involved in the investigation.

Our Service will seek advice and support from health professionals to provide appropriate materials to send home to families to assist in understanding the effects of trauma on children and possible changes in behaviour following the unexpected death of a child in our service.

All costs incurred in ensuring prompt medical attention for a child will be met by the parents/guardians.

Accidents which result in death or serious injury to employees (including likely to be absent from employment for 10 or more working days) must be reported to the Department of Occupational Safety and Health under section 19(3) of the Occupational Safety and Health Act 1984 (WA). This will be addressed by the Our Service Executive.

Incident Process	
Process Owner	NOMINATED SUPERVISOR
Effective Date	15 March 2019
Date of Last Revision	4 March 2019

Process Details	
	Description
1.	<p>Child Incidents - Injury, Trauma and Illness</p> <p>Educators and staff will immediately attend an incident to assess:</p> <ul style="list-style-type: none"> - An injury received - Trauma to which a child has been subjected - An illness that becomes apparent. <p>Minor Injury</p> <ol style="list-style-type: none"> 1. Staff qualified to provide first aid will commence first aid treatment. 2. At the time of the incident and following medical treatment, if there is concern for the child's wellbeing, the educator will contact the parent/guardian to notify them of the incident and injury. 3. Ensure that any contact with the injured child's blood or body fluids has been appropriately dealt with. 4. Complete the Child Incident Report, the parent/authorised nominee will sign the form to confirm their notification of the incident. <p>Serious Injury</p> <ol style="list-style-type: none"> 1. Where emergency medical attention is required, the staff qualified to provide first aid will commence first aid treatment and follow DRSABCD action plan if necessary. 2. When the situation is under control, the Nominated Supervisor/Responsible Person will contact the parent/authorised nominee to advise them of the incident and where they can meet their child - at the service or hospital. 3. The Responsible Person will determine the staff member who will accompany the child in the ambulance. 4. Ensure health and hygiene procedures have been followed, all persons coming in direct contact with bodily fluids must wash the affected area with soap and water. Use the spill kit and follow the procedures for cleaning the area or equipment contaminated with bodily fluids eg: blood. <p>Staff will complete the child incident report. The parent/guardian or authorised nominee notified at the time of the incident will be asked to sign the report. The serious incident will be reported to the NOMINATED SUPERVISOR. The NOMINATED SUPERVISOR will direct reporting to the Regulatory Authority within 24 hours.</p> <p>Illness</p> <ol style="list-style-type: none"> 1. Staff will attend to a child displaying signs of being unwell. 2. Refer to the Policy and Process on Illness and Infectious Disease for management of an ill child. 3. The parent/guardian or authorised nominee will be contacted and asked to collect the child.

Process Details	
	Description
2.	<p>Unexpected Death</p> <p>The Responsible Person at the time of the incident and Educators will ensure that immediate and appropriate action is taken in the event of the death of a child whilst in attendance at the Service by following and implementing the following procedures:</p> <ul style="list-style-type: none"> - Assess the situation as per service and first aid procedures for any immediate danger to other children and/or staff. - Staff qualified to provide first aid will commence immediate first aid and/or CPR in accordance with current First Aid training. - First aid responder will direct a person to call emergency services (ambulance and police) immediately. - The Responsible Person will contact the parents/authorised nominee of the child and arrange to meet at the hospital. <p>★ The service must not advise parents of the death of their child: Emergency service personnel will advise families of the situation.</p> <ul style="list-style-type: none"> - Notify the Police if they have not already been contacted through the initial emergency services call. - Notify NOMINATED SUPERVISOR of Our Service (Approved Provider). - Notify the Education and Care Regulatory Unit. - The Responsible person will complete the service's Child Incident Report in detail and attach additional information if necessary. - Within 24 hours of the incident occurring, the NOMINATED SUPERVISOR will direct the required written notification reporting to the Education and Child Care Regulatory Unit through the NQA IT System. Attach additional reports and information as required. - The Executive will organise trauma counselling for those who may need it. - Contact the parents of the other children at the service to advise them of an emergency, and may request they arrive to collect their children as soon as they are able. On arrival parents will be advised about the death, or serious injury of the child and will be given information about trauma counselling for their child if needed. - The Executive will contact the insurance company.

Associated Documents

Our Service Policy Manual

- Preface - Section 1 - Strategic and Business Planning Policies (Code of Ethics & Conduct)
- Section 2 - Human Resources Policies
- Section 3 - Finance, Assets and Administration Policies
- Section 6 - Children's Program Policies
 - *Staffing*
 - *Communication Plan*
 - *Child Safe Environment*
 - *Supervision*
 - *Excursions*
 - *Emergency Management*
 - *Illness and Infectious Disease*
 - *Medical Conditions*
 - *Medications*
 - *Sleep and Rest*
 - *Health, Hygiene and Infection Control*
 - *Sun Protection*
- Section 7 - Workplace Health and Safety Policies
 - *Workplace Health and Safety*
 - *Reporting Accidents and Incidents*
 - *Use and Storage of Dangerous Products*
- Section 8 - Guidelines

- Daily Indoor and Outdoor Facilities - Safety Checks
- Medical Management Plan
- Risk Minimisation and Communication Plan
- Ongoing Excursion Risk Management Plan (*updated annually*)
- Risk Management Plans
- ELP Family Handbook
- WHS Manual
- Quality and Compliance Handbook

Guidelines for Nominated Supervisor

Guide Directors to ensure Health and Safety policies and procedures are adhered to at all times.

Safety Audits of the building, indoor and out environment are conducted in accordance with the organisational calendar.

Parents or Guardians are notified as soon as practicable of an incident involving their child and no later than 24 hours of an incident occurring.

Ensure Child Incident Reports are complemented accurately and without deferral.

First aid kits are easily accessible, well stocked with (in date) first aid equipment including emergency medication (Epi-Pen JNR and Ventolin).

POLICY AND PROCEDURES

First aid, anaphylaxis and asthma management training is current and updated for all staff employed at the service. The qualified staff names are displayed in a prominent position for families and Authorities to view.

First aid qualified staff and Educators are present at all times on the roster and in the Service.

That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the service or if an ambulance was called in response to the emergency (not as a precaution) the Regulatory Authority will be notified within 24 hours of the incident.

Records Management

Title	Location	Responsible Officer	Minimum Retention Period
Child Incident Report	LOCKED OFFICE	Nominated Supervisor	Until the child is 25 years old
Medical Management Plan	LOCKED OFFICE	Nominated Supervisor	3 years from exit
Risk Minimisation and Communication Plan	LOCKED OFFICE	Nominated Supervisor	3 years from exit
Health / Hygiene / Safety Risk Assessment Plans	LOCKED OFFICE	Nominated Supervisor / Nominated Supervisor	3 years
Ongoing Excursion Risk Management Plan	LOCKED OFFICE	Nominated Supervisor	3 years

Reference

- Education and Care Services National Law Act (WA) 2012 - October 2018
- Education and Care Services National Regulations (WA) 2012 - October 2018
- ACECQA - National Quality Standards - February 2018
- ACECQA - Belonging, Being & Becoming - Early Years Learning Framework
- Code of Ethics - Our Service
- Code of Conduct - Our Service
- Children and Community Services Act 2004
- Privacy Act 1988
- Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th Edition. Australian Government National Health and Medical Research Council - June 2013
<https://nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf>
- Occupational Safety and Health Act 1984 and the Occupational Safety and Health Regulations 1996.

Mapping Policy and Processes

Education and Care Services National Law (WA) Act 2012	
Section	165, 167, 174

Education and Care Services National Regulations (WA) 2012	
Regulations	12, 85,86, 87,89, 98, 103,136, 160, 161, 162, 168(2) (aiv)(b), 170, 171, 172,176(2)(a)(b), 177, 180, 181, 183.

Standards for RTOs 2015
Vocational Education and Training is a significant contributor to Australia’s economy domestically, being the primary mechanism to meet the skilling needs of the Australian community. The standards give the community confidence that RTOs are delivering quality training and assessment that is highly regarded both locally and overseas.

Policy Area	National Quality Standards Early Childhood	National Standards for Volunteering Involvement 2015	Standards to Community Services	Standards to Family Support
Children’s Programs	QA 2 - 2.1.1, 2.1.2, 2.2, 2.2.1, 2.2.2, 2.2.3 QA 3 - 3.1.2 QA 6 - 6.1.3 QA 7 - 7.1, 7.1.1, 7.1.2, 7.1.3, 7.2.1, 7.2.3.	N/A	N/A	N/A

Health, Hygiene and Infection Control

Policy Statement

Our Service aims to promote and protect the health, safety and wellbeing of our Community members using processes and policies to maintain high standards of cleanliness, hygiene and safety. Through our WH&S standards and cleaning regimes, we will greatly reduce the risk of infection and illnesses from spreading. A holistic and consistent approach across the organisation ensures we effectively meet this aim.

Environmental responsibility also encompasses our practice in ways that are sustainable and environmentally friendly.

Policy Purpose

The health and safety of our Community will be priority. Actively promoting a healthy environment in which children will grow and learn about the world around them. We are committed to protecting our Community through the implementation and monitoring of effective hygiene practices and infection control strategies.

Scope

This policy applies to children, families, staff, management and visitors of the service.

Exclusions

Policy Review

At least annually or from time to time the organisation may make changes to this policy to improve the effectiveness of its operation.

Implementation

All Our Service community members will continuously promote healthy hygiene practices to minimise the risk of infection. Cleaning, hygiene and safety procedures will be followed at all times and in accordance with documented processes and schedules to ensure the premises, furniture and equipment are safe, clean and well maintained.

Effective hygiene strategies at the service include:

- Spot and routine scheduled cleaning.
- Effective hand washing practices.
- Safe and hygienic storage, handling, preparation and serving of all food and drinks, including food bought from home.
- Identifying and excluding sick children and adults.
- Maintaining immunisation records for children and informing adults on vaccine preventable diseases.
- Refer to the Illness and Infectious Disease – Immunisation Policy and Process
- Supporting children to learn hygiene practices including handwashing, cough and sneeze etiquette and dental hygiene.
- Effective handling, storage and disposal or washing of soiled items which includes children's bedding.
- The use of personal protection equipment.
- Sharing hygiene routines and information with families for continued and reinforced personal health and hygiene.

POLICY AND PROCEDURES

Universal health and hygiene processes are implemented and must be consistently practiced across the Children and Family Service (LOCKED OFFICE). Information from recognised authorities about current health, hygiene and safety guidelines is used to inform policies, procedures and practices within the organisation.

Review and amendments to policy and process is done in consultation with management, Educators, staff, children, families and visitors of the Service. Advance notice of the adjustments made to the policy and process will be given and necessary changes must be implemented.

Educators, staff, students and volunteers will be provided with training on the universal hygiene processes and infection control strategies.

In any instances where children display any signs of illness or injury, educators will refer to the Incident, Injury, Trauma, Illness and Infectious Diseases Policies and Processes.

Through curriculum planning and in accordance with the Early Years Learning Framework, Educators and staff will actively support children to learn hygiene practices and promote their personal health and hygiene.

Information on health, hygiene, safe food and dental care principles and practices will be shared with the Our Service community as well as displayed throughout the Service.

Refer to the Communication Plan in the Relationships and Partnerships with Families policy

Hand Hygiene

Hand hygiene is considered to be the most effective way of controlling the spread of infection.

<https://nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf> 1.3.1 - Effective hand hygiene

We will provide adequate and age appropriate hand washing facilities that include suitable height basins, liquid hand soap and hand towels for all individuals to wash and dry their hands.

Individuals arriving or departing the Children and Family Service are encouraged to clean their hands using the 'Hand Sanitiser' mounted on the wall at the entry of the Service.

Individuals should wash their hands:

- Upon arrival to reduce the introduction of germs to prevent cross infection between the home and the service.
- Before and after handling food.
- Before and after doing any routine tasks such as cleaning, changing nappies etc.
- After wiping your nose or a child's nose.
- After coughing or sneezing.
- Before and after wearing gloves.
- Immediately after you may have accidentally been in contact with bodily fluids such as urine, vomit and faeces before you were able to put gloves on.
- After going to the toilet.
- After giving first aid.
- Before and after giving medication to a child.
- After handling animals.
- Before going home to prevent taking germs home.

There are numerous times throughout the day where educators and staff are able to model correct hand washing procedures. Hand washing procedures are displayed at hand washing facilities throughout the Service.

Appropriate use of Gloves

Wearing gloves does not replace the need to wash your hands. Hand hygiene must be performed before and after using gloves.

Disposable gloves only need to be worn when a person is likely to come in contact with bodily fluids or excretions, such as when changing nappies, toileting a child or cleaning up urine, vomit or blood.

*Refer to the process section of this policy for the Bodily Fluids – Spills Management cleaning procedure.
Refer to the process section of the Toileting and Nappy Change policy for Nappy Change procedure.*

Hygiene

Individual cloths will be used to clean a child's face or to dry their hands after handwashing. If necessary, Educators and staff may assist a child. Cloths will be laundered after use.

Nasal Hygiene:

Adults and children will use Individual tissues to wipe their nose. If necessary, Educators and staff may assist a child. Tissues will be disposed of immediately and appropriately after use. Wash hands or use hand sanitiser until there's access hand washing facilities. It is not necessary to wear gloves when wiping a child's nose.

Cough and Sneeze Etiquette:

Individuals are encouraged to practice cough and sneeze etiquette by coughing or sneezing into their inner elbow. Covering the mouth and nose will reduce how far droplets travel and stop them from contaminating other surfaces.

Educators and staff will:

- Avoid coming to the Service when they are unwell.
- Refer to the Illness and Infectious Disease policy for exclusion periods.
- Maintain personal healthy and clean habits, including clean nails and hair, and fastening back long hair.
- Act as role models for children and help them to learn concepts of good personal hygiene, good habits when handling food, using the toilet and procedures for hand washing.

Dental Care

Our Service believes that it is important to establish and reinforce good dental health practices for each child. Our Service services will therefore provide a learning environment that raises dental health awareness, supports the development and practice of valuable life skills and habits for children.

Educators and staff will:

- Arrange for dental health professionals to attend the service to discuss good dental health practices guidelines with educators, staff, children and families.

POLICY AND PROCEDURES

- Integrate educative information and guidelines on good dental health practices into the daily routine and the children's program. This may include information on tooth brushing, tooth friendly healthy snacks and drinks and going to the dentist.
- Have a discussion with children and families about dental health practices used at home.
- Children encouraged to rinse their mouths with water after every snack and meal
- Be active role models for children and families at the service.
- Ensure information is available to families and where possible provided in a family's home language.
- Demonstrate "Swish Swish Swallow" after eating. Children have a drink of water after food, and before swallowing it, they swish swish it around their mouth, removing food particles from teeth, then swallowing. (Swish Swish Swallow).

Food Handling

Food safety is an important part of infection control at the Service. The most effective ways to prevent diseases spreading through food are hand hygiene; not sharing food, plates or utensils; preparing and storing food properly; and keeping food preparation areas clean.

Hand hygiene must be performed by all individuals before and after handling food.

The **LOCKED OFFICE Community Kitchen** area and surfaces will be cleaned with detergent and water before and after food preparation as well as at the end of each day.

Families provide their child with sufficient healthy food for the duration of the day and their own water drink bottle. Children are encouraged not to share their drink bottles, food or eating utensils. Serving or eating utensils will be cleaned with detergent and water after use or if dropped on the floor.

The same infection control measures apply when children participate in planned cooking experiences. Choosing foods that require cooking are best suited for these experiences due to exposure to high temperatures and killing any bacteria that may be in the food.

Bottles and teats that may be used within our programs will be cleaned with detergent and water after each use.

When preparing or serving food, long hair must be tied back to prevent loose hair from contaminating food.

Food will be stored and prepared safely in accordance with the Food Safety principles as outlined in the Food Safety Standards and our local authority. To keep food in the 'safe zone', hot food must be kept hot at more than 60°C or cold food at 5°C or less.

To prevent cross contamination with raw and cooked foods:

- Raw and cooked foods will stored separately in the fridge.
- Cooked food above uncooked food in the fridge.
- Use separate utensils and equipment for raw and cooked food eg: cutting boards and knives.

Directors, Educators and staff will complete a recognised food safety training program during their induction process and every 12 months thereafter.

Maintaining a Clean Environment

The Nominated Supervisor and Educators of the Children and Family Service are responsible for maintaining a clean and hygienic environment. Adhering to policies and processes, their responsibilities include daily cleaning of equipment and facilities as well as the overall presentation of the environment.

The Service will use detergent and water to clean. Disinfectants will only be used as an additional control measure after cleaning equipment or the environment that may have come in contact with bodily fluids or during an outbreak of an infectious disease.

Chemicals will be prepared and used in accordance with the manufacturers instructions and Service processes. All Chemical must be locked away after use.

Refer to Section 7 Work Health and Safety Policies – Use and Storage of Dangerous Products Policy and procedure.

The service has a documented cleaning schedule that outlines all items to be cleaned along with the frequency of the cleaning. Educators or staff are required to initial the schedule as each task is completed.

To reduce the risk of cross contamination, colour coded cloths and cleaning equipment will be used for cleaning separate areas. The colour codes are displayed in the playroom, bathroom, kitchen and laundry areas.

A contract cleaning company will clean the facilities daily and after operational hours.

- **Toys and Equipment:**

Educators will regularly clean the children's toys and equipment using detergent and water or the dishwasher. Toys will be removed immediately if they have been sneezed on, mouthed, soiled or if it has been handled by a child who is unwell.

Refer to the process section of this policy for the Toy cleaning procedure.

- **Tables and Floors**

All tables and surfaces frequently used for children's activities will be cleaned throughout the day and before and after meal times. Children's chairs will be cleaned after use at mealtimes.

Floors swept after meals or messy activities and cleaned if required.

Refer to the process section of this policy for the Tables, General Surfaces and Floor cleaning procedures.

- **Bathroom and Nappy Change Facilities**

The children's bathroom will be cleaned once during the day and periodically checked throughout the day to ensure cleanliness is maintained. Bathroom floors will be mopped when excessively wet or dirty in addition to the normal cleaning routine.

Refer to the process section of this policy for the Bathroom cleaning procedure.

Appropriate nappy changing facilities and stock will be provided where children in nappies are cared for and an approved procedure will be displayed in these areas in accordance with Regulation 112.

Nappy change tables and areas will be cleaned after each use.

Refer to the process section of the Toileting and Nappy Change policy for Nappy Change procedure.

POLICY AND PROCEDURES

Restroom facilities used by community groups will be checked after each session to ensure they are clean, waste managed and stock is maintained eg: hand towels and toilet roll. Action cleaning if required, in accordance with the bathroom cleaning procedure.

- **Children's Bedding for Sleep and Rest**

Children will have their own bed mat and linen that will be washed after each use.

Beds will be placed at least 5 cm apart to ensure they are not touching.

Children will rest 'head to toe' to avoid cross infection while resting or asleep.

After use, linen will be laundered and bed mat cleaned with detergent and water, left to air dry before storing away.

Refer to Bodily Fluids and Spills Management section below for management of soiled bedding and clothes.

- **Bodily Fluids and Spills Management**

Areas or equipment contaminated with body fluids or excretions, urine, vomit or blood (except small or large spills of blood) will be cleaned with detergent and water and left to air dry in direct sunlight where possible.

Disinfectants will only be used as an additional control measure after cleaning an area or equipment that may have come in contact with bodily fluids or during an outbreak of an infectious disease.

Diluted bleach should only be used when cleaning blood spill larger than the size of our palm, after the area has been cleaned with detergent and water first.

Soiled linen, cleaning cloths or clothes will be managed hygienically. Wear gloves when handling soiled items and if laundered at the Service, wash separately and dry in the sunlight or hot cycle in clothes dryer (winter months only).

Children's soiled clothing will be placed in the child's re-usable wet bag, stored securely and returned to the child's home for laundering.

After cleaning, soiled bed mats will be sprayed with disinfectant and placed outside in direct sunlight for drying.

Refer to the process section of this policy for the Bodily Fluids and Spills Management cleaning procedure.

- **Laundering and Facilities**

Laundry facilities are adequate and appropriate for the service in accordance with Regulation 106 and are located and maintained in a way that does not pose a risk to children.

The service will launder cloth towels, material based toys, cushion covers, soiled cloths and mop heads in accordance with the services internal cleaning schedule.

- **Pets and Animals**

Animals visiting or residing on the premises will be kept in separate areas used by the children. Its environment will be maintained in a clean and healthy condition.

POLICY AND PROCEDURES

Children and adults will employ effective hand hygiene after touching or feeding animals, cleaning their care equipment or environment.

All environmental surfaces in areas where animals have been present will be cleaned with detergent and water.

Our Service premises or service venues housing an approved resident pet will require a 'pet spill kit' to be accessible at all times to clean up bodily fluids such as urine, faeces or vomit from the animal. The area or equipment must be contained and cleaned immediately.

- **Sandpits**

Sandpits will be covered when the Service is closed to prevent contamination from animal faeces or inappropriately discarded sharp or dangerous objects such as broken glass.

Sand is raked over and screened for hazards when conducting the LOCKED OFFICE Grounds check every morning before the children go outdoors.

Any contamination of the sand by animal or human bodily fluids or excretions will be removed using a shovel, disposed of in a waste bag and discarded appropriately. The area and the shovel are cleaned with detergent and water. Allow to air dry in the sunlight.

Children must wash their hands after playing in the sandpit.

- **Disposal of Foreign and Sharp objects**

Refer to Section 7 – Workplace health and Safety Policy Manual – Use and Storage of Dangerous Products Policy - Safe Disposal of Syringes and Sharp Process.

The Director / Nominated Supervisor will ensure:

- The implementation of recommendations from Staying Healthy in Child Care – Preventing the spread of Infectious Diseases in the early childhood environment.
- Children are protected from harm or hazard by ensuring Educators and staff understand relevant policies and processes related to cleaning and maintaining safe environments for children.
- A hygienic environment is maintained at all times. The daily cleaning of the Children and Family Service is carried out to a satisfactory standard and in accordance with Our Service's Service policy and processes.
- The cleaning, safety checks and risk assessments of the environment are documented in accordance with relevant schedules and audits of the organisation.
- Respond to any identified risks, repairs, cleaning or maintenance issues promptly.
- Educators, staff, children and families will have access to health information that may include organising professionals to visit the Service.

Educators will ensure:

- Our Service's policies and processes related to cleaning and maintaining safe environments for children are adhered to at all times.
- They proactively identify and manage risks and take precautions to protect children from harm or hazard.

POLICY AND PROCEDURES

- Responsibility for daily cleaning of the Children and Family Service to ensure cleanliness and hygiene standards are maintained throughout the day.
- Relevant cleaning, safety checks and risk assessments of the environment are conducted, documented and signed in accordance with relevant schedules and audits of the organisation.
- Cleaning duties do not compromise care and supervision of children at any time.
- They identify when the building, premises, furniture or equipment require cleaning or maintenance. The identified issue will be dealt with immediately.
- This will be done by cleaning as required, removing the damaged furniture or equipment to be repaired or discarded as decided by the Director and Quality Nominated Supervisor. The educator will complete required documentation and refer this to the Director for attention.
- To provide diverse opportunities for children to participate in hygiene practices, including routine opportunities, and intentional practice.
- Children are involved in discussions about health and safety. Guidelines are developed in consultation with children to ensure a safe environment for all.
- Role model effective hygiene and good cleaning practices for the children. Encourage children to be involved in the cleaning of the environment where appropriate.
- Be aware of relevant immunisation guidelines for children and themselves.

Process health, Hygiene and Infection Control	
Process Owner	NOMINATED SUPERVISOR
Effective Date	21 March 2019
Date of Last Revision	4 March 2019

Process Details	
	Description
1.	<p>Universal colour coded cleaning cloths and equipment will apply across the whole organisation.</p> <p>Colour codes will be displayed in the playroom, bathroom, kitchen and laundry areas at all Children and Family Services.</p> <div data-bbox="979 786 1323 1267" data-label="Image"> <p>Meerlingū Cleaning Cloth Colour Codes</p> <ul style="list-style-type: none"> Tables & Chairs Playroom Floors <small>(Broom, Dustpan & Brush, Mop & Bucket)</small> Toys & Equipment Bathroom Bathroom Floors <small>(Mop & Bucket)</small> General Dishes & Sink Area Art & Craft Beds </div>
2.	<p>Cleaning</p> <p>In accordance with Staying Healthy Guidelines, routine environmental cleaning with detergent and water, vigorous rubbing action, followed by rinsing and drying is the most effective way to remove germs from surfaces.</p> <p><i>NB: Cold water can be used with a little extra scrubbing.</i></p> <p>https://nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf <i>Washing germs away - Page 26</i></p> <p>Universal cleaning processes will be implemented across the whole organisation. Cleaning of the areas or equipment below will be conducted as outlined in the following cleaning process:</p> <ul style="list-style-type: none"> - Tables and Chairs - Toys and Equipment - General cleaning - <i>surfaces such as administration desks, shelves etc</i> - Art and Craft - Bed Mats - LOCKED OFFICE Kitchen - Dishes and Sink Area - <i>NB: no labelled container required - use sink.</i> <p>Cleaning process:</p> <ol style="list-style-type: none"> 1. Gather correct colour cloth and cleaning container for specific area. 2. Using the correct ratio of detergent and water, fill the container.

Process Details	
	Description
	<p style="text-align: center;">- Refer to 'Chemical Dilution and Use' poster.</p> <ul style="list-style-type: none"> * Lock Chemicals away. * Ensure the cleaning container is not accessible to children through the process. <ol style="list-style-type: none"> 3. Using the cloth, immerse in water, wring it out then clean the surface area / equipment with a vigorous rubbing action and rinse. 4. Allow the area to air dry or use paper towel to dry if area to be used immediately. 5. Empty water from container, and place outside to dry. Ensure cloth and container is dry before storing away. 6. Wash and dry hands 7. Floors If necessary, clean the floors using the 'Playroom' colour coded floor cleaning equipment. Fill the mop bucket using the correct ratio of detergent and water. Mop floors using vigorous rubbing action. Display wet floor sign. Empty mop bucket and ensure mop is dry before storing away. 8. Wash and dry hands <p>NB: Weather permitting, it's recommended that all toys and equipment (including cleaning equipment) be placed outside to dry in direct sunlight as UV kills bacteria.</p> <p style="text-align: center;">Refer to Bodily Fluids and Spills Management for the use of disinfectant when cleaning an area or equipment contaminated with bodily fluids.</p>
3.	<p>Bodily Fluids and Spills Management</p> <p>Avoid contact with all bodily fluids or excretions:</p> <ol style="list-style-type: none"> 1. Secure the area and get the 'Spills Kit'. 2. Wash and dry hands - put gloves on. 3. Using the contents in the spills bucket. Place paper towel over the spill, carefully mop up excess fluid. Place contaminated paper towel and gloves into a plastic bag. 4. Clean the area - put clean gloves on. Using the correct ratio of detergent and water, fill 'spill bucket'. - Refer to 'Chemical Dilution and Use' poster. <ul style="list-style-type: none"> * Lock Chemicals away. * Ensure the cleaning container is not accessible to children through the process. <ol style="list-style-type: none"> 5. Use disposable cloth, immerse in water, wring it out then clean the surface area / equipment with a vigorous rubbing action and rinse. 6. Spray the area or equipment with diluted disinfectant. Allow to air dry. <ul style="list-style-type: none"> * Lock Chemicals away.

Process Details	
	Description
	<p>NB: Diluted bleach should only be used when cleaning blood spill larger than the size of our palm, after the surface has been cleaned with detergent and water first.</p> <ol style="list-style-type: none"> 7. Place all contaminated cleaning cloths and gloves in plastic bag and seal. Dispose of bag in the outside bin. Clean out the spill bucket using detergent and water then place outside to dry in direct sunlight. 8. Wash and dry hands 9. Put clean gloves on and collect all equipment that may have come in contact with the bodily fluids and clean: <ul style="list-style-type: none"> - Toys - refer to process in previous process section. - Fabric Material Items - wash separately in washing machine. Dry in the sunlight or hot cycle in clothes dryer (winter months only). 10. Remove gloves - wash and dry hands 11. Ensure all infection control measures are undertaken, the Responsible Person of the service will determine if a person should be excluded due to possible illness. <ul style="list-style-type: none"> - Refer to Policy and Processes on Illness and Infectious Disease 12. If the premises has an Approved Pet residing at the Service, a designated 'Pets Spill Kit' must be accessible and the same process applies for cleaning animal bodily fluids and excretions. <p>NB: All toys and equipment (including soiled bed mats and cleaning equipment) contaminated with bodily fluids or excretions MUST be placed outside to dry in direct sunlight as UV kills bacteria.</p> <p>When the bucket is dry, the 'Spill Kit' must be re-stocked with supplies to ensure it's ready for when required again.</p>
4.	<p>Bathroom Cleaning</p> <ol style="list-style-type: none"> 1. Gather the bathroom cleaning equipment. <ul style="list-style-type: none"> - Bathroom colour cloth and cleaning container. - Bathroom floor colour mop and bucket. 2. Wash and dry hands - put gloves on. 3. Using the correct ratio of detergent and water, fill the container. <ul style="list-style-type: none"> - Refer to 'Chemical Dilution and Use' poster. ★ Lock Chemicals away. ★ Ensure the cleaning container is not accessible to children through the process. 4. Using the cloth, immerse in water, wring it out then clean the surface area / equipment with a vigorous rubbing action and rinse. <p>Start cleaning process in the 'cleanest' areas first and finish in the 'dirtier' areas.</p> <ul style="list-style-type: none"> - Hand basins, taps, mirrors. - Walls, doors, cubicles. - Nappy change area.

Process Details	
	Description
	<ul style="list-style-type: none"> - Toilet cisterns first then progress to seat and bowl. 5. Empty water from container and place outside to dry. Put cleaning cloth in the wash for laundering. Ensure container is dry before storing away. 6. Spray toilets and nappy change area with diluted disinfectant. Allow to air dry. 7. Remove gloves – wash and dry hands. 8. Check supplies of hand towels, toilet rolls and hand soap are well stocked. If necessary empty the waste bin accordingly and reline with new bin liner. 9. Fill the mop bucket using the correct ratio of detergent and water. Mop floors using vigorous rubbing action. Display wet floor sign. 10. Empty water from mop bucket and place outside to dry. Ensure mop is dry before storing away. 11. Wash and dry hands

Associated Documents
<p>Our Service Policy Manual</p> <ul style="list-style-type: none"> • Preface - Section 1 - Strategic and Business Planning Policies (Code of Ethics & Conduct) • Section 2 - Human Resources Policies • Section 3 - Finance, Assets and Administration Policies • Section 6 - Children’s Program Policies <ul style="list-style-type: none"> - <i>Staffing</i> - <i>Pets and Animals in the Environment</i> - <i>Relationships and Interactions with Children</i> - <i>Relationships and Partnerships with Families</i> - <i>Communication Plan</i> - <i>Child Safe Environment</i> - <i>Supervision</i> - <i>Excursions</i> - <i>Emergency Management</i> - <i>Illness and Infectious Disease</i> - <i>Medications</i> • Section 7 - Workplace Health and Safety Policies <ul style="list-style-type: none"> - <i>Environmental Protection</i> - <i>Workplace Health and Safety</i> - <i>Use and Storage of Dangerous Products</i> - <i>Safe Disposal of Dangerous Products</i> • Section 8 - Guidelines

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- Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th Edition.
- Communicable Disease Guidelines for teachers, child care workers, local government authorities and medical practitioners. Government of Western Australia - Department of Health – 2017 Version

Guidelines for Nominated Supervisors:

- All Our Service premises and venues must be maintained to a high standard of cleanliness, hygiene and safety in accordance with the organisations policies and processes, and all relevant State and National legislation.
- Ongoing risk assessment and management is built into day-to-day operations to ensure a consistently safe environment.
- Monitor the implementation of health, hygiene and infection control processes and practices to minimise any risks to the Our Service community.
- Oversee and guide Directors to ensure procedures that prevent the spread of infectious diseases are implemented by Educators and volunteers.
- Ensure the cleaning, safety checks and risk assessments of the environment are conducted and documented in accordance with relevant schedules and audits of the organisation.
- Ensure identified health and safety risks are managed and attended to promptly.

Records Management

Title	Location	Responsible Officer	Minimum Retention Period
Health / Hygiene / Safety Risk Assessment Plans	LOCKED OFFICE W/Leed	NOMINATED SUPERVISOR	3 years
Internal Cleaning Schedule	LOCKED OFFICE	Nominated Supervisor	3 years
Audit Summary & Report	LOCKED OFFICE W/Leed	Community Nominated Supervisor NOMINATED SUPERVISOR	3 years
LOCKED OFFICE Grounds Checklist	LOCKED OFFICE	Nominated Supervisor	3 years
LOCKED OFFICE Daily Checklist	LOCKED OFFICE	Nominated Supervisor	3 years
Child Incident Report	LOCKED OFFICE	Nominated Supervisor	Until the child is 25 years old
Notification to Regulatory Authority or Health Department	LOCKED OFFICE W/Leed	Quality Nominated Supervisor NOMINATED SUPERVISOR	3 years
Pet Risk Assessment Plan	LOCKED OFFICE W/Leed	Nominated Supervisor / Quality Nominated Supervisor / NOMINATED	3 years

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		SUPERVISOR	
Pet Application and Agreement	LOCKED OFFICE W/Leed	Nominated Supervisor / Quality Nominated Supervisor / NOMINATED SUPERVISOR	3 years
Pet Profile and Care Plan	LOCKED OFFICE W/Leed	Nominated Supervisor / Quality Nominated Supervisor / NOMINATED SUPERVISOR	3 years

Reference

- Education and Care Services National Law Act (WA) 2012 - October 2018
- Education and Care Services National Regulations (WA) 2012 - October 2018
- ACECQA - National Quality Standards - February 2018
- ACECQA - Belonging, Being & Becoming - Early Years Learning Framework
- Code of Ethics - Our Service
- Code of Conduct - Our Service
- Children and Community Services Act 2004
- Privacy Act 1988
- Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th Edition. Australian Government National Health and Medical Research Council - June 2013 <https://nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf>
- Communicable Disease Guidelines for teachers, child care workers, local government authorities and medical practitioners. Government of Western Australia - Department of Health – 2017 Version
https://ww2.health.wa.gov.au/~/_media/Files/Corporate/general%20documents/communicable%20disease/s/PDF/2101-communicable-disease-guidelines.pdf
- Occupational Safety and Health Act 1984 and the Occupational Safety and Health Regulations 1996.

Definitions

Term	Definition
Universal	Relating to or done by all people within the organisation
Pet	A domestic or tamed animal kept for companionship or pleasure. A Our Service approved pet that may reside or regularly visit the service.

Mapping Policy and Processes

Education and Care Services National Law (WA) Act 2012	
Section	165, 167, 173, 174(2)(a).
Education and Care Services National Regulations (WA) 2012	
Regulations	12, 73, 78, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 103, 105, 106, 109, 110, 112, 136, 162, 165, 168(1)(2)(c), 170, 171, 172, 176(2)(a)(ii)(b), 177, 181, 183, 185.
Standards for RTOs 2015	

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Vocational Education and Training is a significant contributor to Australia's economy domestically, being the primary mechanism to meet the skilling needs of the Australian community. The standards give the community confidence that RTOs are delivering quality training and assessment that is highly regarded both locally and overseas.

Policy Area	National Quality Standards Early Childhood	National Standards for Volunteering Involvement 2015	Standards to Community Services	Standards to Family Support
Children's Programs	QA 1 - 1.1, 1.1.3, 1.2, 1.2.1, 1.2.2, 1.2.3. QA 2 - 2.1, 2.1.1, 2.1.2, 2.2, 2.2.1, 2.2.2. QA 3 - 3.1.2, 3.2.3. QA 4 - 4.1.2, 4.2.2. QA 5 - 5.1, 5.1.2, 5.2.1 QA 6 - 6.1, 6.1.1, 6.1.2, 6.1.3, 6.2. QA 7 - 7.1, 7.1.1, 7.1.2, 7.1.3, 7.2, 7.2.1, 7.2.3.	N/A	N/A	N/A