HEALTH & SAFETY IN CHILDREN’S CENTRES

MODEL POLICIES & PRACTICES

Second Edition Revised

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November 2003
This is a second edition of the *Health & Safety in Children’s Centres: Model Policies and Practices*, the first edition of which was published in 1994. Jointly published by the School of Public Health and Community Medicine, University of New South Wales, the NSW Children’s Services Health and Safety Committee, and Early Childhood Australia (NSW Branch) (previously the Australian Early Childhood Association). Developed with a grant from the NSW Department of Community Services and additional funding from NSW Health Department and the WorkCover Authority of NSW.

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**ISBN**: 0 7334 2167 9

**Cover Design**: designplat4m

**Printing**: University of New South Wales Publishing and Printing Services
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This Project was undertaken by the School of Public Health and Community Medicine, University of New South Wales, on behalf of the NSW Children’s Services Health and Safety Committee (NSWCSHSC) and Early Childhood Australia (NSW Branch). The project was funded by grants from the NSW Department of Community Services, NSW Health Department, and WorkCover Authority of NSW.

Acknowledgment and thanks are given to the members of the Project Management Committee and Project Reference Group.

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ACKNOWLEDGMENT OF CONTRIBUTION

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Acknowledgment and thanks are given to the officers of the NSW Health Department, the relevant expert advisory committees of the Department, Oral Health Promotion of South East Sydney Area Dental Services, and Child Care New South Wales who provided feedback and advice for these guidelines, and acknowledgment is especially given to Ms. Carmel Betros, Statewide Coordinator of Children’s Services NSW Health, and Ms. Michelle Bamford, Acting Statewide Coordinator.

Acknowledgment and thanks are given to Francis Bardetta, Association of Child Care Centres of N.S.W. and Leo Prendergast, National Association of Centre Based Children’s Services for their contribution as previous project reference group members.
Acknowledgment and thanks are given to Alannah Ball, Community Child Care Co-op Ltd, and Judy Kynaston, Country Children’s Services Association of N.S.W. for organising the discussion forum and rural teleconferences, and to Barbra Ulmer, University of New South Wales, for writing the reports.

Special thanks to Pelagia Kambouris, of designplat4m for the cover design.
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‘SIDS Risk Reduction and the Prevention of Infant Sleeping Accidents’ from SIDS and Kids *Safe Sleeping: Lullabies aren’t all you need to know to put your baby to sleep*, SIDS and Kids, 2002. Used with permission from SIDS and Kids.

Information on passenger safety, pedestrian safety and safe play for the ‘Outdoor Safety Checklist’, ‘Travel & Excursion Safety and Checklist’ and ‘Safe Excursion Locations’ sections was contributed to by the *Kids and Traffic* Early Childhood Road Safety Education Program. The resources of this program are developed in consultation with the NSW Roads and Traffic Authority of NSW. Used with permission from the Program.

The *Health and Safety in Children’s Centres: Model Policies and Practices*, 2nd edition, 2003 guide has been written using a range of source documents which where appropriate are referenced in the introduction of each section under *Key Resources* and at the end of the guide under *Health and Safety Resources and References*, and *Health and Safety Internet Resources*. 

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INTRODUCTION

The number of children attending centre based childcare (including preschools, occasional care and long day care) is substantial and has more than doubled from 76,000 places in 1991 to 190,300 in 1999 (DOCS, 2000). There has also been a growth in the number of private child care services with 1094 private long day care centres compared with 382 community based children’s centres in NSW in 1999. Childcare services have many beneficial impacts on children’s health, including opportunities for normal health and development, early identification of difficulties and support for families. It is also important that while children are in care that risks to their health and safety are minimised as far as is feasible, and especially in relation to transmission of infectious diseases, injury, and other medical emergencies.

Current research continues to highlight the need to reduce the risk of transmission of infection in child care services, and the need for care to be provided in safe, secure and healthy environments, where staff are able to deal effectively with illnesses, injuries and emergencies. Furthermore, within the current context of the national accreditation of the child care industry, changing legislative requirements, the growth in private child care facilities, and the increasing use of children’s services by the community, there is a strong need for the continual development and revision of a comprehensive, user-friendly health & safety model policies and practices documents in the field and appropriate training (Commonwealth Department of Family and Community Services, 2000).

Health and safety policies and procedures, in conjunction with training and other educational tools and resources, are essential components of developing healthy and safe environments in child care services. The first edition of Health & Safety in Child Care Centres: Model Policies & Practices developed by the School of Community Medicine, University of New South Wales, in 1994, was a unique resource which directly assisted child care services to develop their own safety policies and guidelines and meet the requirements of the various relevant legislation.

The N.S.W. Children’s Services Health and Safety Committee, Lady Gowrie Child Centre, Sydney, and Early Childhood Australia (NSW Branch) identified the need to update and produce a revised edition of the model policies and practices in relation to current literature in child care health and safety. They identified needs for health and safety policies and practices in child care services. A project to produce a revised edition of the model policies and practices, Health & Safety in Children’s Centres: Model Policies & Practices, 2nd edition, 2003 and to conduct and publish a literature review, Health & Safety in Children’s Centres Literature Review, 2002, was undertaken by the School of Public Health and Community Medicine, University of New South Wales, in collaboration with representatives from Australian Early Childhood Association (NSW Branch), Community Child Care Co-op, Country Children’s Services Association of NSW, Lady Gowrie Child Centre (Sydney), South Eastern Sydney Area Health Service Public Health Unit, and South Western Sydney Area Health Service Centre for Health Equity Training, Research and Evaluation.
The project and production of the revised model policies and practices was funded jointly by grants from the NSW Department of Community Services, the NSW Health Department, and the WorkCover Authority of NSW. Implementation of the project and reviews of the second edition of the model policies and practices were assisted by a Research Reference Group consisting of stakeholder representatives from Aboriginal Early Childhood Services Support Unit, Association of Child Care Centres of NSW, Australian Liquor, Hospitality & Miscellaneous Workers Union, Ethnic Child Care, Family & Community Services Cooperative Ltd, Independent Education Union, KU Children’s Services, Local Government Children’s Services Association, National Association of Centre Based Children’s Services, National Childcare Accreditation Council, NSW Department of Community Services (Office of Child Care), NSW Department of Health, Quality Child Care Association of NSW, and WorkCover Authority of NSW.

The second edition of the model policies and practices aims to incorporate key health and safety issues and areas highlighted through consultations, review of current literature and review of current related policies and practices guides. However children’s centres need to be aware that the handbook is not comprehensive in covering all health and safety issues, and where possible refers the reader to various resources and references that can address further information needs. The critical issues which were identified and which are encompassed by the revised model policies and practices are:

- Infection control and hygiene
- Infectious diseases and exclusions
- Immunisation
- Managing sick children
- Managing children with chronic illnesses
- Administering medications
- Risk reduction in SIDS
- Dental and oral health
- Preventing choking
- Recurrent otitis media
- Emergency procedures
- Legal and insurance
- Food allergies
- Food safety and nutrition
- Physical activity
- Indoor safety
- Outdoor safety
- Environmental hazards
- Travel and excursions
- Child protection
- Staff health and safety
- Pregnant staff health and safety

These guidelines are also aimed to address issues of social justice, access and equity and multiculturalism where these issues relate to health and safety of children, families.
and people who work in children’s services. The needs of Aboriginal and Torres Strait Islander and culturally and linguistically diverse children, families and staff in children’s services are also considered and input has been obtained from stakeholders who represent these needs.

Notes:

Generally the terms ‘family’ and families’ are used to be consistent with current child care policy and quality assurance terminology. The term ‘parent or legal guardian’ is used where the policy or guideline is taken from the Regulation, or where there needs to be specific reference to the legal responsibility of the parent or guardian such as in consenting to administering medication or disclosing information.

The term Aboriginal and Torres Strait Islander People is used where the terms Indigenous or Aboriginal have been used in the literature.

The term Culturally and Linguistically Diverse is used to refer to families and children of different ethnic, cultural, and language backgrounds or where the terms ethnic families or NESB families have been used in the literature.
HOW TO USE THIS GUIDE

PURPOSE

The purpose of the Health & Safety in Children’s Centres: Model Policies & Practices, 2nd edition, 2003 is to assist children’s services to adopt health and safety policies suited to their particular needs. The focus of these guidelines is to assist children’s services in reducing health and safety risks to children, staff and visitors to children’s services, and to help services meet current legislation and accreditation requirements.

These guidelines have been developed using a variety of sources of information, including a review of the recent literature and various government and children’s services’ documents on current health and safety issues relevant to child care, and with consultations with a wide range of children’s services and relevant stakeholders.

These guidelines are intended to present an optimum practice model for services to consider in developing their own policies and practices that meet their individual needs. The scope of these guidelines is not intended to be comprehensive in covering all health and safety issues, and where possible readers are referred to various sources and references that can further address their information needs. Within the intended scope, these guidelines are intended to assist services to comply with current legislation and accreditation requirements. They are also intended to reflect current and optimum practice, and are not intended to be minimum or prescribed practice.

Some sections of these guidelines are also intended to be informative and educative, such as on types of medications, symptoms and causes of allergies and anaphylaxis, first aid for asthma, diabetes, epilepsy and anaphylaxis, latex allergy and important infections that can impact on pregnancy.

Children’s services should have in place procedures for regularly assessing health and safety risks to children, staff and visitors to services, and for regular reviewing and upgrading of their risk-management policies as legislation and accreditation requirements and information on health and safety change.

DEVELOPING A HEALTH AND SAFETY POLICY

The Health & Safety in Children’s Centres: Model Policies & Practices, 2nd edition, 2003 is a draft policy development guide for children’s services. The guide is designed for use by children’s service operators and children’s centre staff to assist in identifying and determining ways to control potential health and safety hazards. Each service will need to work through the document carefully and make suitable modifications relevant to their operations, ideally with a committee established with the service administrator, staff members, management/sponsor members and family representatives. It may be useful to discuss, adapt, provide training on and implement the policy in stages. An important part of this process would also be to advise staff, children’s centre staff and families by newsletter on key developments or changes relating to health and safety requirements. Children’s services should also refer to the regulations, standards,
accreditation guides, and other policies and practice guides, which are essential for licensing and accreditation.

**FORMAT OF THE POLICIES AND PRACTICES GUIDE**

The policy guide is structured under the following headings for easy use and adaptation:

**Policy:** a statement of the intended policy by the centre

**Background:** background information on the health and safety topic

**Relevant Legislation:** references to relevant legislative requirements

**Key Resources:** key resource documents relating to the topic and key source documents for this guide, and for further information on each topic area

**Practices:** recommended practices and actions for children’s centre managers, children’s centre staff and other staff related to the stated policy, legislative requirements and key resources

**Checklist:** where recommended practices are too numerous or detailed and there are comprehensive guides easily available, a reminder checklist is given instead of specific recommended practices.

**SECTIONS ON FIRST AID AND EMERGENCY MEDICAL MANAGEMENT**

These guidelines provide information on the current recommended first aid and management procedures for emergencies in children with asthma, diabetes, epilepsy and anaphylaxis, and for the management of dental injury and choking emergencies. The guidelines given here are based on current recommendations from relevant professional organisations such as St. John Ambulance Australia, Asthma Australia and Asthma NSW, Diabetes Australia, Epilepsy Association of Australia, the Australian Society of Clinical Immunology and Allergy, and the NSW Health Department.

All children’s centres should have staff with First Aid training and qualifications present at all times when children are in care. Where possible the information given in these guidelines in relation to first aid in medical emergencies is taken from the St. John Ambulance first aid manual, *Australian First Aid*, October 2002, with copyright permission. Information on first aid for dental injuries is taken from multiple sources. Permission from St. John ambulance to reproduce first aid information in these guidelines has been given on the condition that readers recognise that ‘The information in these guidelines is not a substitute for first aid training and persons administering the first aid as recommended in these guidelines should be appropriately trained and have a current relevant first aid qualification.’

These guidelines also contain sections on the emergency medical management of asthma and anaphylaxis emergencies. Centre management and staff should be aware of the limits of their ability, qualifications and the resources required for administering emergency medical treatment. Training is available for emergency medical management of asthma and anaphylaxis from a number of relevant organisations and these are listed in the relevant sections of the guidelines. Centres should ensure that
staff have undergone the recommended training before administering any first aid or emergency medical treatment to a child or other person.

In any medical emergency, centre staff should always administer first aid and implement the centre’s emergency procedures. Centre staff should not administer any emergency medical treatment or emergency medications other than first aid unless prior to the child’s enrolment:

- The parent or guardian has supplied an Emergency or Medical Management Plan approved by the child’s doctor which outlines the appropriate emergency treatment,
- The parent or guardian has given appropriate authorisation and consent and understands their responsibilities under the Regulation and these guidelines,
- The parent or guardian understands and acknowledges any potential risks or side effects of the administration of any emergency medical treatment or medication,
- There is an agreement by both centre management and a staff member who will administer the treatment and the staff member has been adequately trained by an appropriate and qualified health professional or relevant organisation,
- The staff member feels they are confident and competent to administer the relevant medical treatment or medication, and,
- The centre management and the child’s parent or guardian understand that the staff member specially trained to give emergency medical treatment or medication may not always be available in the centre when the emergency occurs, and in that case, the usual first aid and centre’s emergency procedures will be implemented.

In any medical emergency, staff should:
- administer First Aid,
- implement their usual emergency and notification procedures,
- administer appropriate medical emergency treatment for which they have been given consent and for which they have been appropriately trained, and,
- call for an ambulance by dialing 000.

Where there is any doubt as to what action to take in any medical emergency, call for an ambulance by dialling 000.
FRAMEWORK FOR DEVELOPING POLICIES

The following framework was used to develop health and safety policies in this guide, with the aim of assisting in planning for, preventing and reducing the number of incidences and seriousness of illnesses, injuries and accidents in children’s centres.

Recognise potential health and safety hazards
Assess the risks, determine level of severity, possible outcomes and exposure
Control, eliminate, reduce health and safety hazards – prioritise action
Respond effectively to emergency situations – give first aid
Teach children about health and safety

Key types of ways to controls health and safety hazards include:

Remove hazard completely
Substitute with a lesser risk
Isolate hazard
Design or engineer a solution
Change behaviour
Wear personal protective clothing and equipment

When developing health and safety policies and assessing risks it is also useful to consider the following factors:

Training, skills and knowledge of children’s centre staff
Supervision level provided by children’s centre staff
Rules set for an activity
Equipment used for an activity
Age and development stage of children
Environment – indoor, outdoor and excursions
Interactions of children

REFERENCES:


DEVELOPING A HEALTH & SAFETY SYSTEM

The following guide outlines some key steps in developing a health and safety system in children’s centres, to regularly assess, review and update policies and practices in the workplace, effectively eliminate and control hazards, and comply with the Occupational Health and Safety Act 2000 and Regulations 2001 (NSW). Refer to resources listed below for specific details.

**Key Steps in Risk Management**

**Develop a health and safety policy and program which:**
- identifies all activities in the workplace that may involve health and safety issues.
- clearly assigns specific OHS responsibilities and accountability at all levels.
- provides procedures for implementing policies, recording, and reviewing hazards.

**Set up a risk management process which involves employees in:**
- **Hazard Identification** – identifying all hazards which may cause injury or illness.
- **Risk Assessment** – determining the seriousness of the effects of a hazards.
- **Risk Control** – deciding on effective action to eliminate or control hazards.

**Develop a consultation process with all relevant workplace personnel:**
- Involve employees in any decisions that may effect their health and safety.
- Information on establishing an OHS Committee are outlined in the OHS Act.
- Consultation with staff and families is important for support and cooperation and this process needs to consider the needs of Culturally and Linguistically Diverse children and their families.

**Develop; implement risk control strategies – Hierarchy of Controls:**
- **Substitution** – replace hazardous substance, machine or task with a safe one.
- **Engineering** – modify tools or equipment, enclose equipment, and use guards.
- **Administration** – develop and implement safe procedures and training.
- **Personal Protective Equipment** – gloves, protective clothing can be important.

**Set up a health and safety information and training strategy for all employees, as part of induction and on-going staff development, inform all parents about the centres health and safety policies.**

**Regularly promote, monitor and review your workplace health and safety system, inform all staff and families of new policies.** Provide this information in the relevant community languages or discuss it with the Culturally and Linguistically Diverse families.
REFERENCES:


1. INFECTION CONTROL
   1.1 General Rules for Infection Control
   1.2 Hand-washing
   1.3 Toileting
   1.4 Nappy Changing
   1.5 Nose Wiping
   1.6 Contact with Blood and Body Fluids
   1.7 Cleaning

2. INFECTIOUS DISEASES
   2.1 Exclusions for Infectious Diseases and Acutely Ill Children
   2.2 Assessing Serious or Potential Infectious Diseases
   2.3 Notification Procedures in Infectious Disease Cases

3. IMMUNISATION
   3.1 Managing Immunisations
1.1 General Rules for Infection Control

<table>
<thead>
<tr>
<th>Policy:</th>
<th>The centre will minimise the spread and risks of infectious disease in the child care setting by using standard infection control precautions against transmission of infection.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background:</td>
<td>Using standard infection control precautions will reduce the occurrence and risks of infectious disease, especially in the child care setting where risks of transmission of infectious diseases is higher than in other work or community settings. These guidelines outline policies and practices for specific activities and aspects of the child care environment, and following is a summary of some of the key infection control precautions for the child care setting.</td>
</tr>
</tbody>
</table>

**Practices:**

To minimise the spread and risks of infectious disease in the child care setting by using standard infection control precautions, centres should:

*(This is a summary of key points only – centres should refer to the other relevant sections of these guidelines for more specific detail)*

- **Be aware that transmission of infectious disease, especially respiratory and diarrhoeal infections, occurs more frequently in the child care environment because of the close contact between a large number of children and staff, and that using standard infection control precautions and these Guidelines will reduce transmission and risks.**

- **Be aware that Aboriginal and Torres Strait Islander children are more at risk of some infectious diseases, especially respiratory, diarrhoeal and ear infections and their complications. It is important to ensure infection control precautions are followed to reduce risks in Aboriginal and Torres Strait Islander children and other children at special risk.**

- **Ensure children, staff, volunteers and visitors wash hands correctly with soap and running water. Dry hands with paper towels, individual towels or automatic hand-dryer upon arriving and leaving the centre and other situations where appropriate. (See Section 1.2 Hand-washing).**

- **Ensure staff and visitors also use additional barriers such as non-latex single use (disposable) gloves where appropriate.**
• **Regularly clean the indoor environment** of the centre. Clean daily the toilet, nappy change areas, food preparation areas, taps, door handles, flush handles, nappy change surfaces and benches. Use neutral detergent and water (neutral detergents are available commercially and are labelled as being ‘neutral’ or ‘neutral pH’). It is not recommended that bleach or other disinfectants be used in child care settings for general environmental cleaning including cleaning of faeces, urine, blood or other body fluid spills.

• **Regularly wash and clean toys and play equipment,** and wash daily toys that have or are likely to have been mouthing by children or contaminated with faeces or urine.

• **Launder daily all soiled linen, cloth nappies, towels, facecloths and clothing.**

• **Be aware that transmission of infection is more likely to occur** when infants and children who are not toilet trained are mixed with children who are toilet trained. However separating children by age group is not practical in many centres and it has the disadvantage of separating children from their siblings who also might be in care. Many centres now have policies of ‘family grouping’ of children. Centres should weigh up the advantages and disadvantages of separating children and develop a policy in collaboration with families.

• **Ensure children and staff do not share brushes, combs, toothbrushes, bottles, dummies, towels, facecloths and handkerchiefs.**

• **Use high absorbency disposable nappies** in preference to cloth nappies, especially during outbreaks of diarrhoeal illness. If cloth nappies are used, change pilcher with each nappy change.

• **Ensure safe storage, disposal or laundering of soiled nappies.**

• **Use only non-latex (eg. vinyl, neoprene) gloves where practicable,** and if using single-use (disposable) gloves, use only gloves which comply with Australia Standard AS/NZS 4011: *Single use examination gloves - Specifications.*

• **Ensure centre staff always wear gloves where they are likely to be exposed to blood, faeces, urine, or other body fluids,** including any activity where there might be contact with a child's mucous membranes such as the nose, mouth or genital area, or when handling any items or materials that have come into contact with blood or body fluids.

• **Encourage staff to be fully immunised and encourage families to maintain the immunisation of their children.** Maintain a record of both staff and children's immunisations, and in particular staff and children who are not fully immunised in order to take appropriate action during out-breaks of vaccine-preventable disease.

• **Separate acutely ill children from well children and keep under supervision** until they can be picked up by their family or nominated responsible person.

• **In an outbreak of a vaccine preventable disease, exclude children who are not immunised or are too young to have been immunised** on advice from the local Public Health Unit.
• Exclude children who have a respiratory infection, diarrhoea, any vaccine preventable disease, a transmissible skin infection not yet being treated, or any other infectious disease.

• Exclude and advise the parent or family to take to their doctor any child centre staff considers acutely unwell, to have a potential serious disease or a potential infectious disease, or will be unable to participate in normal activities to the detriment of their safety or other children's safety.

• If using needles, other sharps, giving injections, or administering medications which are likely to be contaminated by blood or body fluids, handle and dispose in accordance with infection control standards.

• Medical equipment used for individual staff or children must not be used for any other person and must be cleaned, disinfected or sterilised after each use and in accordance with manufacturers’ instructions.

• If medicine cups are used, use single use disposable cups.

• If thermometers are used (use only digital thermometers, not glass or tympanic – see ‘Taking a Temperature’ in 4.2 Managing a Child with Acute Fever), between each use, clean according to the manufacturer’s instructions, or by washing with neutral detergent and water, wipe with a single use alcohol swab, and leave to dry.

• Clean blood and body fluid spills according to standard infection control precautions.

• For staff, children or visitors who are injured, sick or have been exposed to blood or body fluids, take the appropriate actions according to these guidelines (See 1.6 Contact with Blood and Body fluids).

• Keep up to date information in relevant community languages about infectious diseases, to provide education and advice to Culturally and Linguistically Diverse families.

• Be aware of the NOHSC National Consensus Statement on Human Immunodeficiency Virus Infection / Acquired Immune Deficiency Syndrome and the Workplace and its guidelines for employers about elements of the policy including discrimination against employees with HIV infection. It is unlawful to discriminate against, treat unfairly or harass a person because they have an infectious disease, including Hepatitis A, B or C; or if they are living with HIV/AIDS; or if they have an airborne disease such as Tuberculosis.

Note: The infection control, contact with blood and body fluids, cleaning, and handling needles and sharps information in these guidelines is based on the principles of standard infection control precautions from NSW Health Department (2002), Infection Control Policy, Circular 2002/45. It is important to note that the NSW Health Department policy was specifically developed to address infection control issues in health care facilities, however the principles of standard infection control precautions apply in all environments including child care facilities.
1.2 Hand-Washing

**Policy:** The centre will minimise the spread and risks of infectious diseases between children, other children and children’s centre staff, by conforming to recommended hand-washing guidelines and standards.

**Background:** Child care workers and children in care are at increased risk of many infectious diseases, particularly respiratory and diarrhoeal diseases but also potentially serious diseases such as Hepatitis A and CMV. Washing hands by staff and children regularly and in certain situations significantly reduces the risk of transmission of infection diseases. Toileting and hand-washing facilities must be safe, regularly cleaned, and appropriate for the number and ages of children in care.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

**Key Resources:** Staying Healthy in Child Care, NHMRC, 2001:

**Practices:**

To effectively use hand-washing to prevent the spread of infectious disease, centres should:

- **Ensure safe, well maintained age appropriate facilities are available for washing hands** with soap and running water in the immediate vicinity of areas where children or staff use toilets, nappies are changed, food is stored, prepared or served, pets handled or kept, near areas of outdoor play or bath tubs.

- **Ensure effective drying of hands** with individual towels, disposable paper towel or automatic hand-dryer.

- **Ensure children, visitors, staff and persons normally working or visiting the centre, use liquid soap** or individual soap sheets in preference to germicidal solution or soap bars as microbial contamination is less likely to occur.

- **Replace liquid soap bottles or re-fill them**, and wash out the bottle and the dispenser between refills.

- **Make available moisturising lotion** for centre staff for use after handwashing. Moisturiser lotion should be kept out of children’s reach.

- **Ensure that staff with cuts, abrasions, dermatitis or open wounds on their hands cover with a water-resistant occlusive dressing**, which should be changed each time it is soiled or wet.

- **In situations where running water is not available**, non-water cleansers or antiseptics such as alcohol based hand rub, gel or foam are adequate, and ensure children do not mouth or inhale fumes from wipe; if hands are visibly soiled,
washing with soap and running water should be done if possible.

- **Use disposable paper towels** in preference to cloth towels. If cloth towels are used, only use once, then place in a laundry basket for washing, otherwise each person or child has their own individual towel which is given to the parent at the end of each day for washing. When towels are hung to dry, they should not be in contact with each other; paper towels should be disposed of in a lined pedal bin.

- **Use where practical a disposable paper towel to turn off taps. Taps, sinks and toilet flush handles should be cleaned daily.**

- **Ensure children, visitors and persons normally working at the centre wash hands in the following way:**

  - use liquid soap and running water,
  - rub hands vigorously, counting to 10,
  - wash hands all over, including the backs of hands, wrists, between the fingers, and under the fingernails,
  - rinse hands well counting to 10,
  - do not touch the tap after washing, turn taps off with a paper towel,
  - press dry hands with a new paper towel or an individual cloth towel.

- **Display a waterproofed poster for hand-washing instructions above all hand washing basins.** Translate them into the relevant community languages or display visual charts of the correct hand-washing procedure if needed for families, visitors and volunteer workers to the centre.

- **Ensure children, visitors, persons normally working at the centre wash hands:**

  - on arrival at the children's centre (parents can help with this),
  - before and after eating or handling food,
  - before preparing or cooking food,
  - after changing a nappy, or checking a nappy to see if it soiled,
  - after going to the toilet,
  - after cleaning up or any contact with urine, faeces, vomit, blood or other body fluids,
  - after giving first aid or cardiopulmonary resuscitation (CPR),
  - after wiping nose or contact with nasal or salivary secretions,
  - before and after giving a child medication,
- after playing outside or in a sandpit or wading pool,
- after patting or touching animals or pets (including fish, birds, reptiles),
- before leaving the children’s centre.

1.3 Toileting
Policy: The centre will minimise the spread and risks of infectious diseases between children, other children and children’s centre staff, by ensuring toileting and toilet training is conducted in an efficient way according to recommended guidelines and standards.

Background: Many diseases are spread by faeces, urine or other body fluids, and childcare workers and children in care are at about twice the usual risk of diarrhoeal infections and increased risk of hepatitis A. Risk and spread of infectious diseases are significantly reduced by safe toileting and toilet training methods. Toileting facilities must be appropriate for the number and ages of children in care.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


Practices:

To minimise risks and the spread of infectious diseases that are transmitted by faeces and other body fluids or through toileting or toilet training of children, centres should:

- Have safe, well maintained, age appropriate toilet facilities, which comply with the Building Code of Australia.
- Provide at least one toilet facility with rails and non-slip floor to accommodate physically disabled children.
- Be aware that transmission of infection is more likely to occur when infants and children who are not toilet trained are mixed with children who are toilet trained. However separating children by age group is not practical in many centres and it has the disadvantage of separating children from their siblings who also might be in care. Many centres now have policies of ‘family grouping’ of children. Centres should weigh up the advantages and disadvantages of separating children and develop a policy in collaboration with families.
- Encourage children to flush the toilet after use, and assist or teach children to wash their hands after toileting using the guidelines on hand-washing technique. (See Section 1.2 Hand-washing)
- Place any soiled clothes in a sealed plastic bag for the family to take home, and keep inaccessible to children or animals. (See Section 11.2 Cleaning, Disposing, Storing Soiled Nappies).
- Use a toilet in preference to a potty-chair to reduce the risk of the spread of disease.
- **After each use of a potty (or potty chair if used):**
  - wear single use non-latex gloves,
  - empty potty into the toilet,
  - wash potty with warm water and neutral detergent using a cloth or brush that is only used specifically for this purpose,
  - do not rinse or wash potty in a sink used for hand-washing,
  - wash chair with warm water and neutral detergent if contaminated by urine or faeces,
  - wash hands after.

- **Assist children to wash their hands,** and ensure all children’s centre staff wash their hands, after any contact with faeces, urine, vomit or any other body fluids.

- **Disposable materials such as gloves, nappies and paper should be disposed of** at the end of the day in a sealed plastic bag. Children’s clothes, towels, toys that are soiled should be placed in a sealed plastic bag and given to parent.

- **For children who have not fully learnt toileting** or who have diarrhoea or have urinary or faecal incontinence, ask family to supply a clean change of clothing.

- **Use the following guide for cleaning a child after toileting:**
  - put on gloves (single use non-latex),
  - use damp paper towels, pre-moistened towels, or damp cloths (bottom cloths),
  - remove each towel after use and dispose of, or place cloths in sealed container for washing or returning to parent,
  - wet towels from a tap or bottle, not a bowl or sink full of water, and if using a tap, the towel should not be re-wetted as this will contaminate the sink,
  - remove gloves and wash hands afterwards,
  - preferably not use a bath or filled sink, and if using a bath ensure there is a temperature regulator on the hot water tap, use warm water and test the water before putting the child in, preferably use running water or a hand held water spray and no plug or ensure the water level is low,
  - for children old enough to stand in a shower and who require washing, use a hand held shower and supervise the child at all times in washing, drying and dressing,
  - wash bottom cloths with hot water and soap and do not mix with face cloths.

- **Use the following guide for children learning to toilet:**
  - ask families to supply a few clean changes of clothing,
  - put on gloves (single use non-latex),
- place any soiled clothes in a sealed plastic bag for families to take home, and keep inaccessible to children or animals,
- help the child use the toilet,
- assist the child to wash their hands and children’s centre staff must wash their hands after assisting children with toileting,
- remove gloves and wash hands afterwards.

• **Ensure children do not have access to any plastic bags sealed or unsealed.**

• **Separate children with diarrhoea** (except for diarrhoea assessed by a doctor as being due to non-infective causes) from other children until they can be picked up by their family or nominated responsible person.

• **Exclude from care, children with infective diarrhoea until their symptoms have ceased.**

• **Be aware of the diverse styles of toileting children due to cultural or religious practice** (e.g. washing or douching instead of using toilet paper), and ask families to inform the centre of any cultural or religious issues of toileting that staff might need to be aware of.

• **Be aware of and accommodate the possible need to maintain privacy of toileting and dressing** (e.g. using screens that still allow visual supervision of children) between male and female children due to cultural or religious practices of the family.
1.4 Nappy Changing

**Policy:** The centre will minimise the spread and risks of infectious diseases between children, other children and children’s centre staff by ensuring changing and disposal of nappies is conducted in an efficient way and according to recommended guidelines.

**Background:** Disease transmitted by faeces and urine are more likely to spread between children and children’s centre staff through changing and handling soiled nappies. Efficient changing and disposal of soiled nappies significantly reduce risks and the spread of diseases transmitted by faeces and body fluids.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Public Health Act 1991 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To minimise risks and the spread of infectious diseases that are transmitted by faeces and other body fluids through changing nappies in infants and children who have not learnt toileting, centres should:

- **Be aware of their obligations under the Regulation** in relation to age appropriate facilities that are required for caring for children under 3 years including nappy changing, storage and disposal of soiled nappies, laundering of clothing, facilities for washing hands, sluices or facilities for disposal of faeces and additional facilities that may be required for a child with a disability.

- **Have a nappy change area separate from food preparation and serving areas,** with an appropriate number of nappy changing benches and mats available (have at least two mats to allow adequate washing) for the number of children.

- **Have hand-washing and drying facilities immediately adjacent to any toileting or nappy change areas.**

- **Ensure that staff with cuts, abrasions, dermatitis or open wounds on their hands cover with a water resistant occlusive dressing,** which should be changed each time it is soiled or wet.

- **Have nappy change benches or mats with an impervious washable surface,** and provide safe storage of soiled nappies, e.g. a contaminated waste unit or sluice in the nappy change area.

- **Ensure a walking child walks to change area,** and provide steps for the child.
• **Have adequate numbers of clean nappies** stored within reach of the nappy change facilities.

• **Use high absorbency disposable nappies in preference to cloth nappies.**

• **Keep all nappy change solutions, wipes, all soiled nappies and clothes inaccessible to children.**

• **When using cloth nappies, use nappy covers** (pillchers and plastic pants), where practical to help prevent faeces from leaking out of nappies, use preferably wrap-around rather than pull-up pants.

• **During outbreaks of diarrhoea, use disposable nappies rather than cloth nappies.** Children with diarrhoea should be separated from other children and wear nappy covers or outer clothing over nappies, and contact your local Public Health Unit for advice.

• **Dispose of soiled disposable nappies by placing them in a heavy sealed plastic bag or plastic lined garbage container,** ensure they are kept out of access by children and separate from children’s play and eating areas, and dispose of daily in the domestic waste collection or contract waste disposal service.

• **Preferably not have staff who change nappies involved in food preparation on the same day,** however if this is impractical, ensure staff use principles of infection control and safe food handling, particularly hand washing and using gloves.

• **When changing nappies:**
  - **put on gloves** (single use non-latex)
  - **place paper or an individual vinyl sheets** on nappy change table or surface, use any clean paper e.g. paper towel, greaseproof paper, computer paper
  - **ensure all children’s centre staff wear gloves for nappies soiled by faeces or urine,** especially if they have cuts, cracked skin or infections on your hands, and if they are pregnant to take particular precautions not to have contact with urine because of the risk of exposure to cytomegalovirus (CMV)
  - **remove the child’s nappy,** nappy cover (pillchers and plastic pants), and soiled clothes, remove excess faeces with a paper towel into the toilet and flush, nappy covers can be placed with nappies and soiled clothes for cleaning
  - **place soiled disposable nappies** in closed foot pedal bin lined with plastic bag
  - **place soiled commercial cloth nappies in a covered plastic bucket.** Ensure the bucket is only filled to three-quarters full. Arrange for removal and cleaning at the end of each day, or more frequently if required
  - **remove faeces with paper towel and flush into toilet or sluice**
  - **place soiled cloth nappies** and nappy covers provided by parent in child’s individual covered plastic bucket or a labelled plastic bag and send home with
the family at the end of day (see Section 11.2 Cleaning, Disposing, Storing Soiled Nappies)

- **keep one hand on the child** at all times to prevent them from falling off the table

- **clean and dry the child’s bottom**, wiping front to back, remove the paper from change table and put in the bin (see Section 1.3 Toileting)

- **remove gloves** before touching the child’s clean clothes or putting on a clean nappy, by peeling them back from your wrists, do not let your skin touch the contaminated surface of the gloves, put gloves in the bin

- **dress child**, wash the child’s hands, take child away from the change table or area, clean the change table, mat or surface after each nappy change, and wash your hands

• **Cleaning after a nappy change:**

  - put on another pair of gloves, wash the table-top, bench top or mat with neutral detergent and warm water, use a paper towel or a clean cloth to wipe the table. Put the paper in the bin or the cloth in a laundry bag designated for bottom cloths for washing

  - if faeces or urine has spilled onto the table, bench top or mat, clean with a neutral detergent and warm water, wipe and leave to dry. Mats and vinyl sheets are best left in the sun to dry

  - remove gloves and wash your hands

• **Display a waterproofed poster of nappy changing instructions in all nappy changing areas.** Translate them into the relevant community languages or display visual charts of the correct procedure if needed.
1.5 Nose Wiping

**Policy:** The centre will minimise the spread and risks of infectious diseases between children, other children and children's centre staff by ensuring nose wiping is conducted in an efficient way and according to recommended guidelines.

**Background:** Wearing gloves and washing hands after wiping a child's nose will reduce the spread of colds, other respiratory infections and cytomegalovirus infection.

**Relevant Legislation** *Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).*


**Practices:**

To minimise the spread and risks of infectious diseases between children, other children and children's centre staff by ensuring nose wiping is conducted in an efficient way and according to recommended guidelines, centres should:

- **Ensure gloves and disposable tissues are used by all staff to wipe children’s noses.**

- **Teach children to wipe their own nose** with their own handkerchief or preferably a disposable tissue, and how to keep their handkerchief or dispose of tissues in a pedal bin or by flushing down the toilet.

- **Ensure both staff and children wash their hands after nose wiping.**
1.6 Contact with Blood & Body Fluids

**Policy:** The centre will minimise risks and exposure to diseases through contact with blood and body fluids by using recommended standard infection control precautions.

**Background:** Blood borne diseases such as HIV, hepatitis B and hepatitis C can be transmitted from person to person by contact with blood and other body fluids. Standard infection control precautions reduce risks and exposure to blood and body fluids.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No. 2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Anti-Discrimination Act, 1997 (NSW).

**Key Resources:** Managing OHS in Children’s Services, Tarrant. S., 2002.

**Practices:**

To minimise risks and exposure to diseases through contact with blood or body fluids, centres should:

- **Ensure use of hygiene and infection control precautions** by all children’s centre staff, children, families and visitors.

- **Wash hands and skin with warm, soapy water** after any contact with blood, faeces, urine, vomit or any other body fluids. (See Section 1.2 Hand-washing).

- **Clean up spilt blood, faeces, urine, vomit or other body fluids with neutral detergent and water**, and regularly wash floors, toileting and nappy change areas, nappy change surfaces and mats, play equipment and toys.

- **Ensure that staff with cuts, abrasions, dermatitis or open skin on their hands cover with a water resistant occlusive dressing**, which should be changed each time it is soiled or wet.

- **Dispose of soiled nappies**, disposable materials, and clean soiled clothes, towels, washing cloths, linen, equipment and toys in accordance with other policies in this document. (See Section 11.2 Cleaning, Disposing, Storing Soiled Nappies).

- **Prevent any sharing** of combs, brushes, toothbrushes, bottles, dummies, pacifiers, towels, facecloths and handkerchiefs.

- **Do not kiss children or infants on the mouth.**

- **Consult a doctor, advise the centre director, advise the WorkCover Authority, the public liability insurer and any others that are appropriate, if you think you, staff, others or children in your care have been exposed to HIV or other blood borne diseases** or to blood or body fluid from a needlestick, sharps injury, splash into the face, eyes, mouth or nose, or contact with an open wound, regardless of the known or presumed infections status of the person or child who is
the source of the blood or body fluid. (See Sections 8.4 Confidentiality and 8.2 Keeping an Illness and Injury Register).

• **For any form of possible exposure to HIV or blood or body fluids** (needlestick injury, skin contact, splash into eyes, nose or mouth, or biting):
  - seek medical advice as soon as practical about risk of infection and post exposure treatment including HIV and hepatitis B and C treatment and testing regardless of the known or presumed infection status of source person of the blood or body fluid,
  - write an injury report (see Section 8.2 Keeping an Illness and Injury Register),
  - report the injury to the WorkCover Authority and public liability insurance or others as appropriate.

• **For needlestick or sharps injuries involving exposure of any staff, children or visitors to blood or body fluids:**
  - wash the injured area with soap and running water,
  - dry the wound and cover with a water resistant occlusive dressing,
  - dispose of the object that caused the injury, wear gloves and use forceps or tongs to pick up the object, and discard into a sealed firm container to be disposed of (preferably a yellow biohazard sharps container which are commercially available),
  - for advice, contact the ASC Needlestick Injury Hotline on 1800 804 823.

• **Be aware that for skin contact with blood:**
  - the risk of contracting blood borne diseases including HIV through skin contact with blood is low but is more likely if there are open cuts, abrasions, skin cracking or infections that are uncovered,
  - wash off with warm water and soap as soon as possible, and cover all open skin with a water resistant occlusive dressing.

• **If blood or body fluids splash into the eyes:**
  - rinse for 5 to 10 minutes with water, or a sterile eye irrigation solution if available,
  - if wearing contact lenses, rinse the eyes with the lenses in, remove the lenses and rinse the eyes again, and do not put the contaminated lenses back in.

• **If blood or body fluids splash into the nose or mouth:**
  - blow your nose or spit out and rinse with water. (If possible, have a permanently mounted eye wash kit accessible for staff for this purpose.)
• Be aware that for contact with saliva, tears and biting:
  - **HIV has been found in saliva and tears in low concentrations** and risk of transmission from spitting, kissing, wiping noses and eyes is considered to be very low, however standard infection control precautions should still be followed, contact with saliva and nasal secretions may transmit other infectious diseases,
  - **the risk of HIV infection from biting is considered to be very low** and requires the skin to be broken, if a bite has resulted in breaking the skin, wash with soap and running water, cover with a clean dressing, and advise the family of the injured child to seek urgent medical advice about risks of infection and further management,
  - rinse the biting child’s mouth with water to prevent cross-infection from the bitten child,

• Be aware that for giving first aid and cardiopulmonary resuscitation (CPR):
  - use a disposable mask or a mask with a one-way valve, available from St. John Ambulance or Red Cross First Aid,
  - use gloves when applying first aid to bleeding wounds.

• For clothes, toys or other objects that have been contaminated by blood or body fluids, wear gloves and a protective apron or overalls, mop excess fluid with disposable paper towel, and wash with neutral detergent and water (don’t use hot water as this makes blood coagulate and stick to surfaces and stain).

• To clean a blood spill on the floor:
  - avoid direct contact with the spill,
  - wear gloves and a protective apron or overalls, and eye protection and disposable mask if eye or face splashes are likely,
  - contain the spill as far as possible by placing absorbent paper or paper towel around the edges of the spill, mop up as much as possible with absorbent paper, discard into a sealed heavy plastic bag (preferable yellow with the biohazard sign which are commercially available), and dispose of as clinical waste,
  - clean up the remaining spill and contaminated surfaces with neutral detergent and water,
  - dry or ventilate the area, discard all gloves and disposable materials into a sealed heavy plastic bag for disposal,
  - any contaminated clothing, cloths or cleaning implements should be washed in neutral detergent and hot water. If using a washing machine, wash
contaminated and non contaminated materials separately, use the longest cycle for contaminated material, and if washing by hand, wear gloves,

- for spills onto carpet or upholstered furniture, wear gloves, mop up as much excess fluid as possible with absorbent paper, clean with a neutral detergent and water, and shampoo with an industrial carpet cleaner as soon as possible.

• **Be aware of responsibilities under the Anti-Discrimination Act** in relation to not discriminating when enrolling children or employing staff who may be living with HIV/AIDS or may have hepatitis B or C infection.

• **The Occupational Health and Safety Regulation 2001 (NSW), requires written notification to the WorkCover Authority** if exposure to body fluids present a risk of transmission of blood borne disease.

**Note:** The infection control, contact with blood and body fluids, cleaning, and handling needles and sharps information in these guidelines is based on the principles of standard infection control precautions from NSW Health Department (2002), *Infection Control Policy, Circular 2002/45*. It is important to note that the NSW Health Department policy was specifically developed to address infection control issues in health care facilities, however the principles of standard infection control precautions apply in all environments including child care facilities.

For advice in the event of a needlestick injury, contact the ASC Needlestick Injury Hotline on **1800 804 823**.
1.7 Cleaning

Policy: The centre will minimise the transmission of infectious diseases by using recommended cleaning procedures and complying with Regulations.

Background: It is important that children’s centres use recommended cleaning procedures because pathogenic microorganisms can stay on surfaces for long periods and can infect children, staff and visitors.

Legislative Requirements: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for non-reusable containers for the collection of sharp medical items used in health care areas.


Practices:

To minimise the transmission of infectious diseases by using recommended cleaning procedures, centres should:

- **Purchase materials, equipment, toys and other products for the centre which are easy to maintain and clean.**

- **Ensure staff wear gloves and aprons when cleaning.** If splashing is likely, eye protection should be worn to prevent injury. General purpose or ordinary kitchen (non-latex) gloves are sufficient for cleaning, wash them and hang them outside to dry when finished and wash hands after removing gloves.

- **Use neutral detergent and water for general environmental cleaning**, which is also sufficient for cleaning floors, toilets, nappy change areas, and for cleaning spills of or contamination by blood, faeces, urine, vomit and other body fluids. It is not recommended that bleach or other disinfectants be used in child care settings for general environmental cleaning including cleaning of faeces, urine, blood or other body fluid spills.

- **For cleaning and sanitising food contact surfaces and utensils**, use neutral detergent and water to remove visible contamination such as food waste, dirt or grease, then sanitise using either heat or chemical sanitisers that are suitable for use for food contact surfaces. Chemical sanitisers must be used according to supplier or manufacturer’s instructions.

- **If practical, use colour-coded cleaning equipment including sponges, buckets, mops, handles and gloves for each area**, (e.g. blue sponge for general cleaning, green sponge for the kitchen and food preparation areas, yellow for cleaning infectious and isolation areas such as nappy change areas, red for toilets, etc.)
bathrooms and dirty utility areas). Keep them separate, and store cleaning products in locked cupboard away from children.

Make and display a waterproof chart to explain this information clearly to staff, visitors, family and volunteers.

- **Ensure staff clean up all faeces, urine or body fluid spills immediately.** Work surfaces should be cleaned regularly or immediately following spills or when visibly soiled.

- **Cleaning items including water buckets, cleaning cloths, sponges and mop heads should be cleaned and air dried** immediately following the cleaning of blood or body fluids.

- **Cleaning items and products should be air dried** and stored in a locked area, inaccessible to children.

- **Ensure floors are dry after washing** before allowing the space to be used by staff or children to prevent slips or falls.

- **The centre should be vacuumed or swept prior to washing floors.**

- **Wash these facilities and items daily:**
  - bathrooms - tap handles, toilet, toilet flush handles, door knobs, wash basin,
  - nappy change area - nappy change surfaces and mats,
  - mouthed toys and other objects put in mouth,
  - surfaces – tabletops, chairs, highchairs, cots,
  - all floors – sweep, mop, or vacuum when children are not present,
  - mattress covers and linen – if used by different child each day,

- **Wash these weekly:**
  - low shelves,
  - door knobs,
  - toy storage shelves,
  - play/gym mats,
  - microwaves,
  - bed linen if used only by one child,
  - pillow and cushion covers,
  - sofas and chair clean or vacuum,
  - other surfaces commonly touched by children,
  - children’s dress up clothes.

- **Special items and areas for cleaning:**
  - nappy change area – after each nappy change and daily,
  - toothbrushes – never allow to share, label, clean and store separately for each, child, (toothbrushes must be exposed to air to dry),
  - bibs – clean after each use,
  - carpets – regular steam cleaning, especially in infant’s area,
- dummies, bottles and teats – should be cleaned according to the manufacture’s instructions after each use.

• **Sand pits:**
  - cover when not in use with an animal and vermin proof cover,
  - rake daily to remove sharp objects, spiders, insects, cigarette butts and other rubbish,
  - rake salt through the sand pit regularly,
  - prevent animals from playing in the sand,
  - remove sand soiled by urine, faeces, food or other materials, immediately following contamination,
  - empty and replace the sand at least annually.

• **Rest mats:**
  - preferably parents should bring individual child’s bedding (mats and covers) each day,
  - if vinyl sided mats or their covers are soiled, clean with neutral detergent and water
  - wash covers routinely, at least once a week
  - vinyl sided mats stored in the centre should be routinely cleaned, at least once a week, with neutral detergent and water if soiled,
  - if cloth surfaces are soiled, wash with neutral detergent and water.
  - store mats so that the clean surfaces are not contaminated with unclean surfaces

• **Laundry:**
  - store soiled laundry and linen in a separate area away from access by children, and separate from children’s play and food storage and preparation areas,
  - linen or clothing soiled by faeces, urine, blood, vomit or other body fluids should be kept securely and separate from other laundry, and disposed of or washed separately from other laundry,
  - all soiled linen (including soiled by body fluids) should be washed by the end of each day in hot water and neutral detergent with adequate rinsing and drying,
  - preferably send individual child’s linen, towels, face cloths, bottom cloths, and mattress and rest mat covers home with the family for washing each day.

• **Garbage disposal:**
  - use separate garbage containers in the nappy change, bathrooms, kitchen and play areas,
  - ensure indoor garbage containers are waterproof, have a tightly fitting lid, preferably foot pedal bin,
  - line indoor garbage container with plastic bag,
  - empty daily and insert new lining,
  - clean indoor garbage containers weekly,
  - ensure indoor and outdoor garbage container are inaccessible to children,
  - keep outdoor garbage area clean,
  - clean outdoor garbage container if there has been a spill.
• **Needles, sharps and clinical waste (clinical waste includes material soiled by blood, soiled bandages and dressings, or used disposable medical equipment soiled by blood):**

  - needles and sharps contaminated with blood or body fluids must be discarded directly into an impermeable and puncture resistant container designated for disposal of sharps (there are commercially available yellow biohazard containers) that comply with Australian/New Zealand Standard AS/NZS 4261 (reusable containers) or AS 4031 (non-reusable containers),

  - gloves, paper towel, tissues and soiled disposable nappies are discarded into a plastic lined garbage container and disposed of daily as general domestic waste,

  - clinical waste (bandages, dressings, disposable medical materials, and disposable material soiled by blood) are discarded into a leakproof bag or plastic lined container and disposed of in a yellow biohazard bag or container,

  - use tongs to pick up needles, sharps and small bits of contaminated material.

  (See other Sections 1, 2, and 3 under Controlling Infectious Diseases and 4.4 Handling, Use & Disposing of Needles and Sharps).

• **Toys:**

  - if secondhand toys are given to the centre, clean and air dry hard toys prior to being used by the children, wash soft toys at a temperature exceeding 60°C and hang out to dry in the sun or dry in a hot air clothes dryer,

  - do not spray soft toys with insecticide.

**Note:** The infection control, contact with blood and body fluids, cleaning, and handling needles and sharps information in these guidelines is based on the principles of standard infection control precautions from NSW Health Department (2002), *Infection Control Policy*, Circular 2002/45. It is important to note that the NSW Health Department policy was specifically developed to address infection control issues in health care facilities, however the principles of standard infection control precautions apply in all environments including child care facilities.
2.1 Exclusions for Infectious Diseases & Acutely Ill Children and Staff

Policy: The centre will minimise the spread of infectious diseases between children, other children and centre staff, by conforming to National Health and Medical Research Council (NHMRC) requirements for exclusion of children with infectious diseases and other legislative requirements.

Background: Exclusion of infectious children significantly reduces the risk of the spread of diseases to other healthy children and children’s centre staff. Exclusion periods are recommended by the NHMRC, based on the time a child is infectious to others. Contacts of certain infectious diseases may at the discretion of the local Public Health Unit, be excluded for their own safety. There are circumstances where a child is too ill to attend a children’s centre and needs to stay home for treatment and recovery. There are a number of diseases that are notifiable under the Public Health Act 1991 to the local Public Health Unit.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Public Health (Amendment) Act 1991 (NSW); Food Act 1989 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


Practices:

To minimise spread of infectious diseases between children and other healthy children, children’s centre staff and visitors, centres should:

- Under the Public Health Act and Regulation (NSW) 1991, exclude from care and notify the local Public Health Unit and provide details of any known or suspected person (children or children’s centre staff) with of any of the following vaccine preventable diseases:
  - Diphtheria
  - Measles
  - Mumps
  - Pertussis (whooping cough)
  - Poliomyelitis
  - Rubella (German measles)
  - Tetanus

- Exclude children, staff, volunteers or visitors who have infectious diseases other than listed above in accordance with the NHMRC Recommended Minimum Periods of Exclusion (see Appendix E). Also seek advice from your local Public Health Unit in other cases of infectious disease, or if a child or staff member has a serious infectious illness such as meningitis, food poisoning, gastroenteritis,
streptococcal infection, tuberculosis, hepatitis A (see Section 2.3 Notification Procedures in Infectious Diseases Cases).

- **Under the Food Act** (NSW) 1989 exclude staff from food handling duties who have pustular infections (such as boils) of the skin that cannot be covered or who are ill from gastroenteritis or hepatitis A.

- **Exclude children and staff who:**
  - are acutely ill and may need to see a doctor,
  - are too ill to participate in normal children’s centre activities,
  - may require extra supervision to the detriment of the care and safety of the child or other children,
  - who are ill from gastroenteritis or hepatitis A,
  - have symptoms or signs of a possible infectious illness. (See Section 2.2 Assessing Serious or Potential Infectious Diseases).

- **Request from the Public Health Unit a clearance** to attend for children and staff who have had diphtheria, hepatitis A, polio, tuberculosis, typhoid or paratyphoid infection.

- **Ensure all staff and persons normally working or visiting the centre conform to all infectious disease policies.**

- **Advise families that when children have commenced treatment with a medication,** the child should not attend care for at least 24 hours to ensure the child is recovering and is not having side effects from the medication.

- **If a child or staff member has been unable to attend the centre because of an infectious illness** (see Appendices D and E), when the child or staff member has fully recovered ask the family or staff member to obtain a certificate from their doctor which specifically states the child or staff member is not infectious and is able to attend care or return to work.

- **Keep up to date information in relevant community languages** regarding infectious diseases and ensure this information is easily accessible to culturally and linguistically diverse families. (Refer to Culturally and Linguistically Diverse Health and Safety Resources).

- **Provide a translated copy of the centre’s Infectious Disease and Exclusion Policy** in the relevant community languages if required or discuss the issue with culturally and linguistically diverse families.
• **Be aware that conflicts and difficulties may arise** when negotiating with families, and interpreting medical certificates, due to:

- families finding exclusion requirements difficult because of pressures to meet working and other personal commitments,

- families may present doctors’ certificates of fitness of a child to attend care that the children’s centre staff and the centre manager considers inconsistent with the situation at the time.

• **Refer difficult or unresolved situations** to the local Public Health Unit, or discuss with the child’s doctor (with the parent’s or legal guardian’s consent), before accepting the child into care, difficult situations in relation to infectious diseases should be referred to the Public Health Unit.

**Note:** In accordance with the Centre Based and Mobile Child Care Services Regulation (No.2) (NSW), 1996, the Regulation and these policies do not authorise the disclosure of any information concerning exposure to or infection by Human Immunodeficiency Virus or Acquired Immunodeficiency Syndrome (HIV/AIDS).
2.2 Assessing Serious or Potential Infectious Diseases

**Policy:** The centre will minimise the spread of potential infectious diseases between children, other children and children’s centre staff, by excluding children who may have an infectious disease or are too ill to attend care, and facilitating the prevention and effective management of acute illness in children.

**Background:** Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the children’s centre staff and centre manager to decide whether to accept or exclude the child from care. Many illnesses while not fitting exclusion criteria can transmit disease to other children in care, and many non-exclusion diseases can make a child too ill to participate in normal care activities.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Public Health Act 1991(NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To minimise the spread of potential infectious disease between children, other healthy children and children’s centre staff and to minimise the detrimental impact on a sick child and the ability of the children’s centre staff to safely supervise other children, centres should:

- **Advise families to always inform you when their child has been sick at home prior to bringing their child to care** so you can assess whether or not they are well enough to attend. Use this guide to assess whether the child is too ill to attend or needs to see a doctor, inform the family that the child cannot attend until they have recovered or have a certificate from their doctor. (See Section 2.1 Exclusions for Infectious Diseases and Acutely Ill Children, and Appendix E – NHMRC Recommended Minimum Periods of Exclusion).

- **If you are having difficulty assessing whether a child is ill** or not fit enough to attend care, discuss with the family and contact the child’s doctor if they consent.

- **If you are unable to contact the child’s doctor, contact:**
  - another local doctor,
  - the local hospital or emergency department,
  - the local Public Health Unit.
• **Refer difficult or unresolved situations in relation to infectious diseases** to the local Public Health Unit or Children’s Services Advisor.

• **Advise families** to take a child with any of the illnesses or symptoms listed below or a child you believe to be acutely ill or infectious to their doctor.

• **Write a report** and include any actions and decisions taken regarding excluding a child from care or advising families to take their child to a doctor.

• **Exclude a child and advise the family to take the child to a doctor if you consider:**
  - the child has fever which has not yet been assessed by a doctor, or
  - the child has fever accompanied by abnormal behaviour or symptoms or signs that indicate a possible severe illness (such as lethargy, drowsiness, severe or prolonged coughing, wheezing, difficulty breathing, unusual irritability or crying), or
  - the child will be unable to participate in normal activities without possible detriment to their care and safety, or
  - the child will require extra supervision which may compromise the adequate supervision, care and safety of other children, or
  - the child needs to see a doctor for any reason.

• **Exclude a child or staff member with any of the following symptoms which might indicate they have a potentially serious illness, and advise the family to take the child to, or advise the staff member to go to, a doctor or hospital:**
  - vomiting,
  - rash, especially if purplish or haemorrhaging spots (possibly meningococcal) or blistering (possibly staphylococcal),
  - headache,
  - stiffness of the neck,
  - aversion to light (photophobia),
  - severe pain anywhere (including toothache),
  - swelling of the lips, mouth, tongue, throat, neck or airways,
  - hives (urticaria),
  - asthma, wheezing, or any difficulty breathing,
  - drowsiness or any unusual state of consciousness or behaviour,
  - convulsion or epileptic seizure.

• **Exclude a child or staff member with any of the following symptoms which might indicate they have an infectious illness, and advise the family to take the child to, or advise the staff member to go to, a doctor or hospital:**
  - diarrhoea,
  - generalised rash,
  - enlarged or tender lymph glands,
  - severe cough with fever,
- head lice, nits, scabies, tinea ('ringworm'), impetigo ('school sores'), or mouth ulcers not yet treated,
- mouth ulcers due to herpes simplex virus or coxsackie virus,
- infection or yellow or green discharge of the eyes or ears,
- excessive yellow or green discharge of the nose,
- if any other infectious disease is suspected.

• **Consider a child may be ill or is developing an illness, and seek advice from a doctor and the child's family, if you notice a child has the any of following symptoms:**

  - a fever (temperature over 37°C or feels feverish to touch)
  - irritable, agitated, fretful, crying, not able to be comforted, behaving abnormally,
  - listless, quiet, inactive, has no interest in normal play activities,
  - not wanting to eat or drink,
  - an excess number of wet or soiled nappies,
  - is not having the usual number of wet nappies (usual is 4-6 a day),
  - an unusual colour or smell to the urine or faeces.

• **Ensure that staff who have symptoms which may indicate a potential illness are not caring for children and advise them to seek medical advice.**

• **Ensure that staff who have symptoms which may indicate a potential illness are replaced** to provide appropriate supervision for children.
2.3 Notification Procedures in Infectious Disease Cases

**Policy:** The centre will take appropriate action by notifying families and the Public Health Unit when a child is acutely ill from an infectious disease, or when other children, or the children’s centre staff or a person normally working or visiting the centre is confirmed as having an infectious disease.

**Background:** Families need to be informed when their child is acutely ill from an infectious disease to enable them to decide what action to take, and other families need to be informed to decide whether they would like their child to remain in care or not.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Public Health Act 1991 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

When a child is acutely ill from an infectious disease or the children’s centre staff or a person normally working at or visiting the centre is suspected as having an infectious disease as listed by the Scheduled Medical Conditions, the NHMRC exclusion guidelines, or Recommended Notifiable Disease, centres should:

- **Under the Public Health Act and Regulation 1991 (NSW),** exclude from care or work, notify the local Public Health Unit and provide any details of any known or suspected person (children or staff) with any of the following vaccine preventable diseases- measles, mumps, rubella, diphtheria, tetanus, polio, pertussis (whooping cough).

- **Report to and seek advice from the local Public Health Unit** if two or more persons (children or staff) have gastroenteritis.

- **Seek advice from the Local Public Health Unit** if any person has a serious illness such as meningitis, food poisoning, gastroenteritis, streptococcal infection, tuberculosis, hepatitis A or a disease as listed by the recommended notifiable diseases (see Appendix D).

- **Notify the family** as soon as practically possible, request they or a responsible person nominated by the parent or guardian, pick up and take charge of the child and take to the doctor.

- **Isolate the child from other children** providing the sick child and all other children can be adequately supervised.
• **Isolate the staff member from other children and staff** and ensure they are replaced for appropriate supervision of children.

• **Assess the child** for any need for first aid or emergency treatment, make them comfortable and reassure them. Keep the child under adult supervision until the child’s family or some other responsible person who has consent takes charge of the child except as required by law under the Public Health Act (1991).

• **Inform all families** as soon as possible of the presence of the infectious disease in a child in care, a centre staff or a person normally working or visiting the centre. In providing such information, **ensure confidentiality** of any personal identifying or health information of any person or child with an infectious disease.

• **When a confirmed outbreak of an infectious disease has occurred**, discuss the situation with the local Public Health Unit, and request the Public Health Unit to provide written advice and information about identification, prevention and management of possible infection or serious illness. The WorkCover Authority may also need to be notified.

• **Ensure all bedding, towels, clothing, toys, equipment and utensils used by the child or staff member are washed** and dried in the sun, or give the child’s clothes to the family to wash.

• **Be vigilant** for the same disease occurring in any other child or person that has been in contact with the child (most incubation periods for common infectious diseases are around 1 to 2 weeks).

• **Ensure confidentiality** of any personal or health related information obtained by children’s centre staff in relation to any children, children’s parents and families.

• **Be aware that infection with HIV, AIDS, Hepatitis B, or Hepatitis C, are not grounds for exclusion** (unless the person is acutely infectious or has an infectious secondary infection).

• **Be aware that if a children’s centre staff or other staff member is informed that a child or any person associated with the centre has HIV, AIDS, Hepatitis B, or Hepatitis C, this information must remain confidential** unless the person or parent has given explicit consent to inform others.

**Note:** In accordance with the Child Care and Mobile Child Care Services Regulation (No.2) (NSW), 1996, the Regulation and these policies do not authorise the disclosure of any information concerning exposure to or infection by Human Immunodeficiency Virus or Acquired Immunodeficiency Syndrome (HIV/AIDS).
3.1 Managing Immunisations

**Policy:** The centre will minimise risks, complications and the spread of vaccine preventable diseases, by encouraging children, children’s centre staff and other staff members to have up to date immunisation in accordance with the Australian Standard Vaccination Schedule, and keeping an up to date register of children's and staff immunisation.

**Background:** Immunisation of children and adults significantly reduces the risks, complications, and mortality associated with vaccine preventable diseases. Children’s centre staff also benefit from up to date immunisation in the reduction of risks in pregnancy from infectious diseases. Keeping up to date immunisation records for children, children’s centre staff and other staff members will facilitate immunisation and the control of infectious diseases during outbreaks in the centre.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Public Health Act, 1991(NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To minimise risks, complications and the spread of vaccine preventable diseases, centres should:

- **In accordance with the Public Health Act (1991), ask families to provide current information** about their child’s immunisation. Confirmation of immunisation can be by: a letter from the child’s doctor, baby health clinic or nurse, local council, or hospital; the Personal Health Record (“Blue Book”); or the ACIR (Australian Childhood Immunisation Register) ‘History Statement’. Ask families to inform you when their child has had an updated immunisation.

- **Keep an Immunisation Register** with a separate record for each child and children’s centre staff. Use the form recommended by the NSW Health Department with the following details: name; birth date; age at which each immunisation is due; date given; date vaccination record was sighted; where or by whom it was given; whether they are up to date with immunisation; whether they are due for an immunisation; whether the child has not been immunised because of parental choice.

- **Provide information on and encourage as far as possible all children and staff to have up-to-date or age appropriate immunisation** in accordance with the current Australian Standard Vaccination Schedule and the current edition of the Australian Immunisation Handbook, (see Section 16.3 Child Care Staff Immunisation and Infectious Disease Issues).
• Be aware and inform families that homeopathic immunisation has not been proven to give protection against infectious diseases. Only conventional immunisation produces a measurable immune response, and homeopathic immunisation is not recommended as an alternative to conventional immunisation. Children who have only received homoeopathic immunisation are considered not to be protected against vaccine preventable diseases and they are not considered immunised for the purposes of the Public Health Act (1991) (from The Australian Immunisation Handbook, 8th edition, NHMRC, 2003).

• Be aware that Aboriginal and Torres Strait Islander children are at higher risk of many infectious diseases, especially respiratory and ear infections, and have a different immunisation schedule to non-Aboriginal and Torres Strait Islander children.

• Regularly review the immunisation records of children and children’s centre staff, record if they are behind in their immunisation, and provide a written reminder, particularly the importance of the vaccine doses due at age 4 years in accordance with the current Australian Standard Vaccination Schedule.

• Regularly inform all families, staff and children’s centre staff if you have children in your care who are not fully immunised so that they can make an informed choice about remaining to be employed or enrolled in your centre. In providing such information, ensure confidentially of personal identifying information of any staff member or child who is not immunised for any reason.

• If any child, children’s centre staff, other staff member or visitor has a vaccine preventable disease, you are required under the Public Health Act 1991 to:
  - inform your local Public Health Unit directly and ask for advice,
  - inform in writing, or request the Public Health Unit to inform in writing, all families, children’s centre staff and persons normally working or visiting the premises that an outbreak of the particular infectious disease has occurred,
  - contact the local Public Health Unit to seek advice about exclusion of children and staff who are not immunised or do not have up to date immunisation until the outbreak has resolved,
  - ask the Public Health Unit for advice on exclusion of children too young to be immunised for that particular disease,
  - on instruction of the Public Health Unit inform in writing (or ask the PHU to inform in writing) any staff member or family of any child who is excluded, giving the reason and length of exclusion period.

• At enrolment ask parent or legal guardian to sign an agreement that:
  - you require a copy of a confirmed record of their child’s immunisation, and you are required to keep an up to date record of their continuing immunisation,
  - it is the families’ responsibility to ensure their child’s immunisation is up to date, a child who is not immunised or whose immunisation is not up to date may be excluded during an outbreak of an vaccine preventable disease,
- the PHU or you on their advice, will inform families when an vaccine preventable disease occurs in anyone attending, working or visiting the centre, what action needs to be taken to protect children, staff and others from risk of infection, and exclusion of children or staff from the centre until outbreak resolves,

- homeopathic immunisation has not been proven to give protection against infectious diseases. Only conventional immunisations produce a measurable immune response, and homeopathic immunisation is not recommended as an alternative to conventional immunisation. Children who have only received homeopathic immunisation are considered not to be protected against vaccine preventable infectious diseases, and they are not considered immunised for the purposes of the Public Health Act (1991) (from *The Australian Immunisation Handbook*, 8th edition, NHMRC, 2003).

**Discuss issues with families who oppose immunisation:**

- families opposed to immunisation are usually concerned with safety of vaccines, or have a concern about a specific risk or side effect, or have a child who has had an adverse reaction to a previous vaccination, 

- respect their views and acknowledge and listen to their concerns,

- refer them to their doctor for information on benefits, adverse effects and risks of immunisation,

- provide information you might have but in an impartial and non-confrontational manner,

- provide information on the exclusion polices the centre is obliged to abide by when you enrol children who are not immunised.
4. ADMINISTERING MEDICATIONS AND PROCEDURES
4.1 Administering Medications
4.2 Managing a Child with Acute Fever
4.3 Managing Children with Chronic Conditions that require Invasive Clinical Procedures
4.4 Handling, Use and Disposing Needles and Sharps

5. MANAGING CHILDREN WITH ASTHMA, DIABETES, EPILEPSY, FOOD ALLERGIES & ANAPHYLAXIS
5.1 Managing Children with Asthma
5.2 Managing Children with Diabetes
5.3 Managing Children with Epilepsy
5.4 Managing Food Allergies & Anaphylaxis
5.5 Reducing the Risk of Severe Allergies & Anaphylaxis

6. OTHER MEDICAL CONDITIONS
6.1 SIDS Risk Reduction & Prevention of Infant Sleeping Accidents
6.2 Dental and Oral Health
6.3 Managing and Preventing Recurrent Otitis Media
6.4 Management of Choking
4.1 Administering Medications

Policy: The centre will facilitate effective care and health management of children who are taking medications for health problems, prevention and management of acute episodes of illness or medical emergencies by the safe administration of medication, and compliance with the Regulation.

Background: Studies of children in care have found that on any one day 5% are on medication for an illness, mostly for asthma, respiratory or ear infections, or allergies, and in a month, half will have been on over-the-counter medication for colds or allergies. Many children have chronic health problems such as asthma, diabetes, epilepsy and allergies and may be at risk of a medical emergency while in care and require emergency treatment or medication.

This section refers to general guidelines and the general requirements as stated in the Regulations regarding administration of medication by children’s centre staff to children in their care and to the administration of non-invasive medications such as oral and topical (skin) medications.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Poisons and Therapeutic Goods Act 1996 (NSW); Public Health Act 1991 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


Practices:

To facilitate effective care and health management of children who are taking medication for a health problem, prevention and management of acute episodes of illness or medical emergencies requiring administration of medication, centres should:

- Ensure medication is administered to a child only from its original packaging. Prescribed medications must only be administered to the child for whom it has been prescribed, from a container bearing a pharmacy label showing the child’s name, and a current use by date, in accordance with any doctor’s instructions relating to the administration.

- Ensure families provide a summary of the child’s health, medications, allergies to medication or other substances, the doctor’s name, address and phone number, and a First Aid Management Plan approved by their doctor if relevant, following enrolment and prior to the child starting in the service.

- Ensure medication is only administered to a child enrolled for the centre with the written permission of the child’s parent or legal guardian.

- In relation to administering medications, children’s centre staff must ensure:
  - they are adequately trained by an appropriate person,
- they comply with all relevant children’s centre legislation, regulations, policies and guidelines,
- prior written parental consent is obtained wherever possible,
- they act in the best interests of the safety and health of the child.

• **If a staff member feels doubt about the safety of administering any medication** or treatment, the children’s centre staff should not administer the medication or treatment and refer the matter to the centre manager and seek advice from the parent, doctor, or the local Public Health Unit.

• **Before administering medication, check that the instructions on the Medication Authority Form are consistent** with both the doctor’s instructions and the name and instructions on the label. If there is any doubt or inconsistency, the children’s centre staff or centre manager should check with the doctor or pharmacist, and advise the parent if it is considered the medication should not be administered.

• **Ensure the children’s centre staff member who is administering the medication has another staff member available to check the medication and dosage. They must complete a Medication Authority Form (see Appendix A) and advise parents of any child to whom medication has been given the following:**
  - name of the medication,
  - date, time, and dosage of administration,
  - name of the person who administered the medication,
  - name of the person who checked the medication (See Appendix A – Medication Authority Form).

• **Ensure a Medication Authority Form is completed and signed for every child and for each medication.**

• **Keep the Medical Authority Form in a secure and confidential file,** health records are required to be kept for a minimum of 6 years or in the case of a child until the child turns 24 years old.

• **For children who live in two family homes,** obtain a Medical Authority form from a family member from both homes.

• **If there is a disagreement between family members, including between custodial and a non-custodial parent,** inform the centre manager and obtain advice from DOCS. If any centre’s staff is **in doubt that appropriate consent has not been given** by all relevant family or guardians, do not administer the medication and obtain advice from DOCS.

• **Advise parents and families that the administration of homeopathic, naturopathic, over-the-counter or non-prescribed medications** (including cold preparations and paracetamol) also needs to meet minimum legislative requirements and these guidelines include providing a Medication Authority Form, written instructions and dosage from a health professional prescribing or dispensing the medication. **Do not give any unidentifiable medicine,** or medicine that doesn’t meet the above guidelines.
• Be aware that homeopathic, naturopathic, herbal and over-the-counter medications also have adverse effects and risks.

• Be aware that antibiotic resistance is an emerging problem for children in child care, and staff administering antibiotics should ensure that they are administered according to instructions and until the course is completed.

• If any medical or first aid information, instructions or medication labels are written in a language other than English, ask the family to obtain an English version from their doctor or pharmacist to provide to the children's centre.

• In the case of medication being required in an emergency (see also Section 4.2 Managing a Child with Fever) without prior consent, ensure every attempt is made to secure consent from the child’s parent or legal guardian, or from a registered medical practitioner. **In any emergency, if there is no immediate access to a parent, nominated responsible person, doctor, dentist or hospital** call the ambulance service on 000. (See Section 7.2 Procedure for Calling an Ambulance.)

• Not administer medication unless the parent indicates their understanding and acceptances of any potential risks or adverse effects, and check their doctor or the person prescribing or providing the medication (including homeopathic, naturopathic and pharmacy bought) has explained the potential risks and adverse effects.

• Ensure families and carers understand and acknowledge each other’s responsibilities under the relevant legislation, the centre policy and these guidelines.

• Advise parents who leave medication to be administered without meeting the conditions of the relevant legislation and these guidelines that the medications will not be administered, and medication prescribed for one child will not be administered to a sibling or another child.

• Be informed of any child enrolled who has a chronic health problem such as asthma, epilepsy, diabetes, severe allergy, food allergy or anaphylaxis, requires ongoing medication, or might require emergency medication, treatment or first aid.

• Ensure medication is securely stored in a locked cupboard away from access by children. Medication that requires refrigeration (e.g. eye drops, antibiotics, syrups) should be stored at the back of the top shelf, in a separate compartment, or in a childproof container (see Section 13.6 Storage of Dangerous Chemicals, Substances & Equipment).

• If any emergency arises where there is doubt or concerns about the child’s safety, the children’s centre staff must act in the best interests of the child’s safety and health, by contacting the family, a doctor, the centre manager, or call 000 for an ambulance. (See Section 7.2 Procedure for Calling an Ambulance).

• Ensure all medication, emergency treatment and medical management policies are consistent with what is required by the relevant legislation, these guidelines and by the centre’s public liability insurance policy.
4.2 Managing a Child with Acute Fever

**Policy:** The centre will facilitate effective care and health management of children who are taking medications for health problems, prevention and management of acute episodes of illness or medical emergencies by the safe administration of medication, and compliance with relevant legislation, particularly in relation to children who develop acute fever while in care.

**Background:** Studies of children in care have found that on any one day 5% are on medication for an illness - mostly for asthma, respiratory or ear infections, or allergies. In a month, half will have been on over-the-counter medication for colds or allergies. This section refers to general guidelines and the general requirements regarding the management of a child with acute fever including the administration of paracetamol by children’s centre staff to children in their care.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Public Health Act 1991 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

**Key Resources:** Staying Healthy in Child Care, NHMRC, 2001: http://www.health.gov.au/nhmrc/.

**General Notes:**

1. There is limited evidence that paracetamol is effective in lowering fever in a child compared to cooling the child and providing fluids. Fever generation may be a protective mechanism and reducing fever with pharmacological agents may be counterproductive to the body’s efforts to mount an immunological response to viral infection. Its use is more appropriate for reducing pain and discomfort in a child with acute fever or illness. Children can generally tolerate fever under 38.5°C. It is more important to ensure the child is not dehydrated.

2. Paracetamol is toxic to children when administered in an overdose.

3. If a child has accidentally swallowed paracetamol or has inadvertently been given an excessive dose, medical advice should be sought immediately because of the possible delayed liver toxicity even if it appears there has been no effect. Centre staff should contact the Poisons Information Line on 131126, or call for an ambulance, dial 000.

To facilitate effective care and safe administration of paracetamol to a child with acute fever or pain, centres should:

- Not in any circumstance administer paracetamol to children under the age of 6 months while in care of the service.

- Not administer paracetamol for mild fever (under 38°C), gastroenteritis or as a sedative.
• If paracetamol is to be administered to a child for fever, only administer it to a child who has a temperature above 38°C and is in discomfort or pain.

• Administer only one dose of paracetamol in any situation.

• Use only preparations that contain paracetamol only, not a ‘cold or flu’ or a combined preparation.

• Use only single dose disposable droppers or applicators, and only use once per child.

• Be aware that there are numerous dose forms and concentrations of paracetamol for children.

Practices:

To facilitate effective care and safe administration of paracetamol to a child with acute pain or fever, centres should:

• First attempt to bring a child’s temperature down by removing the child’s clothing, sponge bathing the child with luke warm water, and fanning the child. Do not allow the child to become cold. If the child becomes too cold, dress the child again. To prevent dehydration, encourage the child to drink small frequent amounts of cool water.

• Contact the parent, guardian or nominated person in any case of a child being acutely ill or developing a sudden fever while in care, manage the situation as an emergency, and ask the parent or nominated person to collect the child as soon as possible. Advise them to take the child to their doctor, in accordance with Sections 2.2 and 2.3 in relation to managing an acutely ill child.

• At the time the parent, guardian or nominated person is contacted, obtain specific consent by telephone, fax or e-mail regarding whether a dose of paracetamol should be given. This is in addition to any general prior agreement made by the parent, such as an Authority for Administering Paracetamol. The Authority Form (see Appendix B – Authority for Administering Paracetamol) should state that centre staff are authorised to administer one dose of paracetamol after contact has been made with the parent, guardian or nominated person has been contacted and verbal, written, faxed or e-mailed consent be given.

• Ensure the child is well hydrated by offering the child small frequent amounts of cool water to drink until the child is collected by their parent, guardian or nominated person.

• Ensure an injury or acute illness incident report form is completed for any situation where a child develops an acute illness or fever or requires emergency administration of medication including paracetamol.
Administering the paracetamol

- When administering paracetamol to a child in an emergency as consented by their parent or guardian, centres should:
  - Follow the guidelines in relation to the procedure for administration of medications (see Section 4.1 Administering Medications), particularly in relation to recording relevant details on the Medication Authority Form.
  - Ensure the parent or guardian understands that they will still be contacted to take their child home or to a doctor on any occasion requiring administration of paracetamol or any other emergency medication.
  - Check that the paracetamol is within its use-by date before administering.
  - Administer the dose according to either the instructions on the bottle, or the advice of a doctor or pharmacist, or the child’s Emergency Management Plan, and preferably administer paracetamol by age, not weight.

Keeping paracetamol on the centre premises

The NSW Department of Health recommends that children’s centres have their own limited supply of paracetamol for emergencies, applicable to the different ages of children in the service, rather than parents bring their own. This is to minimise the risk of an incorrect dose of administration.

Managing a child at risk of a febrile convulsion

If the centre is enrolling a child who is known to be at risk of a febrile convulsion or is known to have had a febrile convulsion in the past, centres should:

- Ensure families provide information on the child’s health, medications, allergies, their doctor’s name, address, telephone number, and a First Aid Plan or an Emergency Management Plan, following enrolment and prior to the child starting in the service.
- Ensure an Authority for Administering paracetamol form is completed if administering paracetamol is part of the child’s Emergency Management Plan.

Managing a child who has had a febrile convulsion while in care

- In any circumstance when a child has had a convulsion (regardless of whether it is a febrile convulsion or a seizure due to another cause), and even if it stops, centre staff should immediately dial 000 for an ambulance and notify the parent or nominated person in accordance with the Regulation and guidelines for emergency procedures (see Sections 7.2 Procedure for Calling an Ambulance and 7.3 First Aid Information &Contacts).
• **If emergency treatment or first aid is required** for a child having a convulsion, administer first aid or treatment in accordance with the child’s First Aid or Emergency Management Plan, or a doctor’s instructions, or the ambulance service’s instructions. If these are not immediately available, use the First Aid Plan from *Australian First Aid*, St John Ambulance Australia, 2002 (see Section 5.3 Managing Children with Epilepsy – St John First Aid for Epileptic Seizure).

**Taking a child’s temperature:**

To take a child’s temperature, use only digital thermometers. Take the temperature by the axilla (under the arm) only, do not take oral or rectal temperatures.

Do not use glass thermometers as they are a safety risk because of the glass and the mercury. Do not use tympanic thermometers (thermometers used in the external ear canal) as they are inaccurate in children.

Place the thermometer under the child’s arm for at least three minutes. A reading taken under the arm will always be a little lower than the oral temperature (the temperature taken in the mouth). A normal temperature is a little less than 37 degrees Celsius. A normal temperature taken under the arm is little over 36 degrees Celsius.

**Sources:**


4.3 Managing Children with Chronic Conditions that require Invasive Clinical Procedures

**Policy:** The centre will facilitate the safe, effective care and health management of children who have a chronic health condition and require the administration of invasive clinical procedures on a regular basis or in an emergency.

**Background:** This section refers to the safety and care of children with chronic health conditions which may require invasive clinical procedures.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Public Health Act 1991 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To facilitate the safe, effective care and health management of children who have a chronic health condition that requires invasive clinical procedures, centres should:

- **Work with parents, the child’s medical provider, staff and centre management to assess the centre environment for any safety risks** prior to accepting a child who will require invasive clinical procedures while in care.

- If a child with a chronic illness or medical condition, which may require invasive clinical procedures while in care, is accepted for enrolment, **develop an Individual Care Plan in consultation with the child’s medical provider, parent and staff**. The Individual Care Plan must be completed and signed by all parties prior to the child starting with the service. All Individual Care Plans should be updated every 12 months, or if the child’s medical status changes.

- In cases where children with a chronic illness or medical condition have been attending the centre, **develop an Individual Care Plan and/or update as soon as possible**.

- If children with a chronic illness or medical condition which may require invasive clinical procedures or support while in care are accepted for enrolment, then **as a first preference an arrangement should be negotiated for either parents, authorised contacts, or appropriate health care workers to attend the centre to perform the procedure**. Parents and children’s centres should liaise with either the child’s medical practitioner or another appropriate service provider to establish such an arrangement, following enrolment and prior to the child starting in the service.
• Ensure that the child’s medical provider has explained to families and staff the potential risks or side effects of the invasive clinical procedure being administered at the centre, and that families and staff are made aware of the risks.

• Where appropriate, submit the necessary funding submissions for support of a child with special needs to have care support from a suitably trained worker.

• In cases where centre staff may be involved in the care of a child requiring invasive clinical procedures, ensure these staff have received adequate training as determined by the child’s medical provider. Training provided should meet the standards of workplace safety training required by WorkCover.

• In cases where centre staff may be involved in the care of a child requiring invasive clinical procedures, advise staff to consult and seek advice from the appropriate union or legal adviser regarding risk and potential liability.

• Ensure families provide emergency contact names and phone numbers, and a First Aid or Emergency Management Plan approved by the child’s medical provider and parent, prior to the child starting in the service, and regularly update the information.

• In the event of an emergency occurring involving a child with a chronic illness or medical condition, call an ambulance by dialling 000, and implement the centre’s emergency procedures according to the Regulation and these guidelines.

• Follow the recommended practices in relation to the administration of medication in general as in Section 4.1 Administering Medications, particularly relevant legislation and recommended guidelines in relation to obtaining written consent from the parent or guardian and completion of the Medication Authority Form and the Emergency Action Plan.

• Ensure the centre staff follow the guidelines in Section 1 Infection Control, and, should staff be involved in the handling or disposal of sharps, Section 4.4 Handling, Use and Disposing of Needles and Sharps.

• Ensure families and carers understand and acknowledge each other’s responsibilities under the Regulation and these guidelines.

• Ensure medication and any potential hazardous medical equipment are securely stored in a locked cupboard away from access by children (see Section 13.6 Storage of Dangerous Chemicals, Substances and Equipment).

• Notify the public liability insurer in any circumstances where any centre staff may be involved in the care of a child requiring the administration of an invasive clinical procedure or emergency action plan.

• Notify the public liability insurer in any circumstances where an adverse incident has occurred that is related to any treatment or first aid given to a child in care, and/or where any kind of legal action may arise (see also Section 8.2 Keeping an Illness & Injury Register).
4.4 Handling, Use and Disposing of Needles and Sharps

**Policy:** The centre will minimise risk of accidental injury and transmission of blood borne infections by safe handling, use and disposing of needles and sharps that have been contaminated by blood or body fluids.

**Background:** Injury or puncture of the skin by a needle or sharp material contaminated by blood or body fluid is a risk for transmission of blood borne infections such as HIV, hepatitis B and hepatitis C. NSW Department of Health has published guidelines on safe handling, use and disposing of needles and sharps. In caring for children with chronic illness such as asthma, diabetes and epilepsy, and in managing acute severe allergic or anaphylaxis reactions, children’s centre staff need to be trained and to know how to safely handle, use and dispose of needles, syringes and other sharps.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for reusable and non-reusable containers for the collection of sharp medical items.


**Practices:**

To minimise the risk of accidental injury and transmission of blood borne infections by safe handling, use and disposing of needles and sharps that have been contaminated by blood or body fluids, centres should:

- **Ensure there are adequate and accessible resources for disposal of sharps, and which comply with Australian Standards:**
  - AS/NZS 4261: ‘Reusable Containers for the Collection of Sharp Medical Items Used in Human and Animal Applications’,
  - AS 4031: ‘Non Reusable Containers for the Collection of Sharp Medical Items Used in Health care Areas’.

- **Dispose of needles, syringes and sharps immediately after use** by discarding directly into an impermeable and puncture resistant container designated for disposal of sharps (there are commercially available yellow biohazard containers) that comply with Australian/New Zealand Standard AS/NZS 4261 (reusable containers) or AS 4031 (non-reusable containers).

**Note:** The infection control, contact with blood and body fluids, cleaning, and handling needles and sharps information in these guidelines is based on the principles of
standard infection control precautions from NSW Health Department (2002), *Infection Control Policy*, Circular 2002/45. It is important to note that the NSW Health Department policy was specifically developed to address infection control issues in health care facilities, however the principles of standard infection control precautions apply in all environments including child care facilities.
5.1 Managing Children with Asthma

Policy: The centre will facilitate effective care and health management of children with asthma, and the prevention and management of acute episodes of illness and medical emergencies.

Background: The prevalence of asthma in children in Australia is about 25%, however only 16% have asthma that requires regular treatment. Many of these will have mild asthma, which is controlled with a salbutamol inhaler. There is some evidence that children in care who have asthma are more likely to have symptoms from their asthma which may be related to increased incidence of respiratory infections or to exposure to indoor allergens.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


Practices:

To facilitate effective care for a child with asthma, centres should:

- **Ensure families provide information on the child’s health**, medications, allergies, their doctor’s name, address and phone number, emergency contact names and phone numbers, and an Asthma First Aid Plan or Emergency Medical Plan approved by their doctor, following enrolment and prior to the child starting in the service.

- **Ensure Regulations and other guidelines are adhered to** in respect of administering medication and treatment in emergencies, particularly parental or guardian written consent, and a Medication Authority Form has been completed and signed. (See Sections 4.1 Administering Medications, 7.1 Authority for Emergency Treatment, 7.2 Procedure for Calling an Ambulance, and Appendix A - Medication Authority Form.)

- **In any case where a child is having an acute asthmatic attack**, the centre staff or manager should immediately:

  administer first aid or emergency medical treatment according to either:

  - the child’s Asthma First Aid or Emergency Medical Plan, or,
  - a doctor’s instructions, or,
  - if a child care staff member who has undergone training by an appropriate health or first aid organisation or a Registered Training Organisation in the management of an acute asthma attack is present in the centre at the time, the Asthma Action Plan or Asthma First Aid Plan as recommended by that training, or,
- if these are not available, use the First Aid Plan for Asthma Emergency from *Australian First Aid*, St. John Ambulance Australia, 2002, on the following pages, and,

**dial 000 for an ambulance** and notify the families in accordance with the Regulation and guidelines on emergency procedures (see Sections 7.2 Procedure for Calling an Ambulance and 7.3 First Aid Information & Contacts).

- **Ensure at least one staff member who has completed accredited training in Emergency Asthma Management is present in the centre** at all times whenever children with asthma are being cared for in the service.

- **Ensure centre staff have been trained by an appropriate health professional in the administration of routine asthma medication**, such as with an inhaler, spacer, similar device, or a nebuliser, in the routine or non-emergency management of a child with asthma.

- **In further developing a policy for the routine management of children with asthma and the management of asthma emergencies or an acute asthma attack in a child**, refer to *Asthma and the under 5s: Guidelines for Childcare Services, Kindergartens & Preschools*, Asthma Australia, 1998, and the updated information in the pamphlet *Asthma: the Basic Facts*, Asthma Australia, 2002, which provides guidelines on:
  - information about asthma and it’s treatment,
  - a guide on how to develop and implement an asthma management policy,
  - information for parents and an asthma record form that can be completed by the child’s doctor,
  - how to identify and avoid common triggers of an asthma attack,
  - how to recognise an asthma attack and symptoms of a severe asthma attack,
  - the Asthma First Aid Plan, information on the Asthma First Aid Kit, and who to contact for training in asthma first aid, managing an acute asthma attack, and use of the Asthma First Aid Kit
  - the toll free number for your local Asthma Foundation is 1800 645 130

- **Be aware of aspects of the indoor environment that may be triggers for asthma** in children, which include:
  - house dust mite, which is more prevalent in an environment with carpet, rugs, upholstered furniture and fluffy toys,
  - flowering plants, mildew and mould,
  - domestic chemicals such as pesticides, cleaning agents, bleach and chlorine agents, deodorants, room sprays, perfumes, paints, food preservatives,
  - hobby chemicals such as glues, solvents and paints,
  - dust from animals, pets and birds,
  - dust from pest infestations, especially cockroaches, mice and rats.

- **Reduce exposure of children and staff to indoor allergens by**:
  - regularly vacuuming (at least once weekly) carpet, rugs, upholstered furniture and fluffy toys,
- regularly shampooing carpet, rugs and upholstered furniture and washing fluffy toys,
- regularly drycleaning blankets, doonas and other bedclothes,
- treating and preventing growth of mould and mildew indoors and in clothing, linen and bed clothes,
- when using chemical sprays such as pesticides and cleaning agents, spraying when children are not present in the immediate vicinity,
- controlling pest infestations, especially cockroach,
- minimising keeping pets indoors and ensuring they are in a clean and healthy condition,
- using dust resistant mattress and pillow covers,

**Note:** The Australasian Society for Clinical Immunology and Allergy (ASCIA) has an on-line site for information for the general community and health and care professionals on a wide range of issues relating to asthma and allergy, available at: [http://www.allergy.org.au](http://www.allergy.org.au).
St. John First Aid for Asthma Emergency

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St. John DRABC Action Plan

This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary.

D - check for **Danger**
- to you
- to others
- to casualty

R - check **Response**
- is casualty conscious?
- is casualty unconscious?

A - check **Airway**
- is airway clear of objects?
- is airway open?

B - check for **Breathing**
- is chest rising and falling?
- can you hear casualty’s breathing?
- can you feel the breath on your cheek?

C - check for signs of **Circulation**
- can you see obvious signs of any movement, including swallowing and breathing
- can you feel a pulse?
- observe colour of skin on face

**Recovery Position**

- kneel beside the casualty
- lift nearer leg at knee so it is fully bent upwards
- place nearer arm across chest
- place farther arm at right angles to body
- roll casualty away from you onto side
- keep leg at right angles with knee touching ground to prevent casualty rolling onto face.
Asthma

Asthma is a condition in which the bronchi (air tubes of the lungs) go into spasm and become narrower. Excess mucous is produced, causing the person to have difficulty breathing. Asthma is particularly common in children.

Signs and symptoms

The casualty may be:

- unable to get air
- progressively more anxious, short of breath, subdued or panicky
- focused only on breathing
- coughing, wheezing
- blue around lips, earlobes and fingertips
- unconscious

Note: A wheeze may be audible. However in a severe asthma attack there may be so little air movement that a wheeze may not be heard.

When to send for medical aid

- if breathing does not become easier soon after medication – within 4 minutes
- the attack increases in severity

Management of an Asthma Attack

1. Follow DRABC

2. Assist the casualty, if conscious, into any comfortable position – usually sitting upright and leaning forward.

3. Be reassuring and ensure adequate fresh air.

4. Assist with prompt administration of medication:

   - give 4 puffs of a blue reliever inhaler (puffer) containing Ventolin, Respolin, Asmol, or Bricanyl

   - casualty takes a breath with each puff

   - use a spacer if available: give 4 puffs one at a time – casualty takes 4 breaths after each puff

   - wait 4 minutes

   - if no improvement, give another 4 puffs

5. if little or no benefit: call 000 for an ambulance
6. In the case of a severe attack with no improvement, until the ambulance arrives keep giving:
   
   • children 4 puffs every 4 minutes
   
   • adults up to 6 - 8 puffs every 5 minutes

7. If casualty unconscious, follow DRABC: call 000 for an ambulance.

Information supplied by Australian First Aid 10/2002 is the copyright of St. John Ambulance Australia. This information is not a substitute for first aid training. St. John recommends that everyone is trained in first aid. For more information on St. John first aid training and kits visit www.stjohn.org.au or call toll free 1300 360 455.
5.2 Managing Children with Diabetes

Policy: The centre will facilitate effective care and health management of children who have diabetes, and the prevention and management of acute episodes of illness and medical emergencies.

Background: Diabetes is one of the most common chronic diseases of childhood and affects 1-2 per 1000 children and adolescents under 20 years. Appropriate diabetes care in the child care setting is important for the immediate and long term welfare of the child and to optimise their behavioural and academic development.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


Practices:

To facilitate effective care for a child with diabetes it is necessary to form a partnership between the centre and the child's family with responsibilities for both, and centres should:

• Ensure the family, parent or guardian provides the centre with:

1. Details of the child's health problem, treatment, medications and allergies

2. Their doctor's name, address and phone number, and a phone number for contact in case of an emergency

3. A Diabetes Care Plan following enrolment and prior to the child starting at the centre which should include:
   - when, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
   - what meals and snack are required including food content, amount and timing
   - what activities and exercise the child can or cannot do
   - whether the child is able to go on excursions and what provisions are required.

4. A Diabetes First Aid or Emergency Medical Plan following enrolment and prior to the child starting at the centre which should include:
   - what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
   - what action to take including emergency contacts for the child's doctor and family or what first aid to give.
• **In any medical emergency involving a child with diabetes**, the centre staff should immediately **dial 000** for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, **and administer first aid or emergency medical aid according to** the child’s Diabetes First Aid or Emergency Medical Plan, or a doctor’s instructions, or if these are not available, use the First Aid Plan for Diabetic Emergency from *Australian First Aid*, St. John Ambulance Australia, 2002, on the following pages.

• **Ensure at least one staff member who has completed accredited training in emergency diabetes first aid is present in the centre** at all times whenever children with diabetes are being cared for in the service.

• **Ensure the family supplies all necessary glucose monitoring and management equipment.**

• **Ensure the family and centre staff know it is not the responsibility of the centre staff to administer a child’s insulin**, or to administer parenteral injections of glucose or glucagon in an emergency. Ensure the family understands that a child’s insulin should be administered before or after care in the centre.

• **Ensure there is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring** and knows what action to take if these are abnormal.

• **Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycaemia (low blood glucose)**, eg. glucose tablets, glucose jelly beans, Lucozade.

• **If a child has had an episode of hypoglycaemia and needed glucose food or drink**, also provide the child with a slow-acting carbohydrate food to help maintain blood glucose levels, eg. milk, raisin toast, yoghurt, fruit.

• **Ensure a location in the centre for privacy for the child to do their own glucose monitoring or insulin administration** if the child is able.

• **Ensure availability of meals, snacks and drinks** that are appropriate for the child and are in accordance with the child's Diabetes Care Plan.

• **Ensure opportunity for the child to participate in any activity, exercise or excursion** that is appropriate and in accordance with their Diabetes Care Plan.
St. John First Aid for Diabetic Emergency

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St. John DRABC Action Plan
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D - check for Danger
• to you
• to others
• to casualty

R - check Response
• is casualty conscious?
• is casualty unconscious?

A - check Airway
• is airway clear of objects?
• is airway open?

B - check for Breathing
• is chest rising and falling?
• can you hear casualty's breathing?
• can you feel the breath on your cheek?

C - check for signs of Circulation
• can you see obvious signs of any movement, including swallowing and breathing
• can you feel a pulse?
• observe colour of skin on face

Recovery Position

• kneel beside the casualty
• lift nearer leg at knee so it is fully bent upwards
• place nearer arm across chest
• place farther arm at right angles to body
• roll casualty away from you onto side
• keep leg at right angles with knee touching ground to prevent casualty rolling onto face.
Diabetic Emergency

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency – very low blood sugar (hypoglycaemia, usually due to excessive insulin); or very high blood sugar (hyperglycaemia, due to insufficient insulin). The more common emergency is hypoglycaemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

Signs and symptoms:

If caused by **low blood sugar**, the person may:

- Feel dizzy, weak, trembly and hungry
- Look pale and have a rapid pulse
- Be sweating profusely
- Be numb around lips and fingers
- Appear confused or aggressive
- Be unconscious

If caused by **high blood sugar**, the person may:

- Be excessively thirsty
- Have a frequent need to urinate
- Have hot dry skin, a rapid pulse, drowsiness
- Have the smell of acetone (like nail polish remover) on the breath
- Be unconscious

**TIP** – If unsure whether attack is caused by low or high blood sugar, give a sweet (sugar-containing) drink. Do not use ‘diet’ soft drinks. This could save the person’s life, if blood sugar is low, and will not cause undue harm if blood sugar is high.

Management of Diabetic Emergency

**Caused by Low Blood Sugar**

If casualty unconscious:

1. Follow DRABC
2. Give nothing by mouth
3. Call **000** for an ambulance

If casualty conscious:

1. Give sugar, glucose or a sweet drink (e.g. soft drink or cordial – do not use ‘diet’ soft drinks or diabetic-type cordials).
2. Continue giving sugar every 15 minutes until medical aid arrives or casualty recovers.
3. Loosen tight clothing.
4. Seek medical aid if required.

**Caused by High Blood Sugar**

If casualty unconscious:

1. Follow **DRABC**
2. Give nothing by mouth
3. Call **000** for an ambulance

If casualty conscious:

1. Allow casualty to self-administer insulin (do not administer it yourself, but help if needed). **A casualty who has diabetes may carry a NovoPen™ to inject insulin.**
2. Seek medical aid if required. If help delayed, encourage casualty to drink sugar-free fluids.

Information supplied by *Australian First Aid*, 10/2002 and is the copyright of St. John Ambulance Australia. This information is not a substitute for first aid training. St. John recommends that everyone is trained in first aid. For more information on St. John first aid training and kits visit [www.stjohn.org.au](http://www.stjohn.org.au) or call toll free 1300 360 455.
5.3 Managing Children with Epilepsy

**Policy:** The centre will facilitate effective care and health management of children who have epilepsy, and the prevention and management of acute episodes of illness and medical emergencies.

**Background:** The prevalence of epilepsy in children under 14 years is 4-8 per 1000 children. It is important to provide appropriate care for children with epilepsy in the child care setting to minimise risks to their health and safety and optimise their behavioural and academic development.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

**Key Resources:** Australian First Aid, St. John Ambulance Australia, 2002: www.stjohn.org.au; Epilepsy Association: www.epilepsy.org.au.

**Practices:**

To facilitate effective care for a child with epilepsy, centres should:

- **Ensure families provide information on the child’s health,** medications, allergies, their doctor’s name, address, phone number, emergency contact names and phone numbers, and an Epilepsy First Aid Plan or Emergency Medical Plan approved by their doctor, following enrolment and prior to the child starting at the service.

- **Ensure Regulation and other Guidelines are adhered** to when administering medication and treatment in emergencies, and a Medication Authority Form has been completed and signed. (See Sections 4.1 Administering Medications; 7.1 Authority for Emergency Treatment; Appendix A - Medication Authority Form).

- **In any circumstances when a child has had a convolution** and even if it stops, the children’s centre staff or centre manager should immediately **dial 000** for an ambulance and notify the family in accordance with the Regulation and Guidelines on emergency procedures. (See Sections 7.2 Procedure for Calling an Ambulance and 7.3 First Aid Information and Contacts).

- **If emergency treatment is required for a child having a convolution or an epileptic fit,** administer first aid or medical aid according to the child’s Epilepsy First Aid or Emergency Medical Plan, or a doctor’s instructions, or if these are not available, use the First Aid Plan for Epileptic Seizure from Australian First Aid, St. John Ambulance Australia, 2002, on the following pages.
St. John First Aid for Epileptic Seizure

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St. John DRABC Action Plan

This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary.

D - check for Danger
   • to you
   • to others
   • to casualty

R - check Response
   • is casualty conscious?
   • is casualty unconscious?

A - check Airway
   • is airway clear of objects?
   • is airway open?

B - check for Breathing
   • is chest rising and falling?
   • can you hear casualty’s breathing?
   • can you feel the breath on your cheek?

C - check for signs of Circulation
   • can you see obvious signs of any movement, including swallowing or breathing?
   • can you feel a pulse?
   • observe colour of skin on face.

Recovery Position

• kneel beside the casualty
• lift nearer leg at knee so it is fully bent upwards
• place nearer arm across chest
• place farther arm at right angles to body
• roll casualty away from you onto side
• keep leg at right angles with knee touching ground to prevent casualty rolling onto face.
Epileptic Seizure

Epilepsy is a disorder of the nervous system characterised by seizures (convulsions, sometimes called ‘fits’). A seizure is not necessarily the result of epilepsy but can be caused by a head injury, high fever, brain tumour, poisoning, drug overdose, stroke, infection, or anything which severely impairs supply of oxygen or blood to the brain. The management of seizures is the same irrespective of the cause. People with epilepsy may be aware that they are about to have a seizure because of a brief sensation – a perceived sound, a smell, or a feeling of movement. This is termed an ‘aura’. Seizures range from a mild blackout called a simple partial seizure to sudden uncontrolled muscular spasms. If a seizure involves the whole body it is referred to as a tonic clonic seizure. A major seizure can come on very suddenly but seldom lasts longer than 2-3 minutes. After the seizure the person may not remember what happened and may appear dazed and confused as well as sleepy or exhausted.

Signs and symptoms:

A person having an epileptic seizure may:

- Suddenly cry out
- Fall to the ground (sometimes resulting in injury) and lie rigid for a few seconds
- Have a congested and blue face and neck
- Have jerky, spasmodic muscular movements
- Froth at the mouth
- Bite the tongue
- Lose control of bladder and bowel

Management of an Epileptic Seizure

During the convulsion:

1. **Do not** try to restrain the person.
2. **Do not** put anything in the mouth.
3. Protect person from obvious injury – remove any furniture/objects.
4. Place something soft under head and shoulders.

After the convulsion:

1. Follow **DRABC**.
2. Place on side in recovery position as soon as possible to keep airway clear.
3. Manage injuries resulting from seizure.
4. **Do not** disturb if person falls asleep but continue to check ABC.

Seek medical aid if:
• The seizure continues for more than 5 minutes
• Another seizure quickly follows
• The person has been injured

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5.4 Managing Food Allergies & Anaphylaxis

**Policy:** The centre will facilitate effective care, health management and management of emergencies in children who have food allergies, and children who are at risk of anaphylaxis.

**Background:** Food allergies in children are common and can be due to peanuts, other tree nuts (brazil, cashew, hazelnuts, almonds), fish, shellfish, eggs, wheat, milk, milk products, soy, seed and some fruits. Food allergies are more common in children under 5 years of age than in older children because young children may grow out of food allergies. The commonest food allergies are due to milk, egg and peanut. Peanut allergy is the most likely allergy to need availability of adrenaline. Other substances to which children can have a severe allergic reaction are drugs (especially antibiotics and vaccines), bees, other insect stings, and some plants. The most severe form of allergic reaction to any substance is anaphylaxis and effective immediate management requires adrenaline.

**Relevant Legislation** Centre Based and Mobile Child Care Services Regulation 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To facilitate effective care and management of anaphylaxis or other emergencies in a child with food allergies or susceptibility to anaphylaxis, centres should:

- **Ensure families provide information on the child’s health,** medications, allergies, their doctor’s name, address and phone number, emergency contact names and phone numbers, and an Anaphylaxis First Aid Plan or Emergency Medical Plan approved by their doctor following enrolment and prior to the child starting at the service.

- **Ensure families provide documentation from their doctor confirming their child’s allergies** and their management in the form of an Allergy Emergency Medical Plan.

- **Ensure all staff are aware of children that have allergies** and what they are allergic to prior to the children starting at the service.
• **Ensure Regulation and other Guidelines are adhered** to in respect of administering medication and treatment in emergencies, particularly parental or guardian written consent, and a Medication Authority Form has been completed and signed. (See Sections 4.1 Administering Medications; 7.1 Authority for Emergency Treatment; 7.2 Procedure for Calling an Ambulance; Appendix A - Medication Authority Form).

• **In any case where a child is having a severe allergic reaction or any symptoms or signs of anaphylaxis**, the children’s centre staff or centre manager should immediately:

  administer first aid or medical treatment according to either:

  - the child’s Anaphylaxis First Aid or Emergency Medical Plan, or,

  - a doctor’s instructions, or,

  - if a child care staff member who has undergone training by an appropriate health or first aid organisation in the management of anaphylaxis and/or the administration of adrenaline (EpiPen or EpiPen Jr) is present at the time, the Anaphylaxis Action Plan as recommended by that training, or,

  - if these are not available, use the First Aid Plan for Severe Allergic Reaction from *Australian First Aid*, St John Ambulance Australia, 2002, on the following pages,

  and,

  **dial 000 for an ambulance** and notify the families in accordance with the Regulation and guidelines on emergency procedures (see Sections 7.2 Procedure for Calling an Ambulance and 7.3 First Aid Information & Contacts).

• **If a centre staff member is to be responsible for the emergency administration of adrenaline (EpiPen or EpiPen Jr) to a child with anaphylaxis**, this should be by prior written agreement between the centre, children’s centre staff and child's parent or guardian, and with written consent from the parent or guardian, and under the following conditions:

  - it is a requirement of and included in the child's Emergency Management Plan,

  - the parent or guardian has provided the appropriate authorisation and consent and understands their responsibilities under the Regulation and these Guidelines,

  - the parent or guardian understands and acknowledges any potential risks or side effects of the administration of adrenaline to their child,

  - the children’s centre staff member has been adequately trained by an appropriate organisation in the administration of adrenaline and use of the EpiPen and the safe disposal of contaminated material,
- the children’s centre staff member feels they are confident and competent to administer the medication,

- the parent or guardian understands that the centre staff member who has been specifically trained to administer adrenaline may not always be present in the centre when an emergency occurs, and in that case, the centre will implement their emergency procedures and first aid plan.

• **Training is currently available by contacting:**

  Anaphylaxis Australia Inc., on 1300 728 000, or coordinator@allergyfacts.org.au.

  Australian Red Cross, on (02) 9229 4111

  Community Child Care Co-op Ltd, on (02) 95604771 or info@ccccnsw.org.au

  Royal Prince Alfred Hospital Allergy Unit, on 02 95155026 or allergy@email.cs.nsw.gov.au.

  St. John Ambulance Australia (N.S.W.), on (02) 9212 1088

  Sydney Children’s Hospital, on (02) 9382 1111

  The Children’s Hospital, Westmead, Department of Allergy, Immunology, and Infectious Diseases, on (02) 9845 0000.
St. John First Aid for Severe Allergic Reaction

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St. John DRABC Action Plan
This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary.

D - check for **Danger**
- to you
- to others
- to casualty

R - check **Response**
- is casualty conscious?
- is casualty unconscious?

A - check **Airway**
- is airway clear of objects?
- is airway open?

B - check for **Breathing**
- is chest rising and falling?
- can you hear casualty's breathing?
- can you feel the breath on your cheek?

C - check for signs of **Circulation**
- can you see obvious signs of any movement, including swallowing and breathing?
- can you feel a pulse?
- observe colour of skin on face.

**Recovery Position**
- kneel beside the casualty
- lift nearer leg at knee so it is fully bent upwards
- place nearer arm across chest
- place farther arm at right angles to body
- roll casualty away from you onto side
- keep leg at right angles with knee touching ground to prevent casualty rolling onto face.
Severe Allergic Reaction

An allergic reaction can occur when a substance enters the body. The allergy may be to an insect sting or bite, drugs, medication, food or chemicals. Severe allergic reactions may cause blood pressure to fall dramatically and breathing to be impaired. This reaction is called anaphylactic shock, and is potentially fatal.

Signs and symptoms:

- Swelling and redness of the skin
- Itchy, raised rash (hives)
- Swelling of the throat
- Wheezing and/or coughing
- Rapid, irregular pulse
- Nausea and vomiting
- Dizziness or unconsciousness

Management of Severe Allergic Reaction

1. Follow DRABC.
2. Call 000 for an ambulance.
3. Observe and record pulse and breathing.
4. If the casualty is carrying medication for the allergy, it should be taken at once.
5. If conscious: help casualty to sit in position that most relieves breathing difficulty. If unconscious: check ABC and prepare to resuscitate if necessary.

Some people are aware of their hypersensitivity, so check (e.g. in a handbag) for a syringe of adrenaline (EpiPen™). Assist casualty to use it.

Information supplied by Australian First Aid, 10/2002 and is the copyright of St. John Ambulance Australia. This information is not a substitute for first aid training. St. John recommends that everyone is trained in first aid. For more information on St. John first aid training and kits visit www.stjohn.org.au or call toll free 1300 360 455.
5.5 Reducing the Risk of Severe Allergies & Anaphylaxis

**Policy:** The centre will minimise the risk of exposure of children to foods and other substances, which might trigger severe allergy or anaphylaxis in susceptible children.

**Background:** Food allergies in children are common and are usually due to peanuts, other tree nuts (brazil, cashew, hazelnuts, almonds), fish, shellfish, eggs, wheat, milk, milk products, soy, seed and some fruits. Food allergies are more common in children under 2 years of age. Peanut allergy is the most likely allergy to need availability of adrenaline. Other substances to which children can have a severe allergic reaction are drugs (especially antibiotics and vaccines), bees, other insect stings, and some plants. The most severe form of allergic reaction to any substance is anaphylaxis and effective immediate management requires adrenaline.

**Relevant Legislation** Centre Based and Mobile Child Care Services Regulation 1996 (NSW); Occupational Health and Safety Act, 2000 and Regulations 2001 (NSW).

**Key Resources:** Australasian Society of Clinical Immunology And Allergy, 2000; [http://www.allergy.org.au](http://www.allergy.org.au); Australian First Aid, St. John Ambulance Australia, 2001: [www.stjohn.org.au](http://www.stjohn.org.au); Dealing with Food Allergy, Soutter, V, Swain, A, Loblay, R., RPA Hospital, 2002.

**Practices:**

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, centres should:

- **Ensure children do not trade or share food,** food utensils and food containers.

- **Be aware that allergy in children can be triggered in the following ways** – contact through ingestion, inhalation of a dust or vapour, skin contact, or a bite or sting.

- **Be aware that allergies are very specific to the individual** and it is possible to have an allergy to any foreign substance.

- **Where possible, ensure all children with food allergies only eat food and snacks that have been prepared for them at home,** where this is not possible and the centre is preparing their food, ensure this has been done according to the child’s family’s or doctor’s instructions.

- **Ensure food preparation, food serving, and relief staff are informed of children and staff who have food allergies,** the type of allergies they have, and the centre’s procedures for dealing with emergencies involving allergies and anaphylaxis.

- **Restrict the use of foods likely to cause allergy in craft and cooking play.**
• **In preparing food, prevent cross-contamination between foods**, food surfaces and utensils, particularly when preparing foods containing the most likely allergens such nuts, milk and milk products, eggs and egg products, and soy.

• **Where a child is known to have a susceptibility** to severe allergy or anaphylaxis to a particular food, have a “food free policy” for that particular food, e.g. a **“Nut Free Policy”**, which would exclude children or other people visiting the centre from bringing any foods containing nuts or nut products such as:
  - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
  - any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
  - any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
  - foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
  - nut and peanut material is also often in cosmetics, massage oils, body lotions, shampoos and creams such as Arachnis oil.

• **Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies**, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and should take precedence.

• **If displaying personal information about children’s or staff member’s allergies** in food preparation or serving areas, do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not accessible to visitors or other families. Explain to families the need to do so for purpose of safety of the child and obtain parental consent (see Section 8.4 Confidentiality).

• **Ensure children identified as allergic** to specific triggers and substances do not have access to or contact with those substances. (See Sections 11.3 Contact between Children, Pets and Animals; 12.3 Precautions against Snakes, Spiders, Insects; 12.6 Hazardous Plants).

• **Ensure body lotions, shampoos and creams used on allergic children** have been approved by their parent.

• **Other common groups of substances which can trigger allergic reaction or anaphylaxis in susceptible children include:**
  - all types of animals, insects, spiders and reptiles
  - all drugs and medications, especially antibiotics and vaccines
  - many homeopathic, naturopathic and vitamin preparations
- many species of plants, especially those with thorns and stings
- latex and rubber products
- Band-Aids, Elastoplast and products containing rubber based adhesives.
6.1 SIDS Risk Reduction & Prevention of Infant Sleeping Accidents

Policy: The centre will minimise the risk of Sudden Infant Death Syndrome (SIDS) and prevent infant sleeping accidents during overnight and daytime care in children’s centres.

Background: Child mortality in Australia from SIDS has decreased considerably since the introduction of community education about SIDS child care practices which reduce the risk of SIDS. Despite this reduction, it is still the most common cause of death in children aged between one month and 1 year. About 80% of SIDS occur under six months of age. The most vulnerable age is 2 to 4 months. Some infant sleeping environments are unsafe and may cause accidents and injury during sleeping. There is an increased risk of SIDS when infants who are not used to sleeping on their tummy, are placed to sleep on their tummy for the first time. It is important that children’s centre staff know that the tummy sleeping position significantly increases the risk of SIDS.

Legislative Requirements: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


Practices:

To minimise the risk of SIDS and other sleeping accidents in infants during overnight and daytime care, centres should:

- Utilise the SIDS and Kids – Safe Sleeping Guidelines on reducing the risk of SIDS:

  1. Put baby on their back to sleep, from birth.

     Sleeping on the back reduces the risk of SIDS. The chance of babies dying from SIDS is greater if they sleep on their tummies or sides.

     There is an increased risk of SIDS for first time tummy sleepers. Put baby on back to sleep, from birth, unless advised in writing to do otherwise by the infant’s medical practitioner. Healthy babies placed to sleep on the back are less likely to choke on vomit than tummy sleeping infants.

     Tummy play is safe and good for babies when they are awake and an adult is present, but don’t put baby on tummy to sleep.
Older babies can turn over and move around the cot. Put them on their back but let them find their own sleeping position. The risk of SIDS in babies over six months is very low.

2. **Sleep baby with face uncovered.**

Be careful the baby’s face and head stay uncovered during sleep as this decreases the risk of SIDS.

A good way to do this is to put baby’s feet at the bottom of the cot so that baby can’t slip down under the blankets. You might decide not to use blankets at all and instead use a safe baby sleeping bag: one with fitted neck and armholes.

When baby is put to sleep check that:
- Baby is tucked in securely or is in a safe sleeping bag.
- Cot bedding is not loose.
- There are no quilts, doonas, duvets, pillows or cot bumpers in the cot.

3. **Cigarette smoke is bad for babies.**

Infant exposure to cigarette smoke increases the risk of SIDS. Ensure that babies have smoke free environment at all times in the centre, in vehicles or while on excursions in any other location.

For help to quit smoking call the Quitline on 131 848 or ask a doctor, midwife or child health nurse for information and advice.

**To prevent serious sleeping accidents, centres should use:**

- **A Safe Cot**
  - For each child use a separate safe, strong cot or portable cot that meets the Australian Standards for Cots.

- **A Safe Mattress**
  - Ensure that the mattress is firm, clean and well fitting.
  - If a portable cot is used, use the mattress that is supplied with the cot. Don’t add additional padding under the mattress as baby can get trapped face down in gaps created between the mattress and the cot wall.
  - Regularly clean the mattress and the bedding.

- **Safe Bedding**
  - Remove pillows, quilts, doonas, duvets and lambskin from the cot as these may cover baby’s face and make breathing difficult.
  - If babies are firmly wrapped or swaddled, it is safer not to cover baby’s head.
• **A Safe Place to Sleep** - be aware and avoid these hazards in the infants sleeping environment:

  - **An unsupervised adult bed can be unsafe for babies or toddlers** as it increases the risk of sleeping accidents if the infant gets caught in between adult bedding or pillows, trapped between the wall and the bed, falls out of the bed or is rolled on by someone who is affected by drugs or alcohol.

  - **Soft sleeping places** where a toddler or baby’s face may get covered such as an adult pillow, a tri-pillow, waterbed or bean bag.

  - **Remove dangling cords or string**, as these could get caught around babies neck.

  - **Keep heaters and electrical appliances** well away from the cot to avoid the risk of over heating, burns or electrocution, and keep them away from mobiles, curtains, or other flammable materials.

  - **Don’t have wall mounted heaters in close proximity** to where children or infants sleep.

  - **Don’t use electric blankets, hot water bottles or wheat bags for babies or young children**. A baby who becomes too hot has an increased risk of SIDS.

  - **Always do up the restraints when baby is in pram, stroller or bouncer or any other baby/toddler equipment**. It can be dangerous if baby becomes tangled in loose restraints.

  - **Make sure that the footrest on the stroller is strong and secure**. A weak footrest may give way and cause baby to become trapped.

Refer for more detail to SIDS and Kids web site [www.sidsandkids.org](http://www.sidsandkids.org) for the brochure *SIDS and Kids Safe Sleeping: lullabies aren’t the only things you need to know to put your baby to sleep* and the *SIDS and Kids Safe Sleeping Frequently Asked Questions (FAQS)* Sheet. Also available through the website: the SIDS and Kids Safe Sleeping Childcare Kit which includes a 12 minute video and laminated policy and guidelines.

SIDS and Kids Information line is open to all queries related to SIDS on 1300 308 307.

From *SIDS and Kids Safe Sleeping, lullabies aren’t the only thing you need to know to put your baby to sleep*, 2002. Used with permission from SIDS and Kids.
6.2 Dental and Oral Health

**Policy:** The centre will promote good dental and oral hygiene behaviour in children and families, contribute to reducing the incidence of dental caries in children, and facilitate the prevention and management of dental trauma in children.

**Background:** Dental health in children has improved in the last decade, however many children aged 6 years still have caries, and the prevalence is higher in Aboriginal and Torres Strait Islander children. Children are also susceptible to dental trauma from falls. A dental health policy is important in promoting good dental and oral health behaviour in children and will help reduce the incidence of dental caries and reduce the impact of dental trauma.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To promote good dental and oral hygiene behaviour in children and families, to contribute to reducing the incidence of dental caries in children, and to facilitate the prevention and management of dental trauma in children, centres should:

**In general:**

- Record on enrolment the name, address and phone number of each child’s dentist and have a contact number for an after hours or emergency dentist or dental clinic.

- Provide dental and oral health education and health promotion programs (for example oral health literature for children, families and staff).

**Dental and oral hygiene and prevention of caries:**

To help reduce the incidence of caries:

- Avoid the use of - nursing bottles containing sweetened milk, fruit juices, cordials or soft drinks,
  - sugary snacks or lollies as behavioural rewards,
- pacifiers dipped in sweet substances (eg. honey, jam),
- nursing bottles as pacifiers or using a bottle containing anything other than water to help a child fall asleep.

- Offer water to drink in preference to carbonated drinks and fruit juices.

- It is recommended to help reduce caries, that children should preferably drink milk at meal times. An alternative to offering milk for calcium and other dairy nutrients is to offer cheese at least once a day.

- Limit the number of times a snack is offered each day. When snacks are offered use a varied selection of nutritious foods such as vegetables, cheese, yoghurt, fruit, plain pasta.

- Avoid offering foods which are choking hazards to infants and young children, such as nuts, seeds, raisins, pieces of or whole carrots, apples and celery (these can be offered grated) – see Section 6.4 Management of Choking.

- Offer cheese as a meal or snack or at least after one meal as this reduces the harmful effects of acid on the teeth.

- Gently clean babies gums and teeth with a clean damp face cloth or cotton gauze to remove plaque and milk.

- For children who are old enough encourage them to rinse their mouth with water after each meal.

- For children who require mouthwash as prescribed by a doctor or dentist, ensure only the child for whom it is prescribed uses the mouthwash and store and administer the mouthwash as a medication in accordance with the medication policy (see Section 4.1 Administering Medications).

- Report to the family any sign of tooth caries, any accident, injury or suspected injury to teeth and gums, gum swelling, infection of the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing.
Tooth Brushing Programs

General notes about tooth brushing programs in children’s services.

Tooth brushing is a complex skill for children and involves developing considerable coordination and dexterity skills. Children will not be old enough to begin developing these skills until around 2 years of age and will still require assistance and supervision up to primary school age. There are alternative strategies to tooth brushing for maintaining good dental and oral health and preventing caries and for promoting good dental and oral hygiene in children and families. These are outlined above in ‘Practices’.

A tooth brushing program in children’s services requires resources such as an adequate number of staff to supervise children’s tooth brushing, education resources for children and staff in proper tooth brushing techniques and procedures for maintaining infection control. Toothbrushes are a major source of cross infection between children and therefore present a risk for infection in centres that do not have enough resources to supervise children and clean and maintain toothbrushes and toothbrush racks.

It may also be parental choice for their children not to participate in a tooth brushing program as children may be adequately brushing their teeth at home. On the other hand, participating in a tooth brushing program while in care may be an important opportunity for children who may not be brushing their teeth at home.

Therefore, children’s services in deciding whether to have a tooth brushing program for children, need to determine if they have adequate resources to do so. Irrespective of whether or not they have a program, centres should discuss with families their preferences and their child’s need to participate in a program.

For centres that have the resources for instituting a tooth-brushing program for children while in care:

(These are key points only and for more detailed information refer to Oral Health Promotion: A Practical Guide for Children’s Services, see key resources)

- Be aware that some of the children may not brush their teeth at home and the introduction of a tooth brushing program at the centre is an opportunity for children to learn about good dental and oral health behaviour and develop oral and dental hygiene skills.

- Be aware that for a tooth-brushing program, children need to be old enough, usually around 2 years of age, to hold a toothbrush and to be at a stage of development which will allow learning to spit and rinse and not to swallow toothpaste or mouth rinse.

- Be aware that young children should brush their teeth no more than twice a day.

- Use soft, small children’s toothbrushes, use low fluoride toothpaste (half concentration of adult fluoride toothpaste) and ensure children only use a pea-sized amount of toothpaste on their toothbrush.
• Supervise children’s tooth brushing or brush for them until they are able to manage the technique by themselves.

• Avoid using antiseptic mouthwashes for children unless prescribed by a doctor or dentist for a dental or oral condition, as they are potentially harmful if swallowed.

• Avoid cross-contamination from toothbrushes by:
  - Each child having their own toothbrush labeled with their name.
  - Storing toothbrushes in individual toothbrush holders on a rack that has a cover.
  - Ensuring children do not share or swap toothbrushes.
  - Washing toothbrushes at the end of the day and air-drying (or give the family the brush to take home to wash and bring a clean toothbrush the next day).

• Ensure children know how to rinse their mouth, how to spit correctly and do not swallow toothpaste or mouth rinse water.

• Utilise tooth-brushing kits, which are often available from pharmacists.

Dental hygiene alternatives to tooth brushing for centres that don’t have a tooth-brushing program:

• Follow the above guidelines on ‘Dental and Oral Hygiene and Prevention of Caries’

Family and Child Tooth Brushing and Oral Hygiene Education Program:

Implement a Family and Child Tooth Brushing and Oral Hygiene Education Program by using a partnership approach between child care staff, public health dental therapists and children’s families. Public health dental professionals can advise centre staff in dental and oral hygiene who can then pass on information and develop learning activities for children and their families. Some resources include:


*Healthy Teeth in Childcare*, Lorikeet Childcare Centre, St. George Hospital, and South East Sydney Area Health Promotion Services, 2001. A resource kit which includes children’s books, games and learning activities, sample oral and dental health policies, and education strategies for carers, children and families. Contact south East Sydney Dental Service on (02) 9522 1014.
Dental Accidents

To facilitate the prevention and management of dental trauma in children, carers should:

In general:

• Facilitate training for child care staff in dental first aid in consultation with public health dentists. The training should include training staff to be able to identify the difference between deciduous (baby teeth) and permanent teeth, and to be skilled in dealing with a dental emergency and applying first aid for a dental injury.

First Aid for a knocked out or chipped tooth in a child:

If a child has a dental injury where the tooth is chipped or the whole tooth is knocked out:

• Manage as an emergency, inform the parents/family and complete an injury report form (see Sections 7, 8 and 9 - Managing Emergencies).

• Do not reinsert the tooth back into the socket (avulsed deciduous teeth are not usually placed back).

• Gently rinse the tooth or tooth fragments in clean milk or clean water to remove blood and place in a clean container or wrap in cling wrap to give to the parent or dentist.

• Seek dental advice as soon as possible and ensure you or the parent takes the tooth/tooth fragments to the dentist with the child.

First Aid for a knocked out or chipped permanent tooth in an older child or adult:

• Manage as an emergency, inform the parents/family and complete an injury report form (see Sections 7, 8 and 9 - Managing Emergencies).

• Gently rinse the tooth and tooth fragments in clean milk or clean water for a few seconds to remove excess dirt and blood.

• Handle the tooth by its crown (the white enamel top part of the tooth), not its root and be careful not to rub off the endothelial fragments on the root of the tooth as these are needed for the tooth to take if replaced by the dentist.

• In an adult or older child who can be relied on not to swallow their tooth, it is preferable to replace the tooth back into the socket. (Be certain that the tooth is placed into the socket the correct way round, in its original position, using the other teeth next to it as a guide.)
• **Hold the tooth in place** by gently biting on a clean handkerchief or gauze pad.

• **If unable to reinsert the tooth**, get the casualty to hold the tooth inside the mouth next to the cheek or place the tooth in clean milk, sterile saline, or clean water. Place a firm pad of gauze over the socket and have the casualty bite gently on the gauze.

• **Seek dental advice as soon as possible** and ensure you or the family takes the child to the dentist with the tooth/tooth fragments **within 30 minutes**, as the root endothelial layer begins to deteriorate after 30 minutes.

• **If the tooth has been in contact with dirt or soil**, advise the family that tetanus prophylaxis may be required and advise them to consult with both their dentist and doctor.

The references used for the section on dental first aid are:

Australian Dental Association (Victorian Branch). *Dental FAQs – Dental Emergencies*.


6.3 Managing and Preventing Recurrent Otitis Media

Policy: The centre will facilitate effective care of children who have or are at risk of recurrent otitis media or its complications, and utilise strategies that help reduce the risk of recurrent infections and complications.

Background: Otitis media with effusion (‘glue ear’) following an episode of acute otitis media occurs in 10% to 20% of children although most will resolve. In some cases recurrent or chronic otitis media occurs and has a high risk of complications such as perforation of the eardrum, hearing loss, and possibly impacts on speech and language development. Children in day care are at higher risk of otitis media with the highest risk in children under 1 year. Aboriginal children also have a higher prevalence of acute, recurrent and chronic ear infections and hearing loss than non-Aboriginal children do.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000and Regulations 2001 (NSW).


Practices:

To facilitate effective care for children who have or are at risk of recurrent otitis media or its complications, and utilise strategies that help reduce the risk of recurrent infections and complications, centres should:

- **Use the strategies** to help reduce the risk of recurrent ear infections and complications outlined in the key resource information booklet 'I’m Hearing You' which are:
  - using infection control strategies, particularly hand-washing, to prevent transmission of respiratory infections
  - washing toys that have been handled or mouthed by children
  - regularly wiping noses, using gloves, and hygienic disposal of gloves and tissues
  - teaching children the Blowing, Breathing, Coughing program for prevention of ear infections.

- **Other strategies to use also include**:
  - encourage and support breastfeeding of infants
  - provide information to parents about effects and risks of passive smoking
  - do not bottle feed an infant with them lying down, hold them while feeding
  - remove the bottle from an infant’s mouth if they fall asleep while feeding

- **Ensure any medication**, especially antibiotics, is administered in accordance with its accompanying instructions and until the course is complete.
• **Be aware that common complications of otitis media** are hearing loss and possible impact on learning and development, advise parents of children whom you think may have these complications to see their doctor.

• **Also refer to the nose blowing and maintaining good respiratory health** in children guidelines in the ‘*Healthy Little Ears*’ resource kit.
6.4 Management of Choking

**Policy:** The centre will minimise the risk of accidental choking or aspiration in children by being aware of the appropriate first aid management.

**Background:** It is normal development behaviour for infants and children to put toys, objects and newly learnt foods in their mouths, and this can result in accidental choking. Peanuts, other nuts, hard sweets and foods, and small toys and toy parts are especially dangerous for children under five.


**Key Resources:** Prevent Choking on Food, Kidsafe, 1996; Australian First Aid, St. John Ambulance Australia, 2002: [www.stjohn.org.au](http://www.stjohn.org.au).

**Practices:**

To minimise the risk of accidental choking or aspiration in children in care, centres should:

- **Be aware of the following:**

  The child may be unable to breathe at all if the obstruction of the airway is complete. If the obstruction is partial, the child may be able to get some air in past the obstruction.

  **Signs of a Child choking include:**

  - having difficulty breathing,
  - trying to cry but making strange sounds or no sound at all,
  - making a whistling or crowing sound,
  - turning blue in the face,
  - collapsing or being unconscious.

- **Preventing Choking in Infants and Children**

  **FOOD:**

  - Supervise children while they eat
  - Give small bite sized pieces only, especially if an infant has few teeth
  - Do not give peanuts, other nuts, raisins or hard food, do not give nuts to a child below school age
  - Grate apples and carrots for young children
  - Children should be sitting still while eating
TOYS:

- Check toys regularly for loose parts and tears in stitching of soft toys
- Check dummies for small parts or worn nipples – if worn, throw away
- Do not let infants play with balloons
- Preferably discourage the use of balloons, always supervise children if playing with balloons – deflated balloons can cause choking
- Keep all toys out of babies’ bassinettes
- Keep all toys and mobiles away from children’s sleeping cots
- Check centre for toys and other items that may cause choking – such as coins, pen tops.

• **For an infant or child who is choking, administer first aid**, refer to the First Aid Plan for Choking from *Australian First Aid*, St. John Ambulance Australia, 2002, on the following pages.
St. John First Aid for Choking

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St. John DRABC Action Plan

This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary.

D – check for Danger
   • to you
   • to others
   • to casualty

R - check response
   • is casualty conscious
   • is casualty unconscious

A - check Airway
   • is airway clear of objects?
   • is airway open?

B – check for Breathing
   • is chest rising and falling?
   • can you hear casualties breathing?
   • can you feel the breath on your cheek?

C – check for signs of Circulation
   • can you see obvious signs of life, any movement, including swallowing and breathing?
   • can you feel a pulse?
   • observe colour of skin on face

Management of Choking – Infant (to 1 year)

Check airway and breathing to assess blockage

Partial Blockage:

1. Lie infant face down on your forearm with head low.

2. Support infant’s head and shoulders on your hand.

3. Give 4 sharp slaps between the shoulders.
4. **Check in infant’s mouth** and remove any obstruction that may have come loose.

5. If **blockage has not cleared** call 000 for an ambulance.

**Total Blockage:**

1. **Place infant face down** on your lap.
2. **Give 4 sharp slaps** between the shoulders
3. **Check for signs of breathing.**
   
   **If still not breathing:**

4. **Give lateral chest thrusts** by placing one hand on either side of the infants chest below the armpits. Give up to 4 quick, squeezing thrusts on both sides simultaneously.
5. **Check in infant’s mouth** and remove any obstruction that may have come loose; check for breathing.
6. If blockage has not cleared: call 000 for an ambulance.
7. Follow **DRABC**
8. **Repeat steps 4 and 5** until help arrives or blockage clears.

**Management of Choking – Child (1 – 8 Years)**

Check airway and breathing to assess blockage

**Partial Blockage:**

1. **Ask child to try to cough up obstruction.**
2. **If unsuccessful, place child in position with head low and face down** (up – end or bend over knee.)
3. **Give 4 sharp blows between the shoulder blades.**
4. If blockage has not cleared: call 000 for an ambulance.

**Total Blockage:**

1. **Place child face down** on the floor or across your lap.
2. **Give 4 sharp blows** between the shoulder blades.
3. Check for signs of breathing.

4. **Give lateral chest thrusts by placing one hand on either side of the child’s chest below the armpits.** Give up to 4 quick, squeezing thrusts on both sides simultaneously.

5. Check in mouth for any obstruction; check breathing.

6. If blockage has not cleared: **call 000 for an ambulance.**

7. Follow DRABC

8. **Repeat steps 4 and 5 until help arrives or blockage clears.**

### Preventing choking in infants

**Food –**

- Give small bite sized pieces only, especially if an infant has few teeth
- Do not give peanuts, raisins, hard food etc.

**Toys –**

- Check toys regularly for loose parts and stitching tears
- Check dummies for small parts or worn nipples – if worn, throw away
- Do not let infants play with balloons
- Keep all toys out of baby’s bassinette

### Preventing choking in children

**Food –**

- Supervise children when eating
- Never give nuts to a child below school age
- Insist that children sit still when eating
- Grate apples and carrots for young children

**Toys –**

- Always supervise children playing with balloons – deflated balloons can cause choking
- Check house for toys and other items that may cause choking – coins, pen tops, etc.
Information supplied by *Australian First Aid*, 10/2002 and is the copyright of St. John Ambulance Australia. This information is not a substitute for first aid training. St. John recommends that everyone is trained in first aid. For more information on St. John first aid training and kits visit [www.stjohn.org.au](http://www.stjohn.org.au) or call toll free 1300 360 455.
MANAGING EMERGENCIES

7. EMERGENCY PROCEDURES
7.1 Authority for Emergency Treatment
7.2 Procedure for Calling an Ambulance
7.3 First Aid Information and Contacts
7.4 Fire and Emergency Evacuation Procedure

8. NOTIFICATIONS
8.1 Notifying Families in Acute Illness or Injury Cases
8.2 Keeping an Illness and Injury Register
8.3 Communicating with Health Professionals in an Emergency
8.4 Confidentiality

9. LEGAL AND INSURANCE
9.1 Legal and Insurance Cover
7.1 Authority for Emergency Treatment

**Policy:** The centre will ensure immediate action, appropriate services and care are provided in a medical, dental emergency or accident involving a children’s centre staff member, child, other staff member, volunteer or visitor, to prevent further injury or death.

**Background:** In a medical or dental emergency or an accident involving a staff, child or visitor, the centre staff or centre manager has a duty of care to take immediate action and provide appropriate services or care to prevent further injury or death. The Centre Based and Mobile Child Care Services Regulation (No.2) (NSW), 1996 states that **prior authorisation must be obtained from a parent** on enrolment for a child to be provided with assistance, or call a doctor, dentist, ambulance, other person or service as is considered appropriate for the situation.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To ensure immediate action, appropriate services and care are provided in a medical, dental emergency or accident, centres should:

- **Be aware of their obligations under the Regulation in relation to obtaining authority from each child's parent or guardian for emergency medical, dental and other treatment.**

- **Discuss with family their responsibility** in covering any expenses arising from emergency treatment, and their responsibility in providing adequate information on:
  - child’s health
  - past and current medical history, and any allergies
  - any medications they are taking
  - recommended medical and dental emergency or action plans.

- **On enrolment, ensure parent or legal guardian has given written authorisation** for any centre staff, centre manager or other staff to seek urgent medical, dental, hospital treatment, ambulance service, urgent assistance from another person or body nominated by the parent, if a child is ill or injured while in care. (See Section 7.2 Procedure for Calling an Ambulance)

- **If any emergency treatment has been sought, inform the parent or family** as soon as possible, so they can take over responsibility or care of the child and decide on further action to take.

- **Ensure at least one person who has a current approved First Aid qualification as described by the Regulation is on the premises at all times.**
7.2 Procedure for Calling an Ambulance

**Policy:** The centre will ensure immediate action and appropriate procedures are undertaken in a medical, dental emergency or accident when contacting an ambulance.

**Background:** In a medical or dental emergency or an accident involving a centre staff, child, other staff member, or visitor - the centre staff or the centre manager has a duty of care to take immediate action and provide appropriate services or care to prevent further injury or death. The Centre Based and Mobile Child Care Services Regulation (No.2) (NSW), 1996 states that prior authorisation must be obtained from a parent on enrolment for a child to be provided with assistance, or call a doctor, dentist, ambulance, other person or service as is considered appropriate for the situation.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To ensure immediate action and appropriate procedures are undertaken in a medical, dental emergency or accident when contacting an ambulance, centres should:

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

- **Provide the following information:**
  - your name, the name of the centre, address and phone number,
  - whether an ambulance, police or fire brigade is required,
  - the name of the ill or injured person,
  - whether they are an infant, child or an adult,
  - the name of the next of kin, parent or guardian,
  - the nature of the illness, injury or emergency,
  - an assessment of the severity of illness or injury,
  - with the ambulance, you will be asked to state the urgency of the situation,
  - if the person is unconscious, whether they are breathing or have a pulse,
  - if the person is bleeding severely, or appears to have a major injury, or has a head injury, or is cyanosed (a ‘blue’ colour)
• Ensure an appropriate person accompanies the injured child in the ambulance to the hospital until the child’s family arrives. Ensure the centre is adequately staffed and have a plan in place in case a staff member is required to accompany the child to hospital. (An example of a Hospital Transfer Form is at Appendix G.)

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

• Follow up any required advice or action, complete an Accident/Injury/Acute Illness Report Form, provide copies of form and other documentation to the parent, if a death of a child occurs, inform the police, WorkCover NSW and the Director-General of Community Services. (See Section 8.2 Keeping an Injury and Illness Register and Appendix C - Accident/Injury/Acute Illness Report Form).
7.3 First Aid Information & Contacts

**Policy:** The centre will plan for and respond effectively to accidents and medical emergencies.

**Background:** All precautions must be taken to prevent accidents and injuries and to minimise complications. Managing accidents and emergencies requires careful planning and reduces the likelihood of major injuries and complications from injuries.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

**Key Resources:** Managing the Risks in Children’s Services, Caton, S. Roche, D, 1999.

**Practices:**
To effectively plan and respond to accidents or medical emergencies, centres should:

- **Take all precautions** to reduce the incidence of accidents and injuries, recognise potential accidents that can occur which need to be responded to effectively, e.g. burns, convulsions, head and eye injuries, fractures, poisons, bites, stings, cuts.

- **Ensure at least one person who has a current approved First Aid Certificate as described by the Regulation is on the premises at all times,** ensure children’s centre staff regularly practices emergency procedures with children every four months, and keep record of practice emergency procedures.

- **Update and display emergency procedures and cardiopulmonary resuscitation (CPR) poster in each playroom and at each main exit of the centre.**

- **Display near all centre telephones current emergency telephone numbers** – doctor, hospital, ambulance, pharmacy, Public Health Unit, police, fire brigade, Poisons Information Centre, NSW Department of Community Services. Have available contact numbers of parents and guardians. (See Section 7.2 Procedure for Calling an Ambulance).

- **Ensure an appropriate person accompanies injured child in ambulance to hospital until the family arrives,** ensure centre is adequately staffed at all times, have plan in place in case staff have to take a child to the doctor or hospital.

- **Inform parent,** family or other responsible person as required of the emergency (See Section 8.1 Notifying Families in Acute Illness or Injury Cases).

- **Have an accessible fully stocked First Aid Kit in accordance with the Occupational Health and Safety Regulation 2001 (NSW),** with manual. Ensure it is readily accessible to centre staff, (including separate kit for excursions), and kept inaccessible to children.

- **Remain calm,** assess injury, ensure child is comfortable, reassure other children, if minor injury - provide appropriate first aid, if required refer to doctor or hospital, if serious injury - do not move except for safety, provide appropriate first aid, if required provide CPR, call ambulance and parents.
• **Write report** on accident and action taken in illness or accident register, notify insurers (See Section 8.2 Keeping an Illness and Injury Register).
7.4 Fire & Emergency Evacuation Procedures

**Policy:** The centre will plan for and respond effectively to fire and emergency evacuations.

**Background:** Evacuation may be required in the event of a fire, chemical spill, bomb scare, earthquake, gas leak, flood, bush fire. Planning for and responding effectively to fire and emergency evacuations is important to ensure safety in children’s centres.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for portable fire extinguishers and fire blankets.

**Key Resources:** Managing OHS in Children’s Services, Tarrant. S., 2002; Managing the Risks in Children’s Services, Caton, S. Roche D., 1999.

**Practices:**

To effectively plan and respond to fire and emergency evacuations, centres should:

- **Identify potential emergencies**, e.g. bush fires, floods, crime, likely accidents in the centre, asthmatic or allergic children, take all precautions and plan for relevant worst case scenarios.

- **Have a fire extinguisher and fire blanket** readily accessible near areas where fires are likely to start, such as the kitchen. Ensure extinguisher is tested annually and is in good working order, clear fire exits, (all doors in centre should be easily opened in an emergency), install smoke detectors, test regularly, replace batteries when required.

- **Ensure all fire protection equipment is tested in accordance with Australian Standard AS 1851.1 (1995) for level 1 service** and kept in proper working condition.

- **Ensure all staff are aware of the correct use of a fire extinguisher**, the acronym **PASS** can be used to train staff in using fire extinguishers:
  - **Pull pin or release lock**
  - **Aim low at the base of fire**
  - **Squeeze handle**
  - **Sweep fire extinguishers from side to side at base of fire.**

- **Have an evacuation pack**, which could include a basic first aid kit, children’s necessities, such as nappies, water, toys, blankets, torch, and parent contact numbers.

- **Display near all centre telephones current emergency telephone numbers** – doctor, hospital, ambulance, pharmacy, Public Health Unit, police, fire brigade,
• **Develop, keep up to date, prominently display** (in each playroom and at each main exit of the centre), fire and emergency evacuation plan which includes:

  - emergency warning alert regularly practiced and with which all centre staff are familiar
  - pre-planned evacuation procedure with which all centre staff are familiar
  - pre-planned designated meeting area which is accessible at all times
  - safe, quick, and calm evacuation of all children and staff
  - account for all centre children and staff
  - comfort any children in distress and treat any injuries
  - **dial 000** for the fire brigade and ambulance
  - contact all parents
  - write accident report.

• **Practice emergency evacuation and fire drill regularly with all children at least every 3 months**, make it a game to reduce panic if emergency occurs, teach children “STOP, DROP, ROLL” - if their clothes catch fire and “GET DOWN LOW AND GO, GO, GO” - in case of a fire evacuation.

• **Keep a record of each practice that includes an evaluation of the procedure and what action is to be taken if any, and keep these records for at least 2 years.**

• **Ensure the safety and evacuation of all children and staff before trying to contain or extinguish a fire.** If the fire is small and you are nearby when it begins it may be appropriate to try to extinguish it or contain it by closing doors and windows, (only if it is not dangerous).

• **If a child is burnt** run cold water over burnt part of body, or cover burn with towel soaked in cool water (not ice or ice water), be careful not to make the child hypothermic (too cold), and arrange for the child to be assessed by a doctor or call an ambulance, **dial 000** (See Section 7.2 Procedure for Calling an Ambulance).

• **Ensure counseling and debriefing services are available** for all those involved in an emergency situation, if required.
### 8.1 Notifying Families in Acute Illness or Injury Cases

**Policy:** The centre will take appropriate action by notifying families when their child is acutely ill or has had an injury.

**Background:** Families need to be informed when their child is acutely ill or injured to enable them to decide what action to take.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

When a child becomes acutely ill or is injured during care, centres should:

- **Notify the family** as soon as practically possible, request they or a responsible person nominated by the family, pick up, take charge of the child and take to the child’s doctor.

- **Keep the child under adult supervision** until the child’s family or a responsible person with consent to take charge of the child arrives, if required, provide appropriate first aid (See Section 7.3 First Aid Information & Contacts).

- **If medication is required in an emergency without prior consent** of the child’s parent or legal guardian, make every attempt to secure consent from a parent or legal guardian or consent from a registered medical practitioner.

- **Ensure that a family or other responsible person is notified of any medication administered in an emergency.** Administer medication and record the administration in accordance with the Regulation, ensure that a record of the illness, injury or accident is made using an Accident/Injury/Acute Illness Report Form and that a copy is given to the child’s family. (See Section 4.1 Administering Medications and Appendix C - Accident/ Injury/ Acute Illness Report Form)

- **Notify the centre manager** in the event of hospitalisation or death of a child while in care in accordance with the Regulation. The manager or an authorised supervisor is required to ensure that the parent of the child, a police officer and the Director-General of Community Services are informed in accordance with the Regulation. In the case of the death of a child, the centre manager should inform the police who will inform the parent or guardian. The centre manager should also inform the WorkCover Authority of NSW, in case the death, injury or illness is considered to be a work environment related event.

- **Ensure confidentiality** of any personal or health related information obtained by children’s centre staff or other staff member in relation to children, children’s parents and families. (See Section 8.4 Confidentiality)
8.2 Keeping an Illness & Injury Register

**Policy:** The centre will facilitate the prevention and effective management of illness and injury by keeping records of injury or illness occurring in children’s centre staff, children, other staff, volunteers or visitors, and notifying doctors, insurance organisations, or others as required.

**Background:** It is important and a requirement of the Occupational Health and Safety Regulation to keep a record of any illness or injury occurring to a centre staff, child, other staff member or visitor to the centre for the effective management of the illness or injury, and to help prevent future occurrences. Public liability, workers compensation and personal sickness and injury insurance policies also require to be informed.

**Legislative Requirements:** Centre based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To facilitate the prevention and effective management of illness or injury to a centre staff, child, other staff member, volunteer or visitor, and to comply with legislative and insurance requirements, centres should:

- **Keep an Illness and Injury Register which records:**
  - name of the ill or injured person,
  - whether they are a children’s centre staff, child, other staff member, volunteer or visitor,
  - date, time, location,
  - description of the accident, and description or identification if possible of the contributing causes,
  - description of the illness or injury and action taken, including record of any first aid or emergency treatment given,
  - record if an ambulance was called or if a doctor, hospital, police, the NSW WorkCover, or the Director-General were notified in accordance with the Regulation,
  - record if the parent or anyone else was notified, including insurance organisations.

- **Provide a copy of the illness or injury record** to the family of the child, or doctor or other person with appropriate consent.
• **Notify the centre manager** in the event of hospitalisation or death of a child while in care, in accordance with the Regulation. The centre manager or an authorised supervisor is required to ensure that the family of the child, a police officer and the Director-General of Community Services are informed in accordance with the Regulation. In the case of the death of a child, the centre manager should inform the police who will inform the parent or guardian. The manager should also inform the NSW WorkCover, in case the death, injury or illness is considered to be a work environment related event.

• **Notify Public Liability**, Workers Compensation or Personal Sickness and Injury insurance organisations as appropriate.

• **Notify the NSW WorkCover Authority of**:
  - injury or illness related to work processes, if the person is unable to work for 7 continuous days,
  - work related death
  - an employee or person exposed to body fluids that present a risk of transmission of blood borne disease,
  - any incidence of violence,
  - an uncontrolled explosion, fire, or escape of gas.

• **Ensure confidentiality** of any personal or health related information obtained by children’s centre staff in relation to children’s parents and families.

• **Keep health records** or injury related documentation and records in a confidential and secure manner for a minimum of 6 years or in the case of a child until the child turns 24 years old, and dispose of information securely when no longer required to be kept.

• **Be aware that the NSW WorkCover Authority requires copies of notifications to be kept** for a minimum of 5 years, and to be available for inspection within 7 days of the request. (See Sections 2.3 Notification Procedures in Infectious Disease Cases; 7.1 Authority for Emergency Treatment; 7.3 First Aid Information & Contacts; 8.4 Confidentiality).

An example of an ‘Accident/ Injury/ Acute Illness’ report form is at Appendix C.
8.3 Communicating with Health Professionals in an Emergency

Policy: The centre will facilitate the effective prevention and management of acute illness, injury or infectious disease to a children’s centre staff, child, other staff member, volunteer or visitor by communicating appropriately with doctors, hospitals, ambulance, and Public Health Units.

Background: The occurrence of acute illness, injury or an infectious disease in a person attending or working in care will generally require communication with a doctor, hospital, ambulance or Public Health Unit to help the person in charge determine what action to take.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Public Health Act 1991 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


Practices:

To facilitate the effective prevention and management of acute illness, injury or an infectious disease in a person attending or working in care, and the effective communication with any emergency or health professional service, centres should:

• On enrolment of every child request from the family the name, phone number and address of the person, doctor or dentist to be contacted in any form of acute illness, injury, acute infectious disease, or any other emergency.

• In the case of an acute illness or injury contact the person, doctor or dentist nominated by the family and ask for advice on what action to take.

• In any emergency, if there is no immediate access to a doctor, dentist or hospitals, call the ambulance service on 000.

• In the case of being unable to contact the person, doctor or dentist nominated in an emergency, other resources to call upon are:
  - another local doctor or dentist
  - local hospital or emergency department
  - Poisons Information Line 131126
  - ambulance service 000
  - police 000.
• **When calling 000**, an emergency service, an ambulance, or speaking to a doctor in an emergency, clearly state the following:

  - your name, the name of the centre, address and phone number,
  - whether an ambulance, police or fire brigade is required,
  - the name of the ill or injured person,
  - whether they are an infant, child or an adult,
  - the name of the next of kin, parent or guardian,
  - the nature of the illness, injury or emergency,
  - an assessment of the severity of illness or injury,
  - with the ambulance, you will be asked to state the urgency of the situation,
  - if the person is unconscious, whether they are breathing or have a pulse,
  - if the person is bleeding severely, or appears to have a major injury, or has a head injury, or is cyanosed (a ‘blue’ colour)
  - what first aid or cardiopulmonary resuscitation (CPR) action is being taken,

  (See Section 7.2 Procedure for Calling an Ambulance).

• **In the case of a letter, certificate or prescription from a doctor or other health professional, which the centre staff and centre manager considers not to be consistent with the situation** at the time, refer the situation to the local Public Health Unit, or discuss with the child’s doctor with the family’s consent. (See Sections 2.1 Exclusion for Infectious Diseases & Acutely Ill Children and 2.2 Assessing Serious or Potential Infectious Diseases).

• **In the case of requiring non-urgent medical advice**, contact one of the Children’s Hospitals or the local Public Health Unit.
8.4 Confidentiality

Policy: The centre will maintain the security and confidentiality of personal or health related information relating to children’s centre staff, children, children’s family, other staff member, volunteer or visiting the centre.

Background: It is important and a requirement of the Centre Based and Mobile Child Care Services Regulation (No.2) (NSW), 1996, to maintain confidentiality of any personal or health related information of children’s centre staff and their families, children enrolled in the centre, and children’s family. These guidelines should also apply to anyone employed or a visitor, as they would in any other circumstances of employment, managing a commercial business, the provision of health care, or child care.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW). Privacy and Personal Information Protection Act 1998 (NSW).


Practices:

To maintain security and confidentiality of personal and health-related information, centres should:

• **Be aware of the director’s and staff's obligations under the Regulation in relation to confidentiality** of personal and health information of staff and their families, children in care and their families, and contractors of the service and their families.

• **Keep the following information secure and confidential:**
  - personal information, date of birth, address, phone number, work address and phone number, any other personal identifying information,
  - health, medical or dental information,
  - social services, legal, financial, child protection information.

• **Not disclose information** to persons not involved in the normal care or provision of the children’s centre, information should only be disclosed or discussed on a “need to know” basis.

• **Only disclose information** for a purpose directly related to the aim of information collection. This should include where the persons involved are unlikely to object and are aware that information is usually disclosed to the relevant person or body, and where the disclosure is necessary to prevent or lessen a threat to life or health.
• **Be diligent and maintain confidentiality** when using records or discussing matters with other children’s centre staff, families, or any other persons.

• **Limit the amount and nature of information** being kept to what is required for the centre.

• **Inform families about the type of information being kept**, the purpose of the information, the provisions in place for maintaining confidentiality and security, and what circumstances require information to be disclosed, e.g. a medical emergency or reporting child abuse.

• **Keep information in a secure manner** to prevent accidental or purposeful access by persons not involved in child care activities or in the administration of the children’s centre.

• **Ensure written or illustrative information, and computer discs are kept in a secure cabinet**, which should be labeled as containing confidential material.

• **Ensure computer records** contain a password or other mechanisms to prevent unauthorised access.

• **Amend incorrect or misleading information**, and update records as required, e.g. immunisation or health records.

• **Keep health records for a minimum of 6 years** or in the case of a child until the child turns 24 years old, and dispose of information securely when no longer required to be kept.

• **Allow people to raise and respond to concerns** about the nature of any information kept or any breach of confidentiality.

• **If displaying information on a board to highlight for staff** names of children with medical or other special needs, do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not accessible to visitors or other families. Explain to families the need to do so for purpose of safety of the child and obtain parental consent.

**Note:** In accordance Centre Based and Mobile Child Care Services Regulation (No.2) (NSW), 1996, the Regulation and these policies do not authorise the disclosure of any information concerning exposure to or infection by Human Immunodeficiency Virus or Acquired Immunodeficiency Syndrome (HIV/AIDS).
9.1 Legal & Insurance Cover

Policy: The centre will ensure that carers and all other centre staff are informed of appropriate insurance and legal cover to have, their responsibilities and obligations, and their rights and entitlements as employees of a child care service.

Background: Centres are required under the Regulation to have public liability and workers compensation insurance policies. Centre staff who drive motor vehicles for excursions should also have comprehensive motor vehicle insurance. Carers and staff need to be aware of their responsibilities and obligations under the Regulation and other acts and regulations, and their rights and entitlements as employees of a child care service.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

Key Resources: Legal Aspects of Child Care: A Guide for Workers in Child Care Centres, Preschools and Parents, Legal Aid Commission of Victoria, Dept. of Health and Community Services, 1994.

Practices:

To ensure all centre staff are informed of and covered by appropriate insurance and legal policies, their responsibilities and obligations, and their rights and entitlements as employees of a child care service, centres should:

• **Have a current public liability insurance policy**, in accordance with the Regulation and which adequately covers the centre and all centre staff, including short term and contract employees, for the provision of child care and services.

• **Have a current workers' compensation insurance policy**, in accordance with the Regulation and which adequately covers the centre and all centre staff, including short term and contract employees, for the provision of child care and services.

• **Ensure children’s centre staff are trained and informed on and have written copies** of children’s centre regulations, standards, policies and accreditation requirements, and are fully aware of their responsibilities and obligations, and their rights and entitlements as employees of a child care service.

• **Have appropriate centre building and contents, and comprehensive motor vehicle insurance** which adequately covers them and all child care staff for the provision of child care and services.

• **Ensure all centre staff are fully informed of their responsibilities and obligations as carers**, particularly in relation to duty of care, occupational health and safety, preventing and managing accidents and injuries, administering medications and first aid, and child protection and custody issues and requirements.
• **Ensure centre staff are fully informed of other insurance options** available to them, such as income protection insurance, sickness and disability insurance, legal costs and litigation costs insurance.

• **Ensure centre staff are fully informed of their right to seek legal advice** relating to either their employment and entitlements, or to negligence allegations, criminal allegations, defamation and contract disputes.
MODEL POLICIES & PRACTICES

FOOD SAFETY, NUTRITION & PHYSICAL ACTIVITY

10. FOOD SAFETY, NUTRITION AND PHYSICAL ACTIVITY
10.1 Safe Food Handling
10.2 Food, Nutrition & Education
10.3 Physical Activity
10.1 Safe Food Handling

Policy: The centre will minimise transmission of food borne illness in children and staff by utilising food hygiene and safe food handling practices.

Background: Food borne illness commonly occurs in settings where food is prepared or served to a large number of people, and types of illness include bacterial and viral gastroenteritis, food poisoning from toxin producing bacterial contamination, and potentially serious infections such as hepatitis A, salmonella, shigella, and shiga-like toxin producing *Escherichia coli*.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Food Act 1989 (NSW).

Key Resources: *Caring for Children: Food, Nutrition and Fun Activities*, Bunney & Williams, 3rd edition, 1996;
FSANZ Food Standards Code - Chapter 3 - Food Safety Standards; Food Safety Fact Sheets, FSANZ at: [http://www.foodstandards.gov.au](http://www.foodstandards.gov.au);
Safe Food Australia, ANZFA, 2001;
*Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant Feeding Guidelines for Health Workers*, NHMRC, 2003;

Practices:

To minimise transmission of food borne illness in children and staff, centres should:

- Have a designated area for food preparation and storage, which is safe and hygienic.
- Store cooked and uncooked meat in separate refrigeration compartments.
- Use separate colour-coded chopping boards for cooked and uncooked food.
- Also use separate colour-coded chopping boards for Halal food.
- Have facilities that include a stove or microwave oven, sink, refrigerator, suitable waste disposal, and a hot water supply.
- Have a designated area for preparation of bottles for children under 2 years.
- Ensure all food or bottle preparation and storage areas are separate from nappy change and toileting areas.
- Ensure that if meals are being prepared in the centre that cooks who are employed have completed basic training in food safety and nutrition in accordance with the FSANZ Food Safety Code.
- Ensure food preparation and serving staff:
1. wash hands before and after handling food or utensils
2. wash hands and clean nails after:
   - arriving at and leaving from work,
   - using the toilet,
   - having contact with unclean equipment and work surfaces, soiled clothing and dish cloths,
   - toileting children
   - wiping children’s noses or their own noses
   - removing gloves (See Section 1.2 Hand-washing for further information).
3. wear a hair covering that completely covers hair if practicable
4. avoid direct touching of ready to eat food by following proper food handling technique and using clean implements and gloves,
5. advise the centre director of any gastrointestinal illness,
6. do not prepare food while suffering from any gastrointestinal illness until at least one full day after recovery, or from any hand infection.

- Preferably not have staff who change nappies involved in food preparation on the same day, however if this is impractical, ensure staff use principles of infection control and safe food handling, particularly hand washing and using gloves.

- Prepare and serve food in accordance with the FSANZ Fact Sheets, which say to consume food as soon as it is cooked to 60°C or higher. As is also stated in the fact sheets, food can be left to cool at ambient temperature, but food becomes contaminated as soon as it starts cooling. **It is recommended that you allow food to cool enough to be safe for children to eat** but no longer than 2 hours. Left over food should immediately be stored in the refrigerator at 5°C or lower.

- Ensure the food preparation staff clean and sanitise the food preparation and serving areas at the end of each day. For cleaning and sanitising food contact surfaces and utensils, use neutral detergent and water to remove visible contamination such as food waste, dirt and grease, then sanitise using either heat or chemical sanitisers that are suitable for food contact surfaces. Chemical sanitisers must be used according to supplier or manufacturer’s instructions (see Section 1.7 Cleaning).

- Be aware of and accommodate the special needs of culturally and linguistically diverse families in relation to special rules for storing, preparing and serving foods such as Halal and Kosher food:
  - Halal and Kosher food can be stored or refrigerated in separate and sealed containers,
  - ask families about any special requirements for storing, preparing and serving foods, and ask them for preferred recipes,
  - utilise resources such as the Halal Helpline on (02) 9232 6731

- Ensure microwave food safety by:
  1. Being aware that microwaves are useful for defrosting, cooking and re-heating foods, however food borne disease can also result if the usual rules of food safety are not followed. Defrosting in a microwave also partially cooks the food and makes an ideal medium for growth of bacteria.
2. **Using a microwave oven appropriately:**

- use only microwave safe dishes, utensils and wrap,
- defrost foods only if you are planning to cook the food immediately after it has thawed,
- use microwave safe dishes for defrosting foods, and cover with microwave plastic wrap or microwave safe covers,
- as different food items defrost, remove them and avoid cross contamination or mixing of food juices,
- be careful when removing food or liquids from the microwave and removing the plastic wrap as food and liquid continues to cook for some time and you can burn yourself on escaping steam or boiling liquid,
- food that has been cooked or reheated in a microwave and is not going to be consumed immediately should be placed in the refrigerator for cooling, not left on the bench to cool,
- leftover food that has been cooked and reheated should be discarded
- rotate and mix foods at intervals to ensure they are cooked through evenly
- when re-heating foods such as casseroles the liquid should be stirred every 3 - 5 minutes to ensure it is fully heated through,
- clean the microwave daily as food is usually spattered inside.

**• Use the following principles in preparing infants' bottle feeds:**

1. Store bottles of milk in the refrigerator, do not store in the door of the refrigerator.
2. Use only sterilised bottles and teat assemblies for all infant feeds.
3. Wash hands before preparing or handling expressed milk or formula.
4. Prepare formula strictly according to instructions on the container.
5. Do not use a microwave for heating expressed breast milk, formula milk, or any bottled milk or fluid.
6. Warm bottles by standing in warm/hot water.
7. Warm infant milk bottles only once.
8. Test the temperature of the milk on your wrist before giving it to the baby.
9. Discard any unused infant milk leftover after each feed or that has not been consumed by the infant after 30 minutes.
10. Infants must be held when feeding, do not feed infants when they are lying down.
11. In choosing a method of heating babies’ bottled milk and sterilising bottles and teats, utilise risk management principles to determine which method will best minimise risks to both children and staff.

**• For sterilising bottles and teats:**

- wash first in soap and water and rinse with water,
- if using a microwave, use purpose designed containers, and if using a microwave or other sterilising device, use according to manufacturer’s instructions,
- if using a cold water steriliser, use and dilute according to manufacturer’s instructions and store securely out of access by children when not in use.

**• Use the following guidelines in relation to bottled breast milk:**
- ensure bottled breast milk is always labeled with the child’s name, mother’s name and the date it is expressed,
- breast milk can be stored in the refrigerator for 48 hours and in a deep freezer for up to 3 months,
- frozen breast milk can be thawed by placing in either cool or warm water, don’t put in boiling water or use a microwave as the milk will curdle, shake the bottle if the fats and milk have separated,
- thaw under running water, start with cold water then increasingly warm water and test the temperature of the milk on your wrist before giving it to the baby,
- throw away any unused breast milk, do not refrigerate or refreeze breast milk once it has been thawed or heated.

After use, rinse teats and bottles with water, wash in hot soapy water, rinse with water, then sterilise them by using a cold water chemical steriliser, following the manufacturer’s instructions, then air dry.

Food Standards Australia and New Zealand (FSANZ), Food Safety Fact Sheets are available at: http://www.foodstandards.gov.au, and provide comprehensive guidelines on food safety and management of a food business, for example:
- Food Handling Skills and Knowledge
- Food Business Notification Requirement
- Health and Hygiene: Responsibilities of Food Businesses
- Receiving Food Safely
- Food Recall Systems for Unsafe Foods
- Thermometers and using them with Potentially Hazardous Food
- Thermometer Control Requirements
- Cool and Reheat Food Safely- to the Right Temperatures
- Store, Display and Transport Food at the Right Temperature

Information on preparing bottle feeds can be found in the Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, NHMRC, 2003.

Information on breastfeeding can be obtained from Australian Breastfeeding Association at http://www.breastfeeding.asn.au.
10.2 Food, Nutrition & Education

Policy: The centre will provide food, and food and nutrition education at children’s centres that is consistent with national dietary guidelines for children, adolescents and national infant feeding guidelines, state regulations, food safety principles, and that is appropriate to their age, cultural background, religion or medical needs.

Background: Children in their first five years of life are developing rapidly and require a nutritious and safe diet for their intellectual, behavioural and physical development. Education and fun learning activities in relation to healthy eating is also important for children's development.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Food Act 1989 (NSW).


Practices:

To provide food, and food and nutrition education at children’s centres that is consistent with national dietary guidelines for children, adolescents and national infant feeding guidelines, state regulations, food safety principles, and that is appropriate for their age, cultural background, religion or medical needs, centres should:

1. In general

- Notify the NSW Health Department that the centre is operating as a food business in accordance with FSANZ Food Safety Code, Part 3.2. This applies to any child care service which supplies any food including snacks and drinks such as biscuits, milk, juice or cordial.

- Be aware of the importance of healthy eating in line with the NHMRC Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers (see NHMRC website).

- Ensure that, if a child is provided with a service for 8 hours or more, the child is provided with at least 50% of the recommended daily intakes (RDI) of nutrients set out in table 1 of the Dietary Guide and that the food is consistent with the Dietary Guide (see below).
• **Ensure food and drink is supplied according to the Regulation by:**
  
  - ensuring that food and drink provided to children at the premises of the service is consistent with the Dietary Guide,
  - ensuring drinking water is provided and available to children at all times,
  - ensuring that each child at the centre is provided with food and drinks that are nutritious, adequate in quantity, varied, offered at frequent intervals and appropriate to the developmental needs of the child,
  - ensuring that information is readily accessible to parents of children enrolled for the service outlining the approach taken to meet the nutritional needs of children including each child’s special dietary needs, culture and religion,
  - ensuring that a menu that outlines the food to be provided each day at the premises during each two week period is prominently displayed in a place visible to parents.


2. **For children’s centres where food is provided**

• **Provide a written menu in line with the Regulation that addresses:**
  
  - a variety of foods that satisfies current nutritional standards and satisfies children’s appetites and interests,
  - quantities of food that need to be provided for meals and snacks should meet NSW Regulations,
  - the quality of food provided, eg. limit the amount of foods high in sugar and saturated fats,
  - meals that are appropriate for children’s age, cultural and religious background,
  - meals that are appropriate for children with food allergies, or medical conditions or disabilities related to eating and nutrition.

• **Ensure the use of principles of safe food handling and prevention of transmission of food borne illness.** (See section 10.1 on Safe Food Handling).

• **Provide suitable foods for second helpings** and access to **healthy snacks** if the child is hungry.

• **Provide milk** at both morning and afternoon tea. Provide full cream milk to infants under 2 years of age. Reduced-fat milk (not skim milk) is encouraged for children over 2 years of age.

• **Dilute fruit juice** with water by at least half.

• **Promote drinking water** for usual drinking requirements, **provide safe drinking water** to children and staff at all times, and **ensure children have adequate fluid intake** during their care. (Centres should be aware that the fluid requirements of children increase in certain circumstances such as hot weather, after exercise or when they are ill).
• **Promote a strategy for reducing risks of food allergies and anaphylaxis, and for preventing choking accidents** (see Sections 6.4 Management of Choking, 11.1 Management of Anaphylaxis, and 11.2 Reducing the Risks of Severe Allergy & Anaphylaxis).

• **Promote strategies for developing policies, practices and education that involve collaboration with families, and nutrition and health professionals.** This will involve:
  
  - feedback to parent if their child is not eating well,
  - the need to ask parents of children on special diets, for details of food needs,
  - providing an environment that assists the transmission of family and multicultural values, for example, eating with chopsticks, both staff and children sit together, at meal times, food is not used as punishment or reward,
  - involve families by asking for favorite recipes, ensuring they are nutritionally sufficient.

• **Provide education and activities** for families and children that promote healthy eating by:
  
  - conducting ‘Hands On’ activities that reflect the diversity of culturally and linguistically diverse families,
  - reflecting diverse cultural styles of serving and eating food.

• **Provide information and develop strategies in collaboration with nutrition professionals** that help reduce the prevalence and impact of obesity in children.

• **Provide support for nutrition and food safety training and learning opportunities for all staff.** Include training that involves preparation of relevant multicultural diets.

• **Consider the special needs of infants including:**
  
  - encouraging and supporting mothers with infants to continue to breast feed as long as possible,
  - keeping infants on breast milk or infant formula as the main drink to at least 12 months old,
  - drinks other than breast milk, formula or cooled boiled water should not be given to infants,
  - if infants need extra fluids, give cooled boiled water,
  - providing a supportive environment for breast feeding mothers to use while visiting the centre, and display the Australian Breastfeeding Association's breastfeeding friendly sticker and information,
  - encouraging introduction of solid foods at about 6 months old,
  - providing gluten-free cereal, pureed vegetables, and fruit as first solids,
  - encouraging introduction of iron-containing foods such as meat, poultry, fish, legumes and whole grain cereals between 6 to 9 months of age,
  - providing a suitable range of food texture according to the age and development of the infant,
  - encouraging use of a cup rather than a bottle from 12 months of age.
3. For Children’s Centres Where Food is Brought in From Home

- Advise parents on the minimum quantities of food that need to be provided to children while in care. The specific needs of infants and children one to five years old need to be specified.

- Provide suitable information that can assist and encourage the family to provide meals and snacks that:
  - meet current standards and recommendations in relation to nutritional requirements,
  - are appropriate to the child’s age, cultural and religious background,
  - are of a variety and quantity that satisfies the child’s appetite and interests,
  - are transported to centres within safe temperatures (less than 5°C or over 60°C).

- Provide strategies for how the centre will accommodate children with special dietary needs (see Sections 5.2 Managing Children with Diabetes and 11.1 Managing Food Allergies and Anaphylaxis).

- Promote drinking water for usual drinking requirements, provide safe drinking water to children and staff at all times, and ensure children have adequate fluid intake during their care. (Centres should be aware that the fluid requirements of children increase in certain circumstances such as hot weather, after exercise or when they are ill).

- Provide feedback to parents if their child is not eating well.

- Promote principles of safe food handling and storage of food brought from home, including the handling and storage of infant milk and bottles where appropriate.

- Present strategies for preventing choking accidents caused by food (see Section 6.4 Management of choking).

- Provide a positive eating environment that helps to communicate family and multicultural values by:
  - using strategies such as eating with chopsticks, using finger food, sitting in round groups, staff and children sitting together at meal times,
  - ensuring food is not offered as punishment or reward,
  - providing information to families outlining the centre’s policies and approaches taken to meet the nutritional needs of children through food brought from home, including special dietary needs, culture and religion
  - providing training for cooking staff in preparing culturally diverse foods,
  - utilising resources such as Halal Helpline, ph. (02) 9232 6731, and Ethnic Child Care, Family & Community Services, ph. (02) 9569 1288, and SUPS teams for your local area.
• **Provide education and activities for families and children to promote healthy eating.** Provide this information in the relevant community languages or discuss the issues with the culturally and linguistically diverse families.

• **Provide support for nutrition and food safety training and learning opportunities for all staff.** Include training that involves awareness of culturally diverse foods and their preparation.

• **Form a collaborative partnership for developing policies, practices and education with children’s families and nutrition and health professionals.**

• **Where centres also provide some food and drinks (for example morning and/or afternoon tea, or emergency food), nutritious snacks and drinks provided should include milk and water as the preferred drinks** and if juice is given, it should be diluted with water by half.

**ADDITIONAL RESOURCES FOR DEVELOPING FOOD & NUTRITION POLICIES & FOOD MENUS:**

*Caring for Children: Food, Nutrition and Fun Activities* by C. Bunney and L. Williams, 3rd edition (1996) outlines guidelines for healthy nutrition, menu preparation and food safety for child care, and specifically covers:

- how to develop food and nutrition policies
- types and quantities of foods to prepare
- preparing special diets
- sample menus and recipes
- food safety and infection control
- food awareness education and activities for children.

*There’s More to Food than Eating – Food Foundations for Children: Birth to Eight Years,* by Queensland Government (Department of Families, Youth and Community Care, 1999) is another resource that outlines how to develop healthy nutrition and nutritional education policies. It includes:

- principles for healthy nutrition for children,
- educational approaches and learning activities for teaching children healthy nutrition,
- information about meal and diet planning including special circumstances such as infant feeding, lactose intolerance, vegetarian diets and diabetes,
- safety and food hygiene,
- sample food education and nutrition policies for children’s services including outside-school-hours care and family day care.

*Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant Feeding Guidelines for Health Workers,* NHMRC (2003), outlines in detail the current guidelines for health and nutrition for Australian children and covers:

- amounts and types of healthy food that should be eaten and their daily requirements,
- daily requirements of iron, calcium and other minerals and vitamins,
- guidelines in restricting excess fat, sugar and salt.

_Nutrition in Aboriginal and Torres Strait Islander People,_ NHMRC (2000), is an information paper that outlines:

- background to nutrition, health, infectious diseases and obesity problems in Aboriginal and Torres Strait Islander people,
- information on traditional lifestyle and diet,
- information on breast-feeding, bottle-feeding, and introducing solids for infants.

_Childhood Obesity_ NSW Child Obesity Summit Background Paper, NSW Health 28 August 2002, and _Obesity Summit Communiqué_, 12 September 2002, outlines the nature, extent, trends and costs of the increasing problem of obesity in children and adolescents in Australia, and the Communiqué outlines recommendations for future development of community and government strategies to reduce the problem of obesity in children. An aspect of the recommendations was the importance to address the needs of disadvantaged communities, Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, children with disabilities and rural and remote communities.

_Halal Guide_, and various other articles on Halal food by Halal Helpline lists many thousands of Halal food items available in all parts of Australia. The articles provide information on the concepts of Halal and Haram. It is the only international Islamic dietary law consultant in the world and has its head office based in Sydney. It advises Islamic governments and organisations and consults to the Federal and State Government Departments on Islamic affairs, Halal requirements and marketing to Muslims. It also advises hospitals, schools and other institutions on the requirements of Muslims and welcomes inquiries from the public by phone, fax or e-mail. Information and publications are given free.

Tel: 02 9232 6731
Fax: 02 9223 8596
E-mail: halal_helpline@mns.com.au
10.3 Physical Activity

**Policy:** The centre will promote healthy weight and normal health and development of the child by the promotion of physical activity through active play.

**Background:** Childhood overweight and obesity is a major health problem with a growing prevalence. In the period 1985 – 1995, the prevalence of overweight and obesity in children more than doubled in Australian children. Although the cause of overweight and obesity in children is complex, inadequate physical activity is a significant contributing factor. Children who are obese are 50% more likely to be obese in adulthood, and adult obesity is associated with increased risks of arthritis, hypertension, hyperlipidaemia, heart disease, sleep apnoea, stroke and diabetes. Physical activity in combination with other strategies such as healthy eating has a beneficial effect on reducing obesity and risks of obesity-related disease.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No. 2) 1996 (NSW).


**Practices:**

To promote healthy weight and physical development through physically active play in children, centres should:

- **Provide safe and adequate space** in both indoor and outdoor play areas for physically active play.

- **Engage children in physically active behaviours** that are suitable for their developmental ability.

- **Encourage children of walking and running age** to spend more time in age appropriate running and walking play activities.

- **Encourage children who can crawl** to be active through age appropriate games and other activities.

- **Plan for opportunities for children to be more physically active** by providing space and activities that vary on a daily basis in children’s play areas.

- **Ensure a balance of active and sedentary activities** throughout the child’s day, and minimise sedentary behaviours unless the child is tired or ill. This may include limiting the amount of television watched or playing video games.
Other references:

Some useful references for further reading on causes, risk factors, effects and management of obesity, and on the benefits of healthy eating and physical exercise in reducing overweight and obesity and obesity-related diseases are:


The NHMRC are currently developing *Draft National Clinical Guidelines for Weight Control and Obesity Management in Children and Adolescents*, for further information, contact the NHMRC.
MODEL POLICIES & PRACTICES

MANAGING INDOOR & OUTDOOR SAFETY

11. INDOOR SAFETY
11.1 Indoor Safety Checklist
11.2 Cleaning, Disposing, Storing Soiled Nappies
11.3 Contact between Children, Pets & Animals
11.4 Toy Safety
11.5 Nursery Furniture and Equipment Safety

12. OUTDOOR SAFETY
12.1 Outdoor Safety Checklist
12.2 Playground Equipment
12.3 Precautions against Snakes, Spider, Insects
12.4 Sun Safety
12.5 Pool and Water Safety
12.6 Hazardous Plants

13. OTHER ENVIRONMENTAL HAZARDS
13.1 Building Maintenance Checklist
13.2 Procedure for Renovations
13.3 Prevention of Exposure to Lead
13.4 Prevention of Exposure to Asbestos
13.5 Safe Use of Pesticides
13.6 Storage of Dangerous Chemicals, Substances and Equipment
13.7 Indoor Allergens

14. TRAVEL AND EXCURSIONS
14.1 Travel and Excursion Safety Checklist
14.2 Safe Excursion Locations
14.3 Child Safety Precautions on Farms

15. CHILD PROTECTION
15.1 Child Protection Practices
11.1 Indoor Safety Checklist

Policy: The centre will minimise the risk of and respond effectively to accidents and injuries in indoor environments.

Background: To avoid or reduce accidents and injuries it is important to create and maintain a safe indoor environment. Recognising potential hazards, eliminating or controlling hazards, responding quickly and appropriately to emergencies, is important. This checklist highlights key issues to regularly assess and maintain indoor safety.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for toys, nursery equipment and glass in buildings.


Checklist:

Access for children and adults with disability - ensure safe access into, within and out of the centre, security, toilet and washing facilities, and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.

Barriers - age appropriate, child proof, self locking barriers to balconies, stairways, kitchen, bathroom, laundry, garage, other levels in the centre, front and back garden.

Children at risk – maintain extra security and supervision for children at special risk.

Choking hazards e.g. small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwich bags, balloons.

Decorations and children’s artwork – do not place near ceiling fans, air conditioners or heaters. Avoid use of tacks, pins, and staples.

Doors – use finger jam protectors.

Emergency evacuation – develop an evacuation plan and emergency contact numbers display, inform families, and practice evacuation procedures.

Fire – fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch.

First aid kit with approved contents, maintained, accessible, first aid certificate current for relevant staff.

Furniture and nursery equipment - stable, maintained, meets safety standards.

Guard and make inaccessible to children heaters, coolers, fireplaces, stoves, microwaves, power points, and office equipment. Ensure heaters are away from children's cots.

Hazardous indoor and outdoor plants identify, remove or make inaccessible to children.

Heaters – ensure that children cannot come in contact with hot surfaces. It is preferable to use heating where combustion products are ducted outside. If unflued gas heating is used ensure there is adequate ventilation while the heater is operating.

Hot water - ensure the hot water supply is regulated so as to keep it below the temperature at which a child can be scalded (the current Kidsafe recommendation is below 43.5°C).
Machinery, tools and equipment – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.

Noise – reduce excessive exposure.

Non-slip, non-porous floors, stairs.

Pets and animals – inform families of pets being kept on premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, de-fleaed, clean, and healthy. Keep pet accessories such as pet food, litter boxes, pet toys away from children. Exclude dogs from children’s play areas. Keep children-pet interactions minimal and supervise interaction times.

Record details and notify parents of any child accident.

Safe play rules and adequate play spaces, discourage running indoors and safe furniture layout to avoid collisions.

Safety glass used and installed according to the current Regulation, Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children, safety decals on sliding doors and plate glass doors at child and adult eye level.

Security – ensure all entry doors are locked at all times and place bells on doors.

Smoke free environment in all areas.

Staff personal items – ensure staff’s personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children.

Stairways, ramps, corridors, hallway, external balcony must be enclosed to prevent a child falling.

Store in locked cabinet unsafe items, e.g. chemicals, medicines, razors, knives, electrical equipment.

Supervision and visibility of children – ensure children are visible and supervised at all times. High risk areas are children in high chairs, playpens and play areas, on change tables, and in nappy change and toilet areas. Have at least two staff on premises at all times with vision of each other and the children, have two staff present or in view when changing nappies or washing children.

Toys – meet safety standards, age appropriate, maintained, and non-toxic.

Resources for further information on environment safety and prevention of injuries are:

Department of Fair trading, Electrical Safety Guide.

Department of Fair Trading, Keeping your Kids Safe.

Kidsafe, Glass Safety Fact Sheet.

11.2 Cleaning, Disposing, Storing Soiled Nappies

**Policy:** The centre will minimise children’s and children’s centre staff risks of contact with soiled nappies, transmission of infectious diseases, exposure to chemical hazards and child drowning hazards.

**Background:** Infectious diseases can be transmitted via contact with soiled nappies. Safe cleaning, disposal and storage of nappies can prevent the transmission of infectious diseases and prevent exposure of children and staff to chemical hazards. Liquid filled buckets can also be a drowning hazard for children.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW). Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

**Key Resources:** Staying Healthy in Child Care, NHMRC, 2001; Child Care Information, WCA, DOCS, 1993: [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au).

**Practices:**

When cleaning, disposing and storing nappies, centres should:

- **Use disposable absorbent nappies** in preference to cloth nappies.
- **Ensure staff use single use non-latex gloves** and plastic apron, and clean nappy change surfaces, mats, nappy buckets and toilet areas with neutral detergent and water daily. Clean nappy change surfaces between each nappy change.
- **Place soiled disposable nappies** in a closed foot pedal bin lined with a plastic bag.
- **Place soiled commercial cloth nappies** in a covered plastic bucket and arrange for removal and cleaning at the end of each day.
- **Place soiled cloth nappies** provided by parent in child’s individual covered plastic bucket or a labeled plastic bag and send home with the parent at the end of day, remove faeces with paper towel, flush into toilet or sluice, do not rinse nappies.
- **Ensure children cannot have access to nappy change wipes or solutions, nappy buckets, buckets with fluid in them, or plastic bags.**
- **Dispose of faeces and contents of bucket in the toilet** or a nappy sluice and wash nappy buckets at the end of each day and clean with neutral detergent and water.
- **Dispose of soiled disposable nappies, disposable towels and gloves as general waste,** discard into a sealed heavy plastic bag and disposed of daily in the normal council or private garbage disposal.
11.3 Contact between Children, Pets & Animals

**Policy:** The centre will minimise health risks for children from contact with pets and animals, such as injuries, infections and allergies.

**Background:** Maintaining pet health and minimising contact between pets and children is necessary for children’s and children’s centre staff health and safety. Animals can become a source of infection and injury, and children under 4 years old are most at risk of dog bites.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

When animals and pets are present in the children’s centres, the centre environment, or when visiting petting or animal zoos, centres should:

- **Inform families and obtain permission for the child to access resident pets and animals on their premises,** prior to enrolling children in care or prior to obtaining new pets.

- **Obtain the informed consent of parent or guardian prior to children visiting all petting or farm zoos.**

- **Minimise children's contact with domestic pets,** (including birds, insects, reptiles), monitor any contact e.g. for educational purposes or with pets that reside indoors.

- **Keep animals away from food preparation,** sleeping areas, nappy change areas, and appropriately fenced off from children’s play areas, ensure fencing is maintained.

- **Keep animal pet food and water, pet litter and toys away from children,** and clear animal droppings, food scraps or make inaccessible to children in outdoor areas.

- **Ensure all animals and pets kept on premises are in a clean and healthy condition** and do not have any diseases that can be transmitted to children. Pets should be vaccinated, de-wormed and free of fleas or other pests or infections.

- **Vacuum and clean furniture and floors daily,** before children arrive if pets are kept indoors.
• Avoid contact with potentially dangerous animals, including farm animals.

• Supervise contact with farm animals for educational purposes and in a safe environment.

• Ensure children wash their hands immediately after visiting a petting or farm zoo, and supervise children washing hands to ensure they do not become recontaminated by contact with children who have not washed their hands.

• When contracting a visit to or by a petting or a farm zoo, ensure that the operator only provides healthy animals for public display or contact.

• Ensure that the location of visiting petting or farm zoo animals is not near eating areas in the centre.

• Ensure that the operator provides adequate barriers which prevent unsupervised contact between children and animals.

• Ensure that the operator regularly removes and appropriately disposes of animal faeces and other wastes.

• Not allow children to put their faces close to animals.

• Ensure there is no contact with animals when the children are eating.

• Teach children to wash their hands after touching animals, their enclosures, or food containers. Any part of the animal or its surrounds can be contaminated with its urine or faeces.

• Ensure children and staff wash their hands after handling or patting animals or birds, their enclosures, food containers, or having been licked, bitten or spat on by animals.

• Be aware that birds, poultry, reptiles, spiders and fish are potential sources of infectious diseases such as salmonellosis, and birds and poultry can transmit psittacosis, birds and poultry should not be kept indoors as pets in a child care centre.

• Keep children away from strange dogs in parks; teach children to stand still and avoid eye contact if a strange dog approaches.
11.4 Toy Safety

**Policy:** The centre will minimise risk of child accidents, injuries and illnesses involving toys and toy boxes.

**Background:** Children should only be provided with toys that can be used safely, are age appropriate, stable, durable and easy to clean. It is important for centre staff to be aware that some unsafe toys have caused serious child injuries and deaths.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for children’s toys.


**Practices:**

When supplying or buying toys or toy boxes for children in care, centres should:

- **Check all toys for poor design and manufacture**, ensure they are non-flammable and there are no choking hazards such as cords, thread or ribbons, small pieces that can break off.

- **Check for sharp edges**, rough surfaces or brittle plastic as they can cause cuts and splinters, buy washable, non-breakable, non-toxic toys, check for ventilation before buying masks, helmets and tents.

- **Not provide projectile toys** as they can be very dangerous, also be wary of toys that make loud noises as they can be harmful to hearing.

- **Ensure that all toys are age appropriate including ride-on toys** – ensure they are stable, have effective brakes, are regularly checked and maintained.

- **Be aware that it is safer to use toy crates** without lids or with light-weight removable lids rather than toy chests. Only use toy chests and boxes that are designed not to close on top of children, cannot be locked, and ensure there are ventilation holes in case a child crawls inside box. Ensure that toy boxes with hinges are fitted with a hinge type that closes slowly to avoid trapped fingers and head injuries

- **Read labels on new toys**, “not suitable for children under three” means there may be small parts which could be swallowed, check that there are no gaps or holes which could trap a child’s fingers.

- **When tidying up or washing toys** check toys regularly for loose, detachable or broken parts that are choking hazards, anything that can fit into a 35mm film canister can choke a child under three years old, discard broken toys if not repairable.
• **Encourage the safe and correct use of toys**, supervise activities, and arrange play areas where toys can be used safely, away from electrical equipment, heating and cooling systems.

• **Preferably buy washable toys if practicable and ensure toy cleanliness.** Wash mouthed toys daily using warm water and soap, and dry in sun, rotate toys to allow for washing and use individual toy bags for babies, clean books by wiping with moist cloth and drying, clean toy storage areas weekly. (See Section 1.7 Cleaning).

• **Ensure toys do not contain lead.** This is most likely to occur with second hand toys.

Other resources for further information on Toy Safety are:


Kidsafe, *Kids on Wheels*. 
11.5 Nursery Furniture & Equipment Safety

**Policy:** The centre will minimise risk of child accidents and injuries involving nursery furniture and equipment.

**Background:** Unsafe nursery equipment is responsible for several injuries to children in their first year of life and the majority of these injuries are preventable. Cots, portable cots and cradles are related with the highest mortality, and cot related injuries account for a large number of all children’s injuries involving nursery furniture and equipment. Children should only be provided with nursery equipment and furniture that is safe to use, age appropriate, stable, durable and easy to clean. It is important for children’s centre staff to be aware that a high number of serious child injuries and deaths involve nursery furniture and equipment such as cots, strollers, high chairs and baby walkers. Choosing safe items, checking furniture and equipment regularly and providing proper supervision are crucial in ensuring the safety of children.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No. 2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for nursery furniture and equipment.


**Practices:**

When supplying or buying nursery furniture and equipment for children, centres should:

- **Always use furniture and equipment that has been made in accordance with Australian design standards and the Safebaby code of practice**, for safe nursery furniture that has been developed by Kidsafe Child Accident Prevention Foundation of Australia.

- **Always use furniture and equipment that is free of rough surfaces**, sharp edges, points, projections and small pieces that can break off, avoid using unsafe equipment such as baby walkers.

- **Make sure that furniture is sturdily built** so it will not collapse, easy to clean, non-toxic and age appropriate.

- **Regularly test locking devices** to ensure they work correctly and regularly check furniture and equipment for stability, wear and tear.
• **Look for entrapment hazards**, it is easy for small fingers and limbs to get caught in gaps, head and upper body entrapments can cause death by asphyxiation.

• **Be aware that fingers can get caught in holes** or openings between 5-12mm, limbs in gaps between 30-50mm and heads in gaps over 85mm.

• **Be aware that most injuries related to nursery furniture are due to falls from equipment**, ensure appropriate supervision of children at all times.

• **Ensure cleanliness of all nursery furniture** and equipment, particularly before and after food service.

• **Ensure furniture and equipment do not contain any lead.** This is most likely to occur with second hand furniture.

**Note:** For further detailed information on safety regarding cots, portable cots, prams, strollers, high chairs, bouncers, baby exercisers, change tables, baby walkers, bunk beds, playpens and safety barriers see **Key Resources** listed above.
12.1 Outdoor Safety Checklist

**Policy:** The centre will minimise risk of and respond effectively to accidents and injuries in outdoors environments.

**Background:** To avoid or reduce accidents and injuries it is important to create and maintain safe outdoor environments. Recognising potential hazards, eliminating or controlling hazards, responding quickly and appropriately to emergencies is important. This checklist highlights the key issues to regularly assess and maintain outdoor safety.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for swimming pool safety, playground equipment and soft fall.


**Checklist:**

**Bikes and wheeled toys** – it is recommended that correctly fitted helmets be worn every time children use ‘bikes’ and wheeled toys. For detailed checklists and assistance in developing written policies to guide maintenance, programming, supervision and use of ‘bikes’ and wheeled toys in children’s services, contact the Early Childhood Road Safety Education Program on (02) 9850 9882.

**Centre car park** – ensure family members are aware of pedestrian safety rules such as holding their child’s hand and alighting children from the safety door. Encourage families to always supervise their children in the car park to prevent accidents and injuries which could occur as a result of reversing vehicles.

**Check outdoor areas and play equipment regularly for health and safety hazards.**

**Choking hazards** outdoors, e.g. pebbles.

**Climbing and play equipment** - stable, maintained, meets relevant Australian Standards. Teach children to use safely.

**Fence** off securely and effectively all sides of outdoor play areas from roads, water hazards, and driveways. Maintain fence, have correct height, install childproof self-locking devices on gates.

**Finger entrapment** – all holes or openings in playground equipment must be between 8-25 mm.

**First aid** kit is approved, maintained, accessible, current first aid certificate.

**Garden** debris removed, garden equipment stored and locked away, regularly trim branches and bushes.

**Hazardous Plants** – identify and remove or make inaccessible to children.

**Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tools or machinery are stored securely and are inaccessible to children.

**Pet and animal** droppings cleared or inaccessible to children in outdoor areas, exclude dogs from children’s play areas, finger proof pet enclosures, supervise pet interactions with children.
Pool safety, fencing and gate compliance, paddling pools emptied immediately after use, turn upside down, disinfected if soiled.

Record details and notifying parents of any child accident.

Safe play rules and adequate safe play areas - talk with children about how to play safely. Maintain safe layouts for outdoor play areas to avoid collisions between children.

Sandpits - cover when not in use, regularly clean, rake, and remove sand soiled by faeces or blood. Hose sandpits at end of day after removing contaminated sand and material.

Snakes, spiders, insects – keep the centre clean of infestations, teach children the dangers.

Softfall - appropriate ground cover under outdoor climbing and play equipment, meets standards.

Sun protection clothing, hats, and sunscreen, for unshaded areas - minimise play at peak sun exposure times. Install a sunshade over sandpits and play areas.

Supervision and visibility of children – ensure children are visible and supervised at all times. High risk areas are climbing and other outdoor play equipment. Make hazardous equipment, machinery, chemicals, and any other materials inaccessible to children.

Water hazards cover and make inaccessible to children, e.g. ponds, dams, spas, creeks, nappy buckets.

The ‘Kids and Traffic’ free resource Kit developed by the Early Childhood Road Safety Education Program (ECRSEP) is available for children’s services licensed in NSW for 10 or more children. The Kit includes a number of valuable road safety education resources including puzzles, storybooks, felt board story and more. The ECRSEP also provides free professional development workshops in road safety education to early childhood services. Phone: (02) 9850 9882 or visit their web site at www.kidsandtraffic.mq.edu.au.

Another resource for information on Outdoor Safety is Kidsafe, Kids on Wheels.
12.2 Playground Equipment

**Policy:** The centre will minimise risk of and respond effectively to accidents and injuries relating to outdoor play equipment.

**Background:** Injury associated with playground equipment is the third most common reason for children to be admitted to hospital in Australia. The major factors affecting the severity of playground related injuries are the height of equipment and the ground surfacing. Two-thirds of injuries in children’s centres occur in the playground due to falls from playground equipment and more than half of all fractures and concussions involved falls from playground equipment. The most common playground equipment associated with child injuries at children’s centres were slides, climbing equipment and swings. Good equipment design, and appropriate softfall combined with skilled supervision of children are key prevention strategies. Appropriate softfall surfaces are of particular importance to minimise the risk of head injury and brain damage if falls occur.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for playground equipment and softfall.


**Practices**

To minimise risk of accidents relating to outdoor play equipment, centres should:

- Ensure outdoor play equipment meets current Australian Standards, is purchased from a reputable manufacturer, and is checked regularly and maintained.

- Ensure outdoor play equipment is stable, secure, safe, maintained in good condition, and an age appropriate height for children according to current Australian Standards.

- Ensure all play equipment is not a hazard in which a child can be entrapped, entangled, choked, pinched, crushed, or injured by protrusions, sharp or rough edges, or rust.

- Ensure all play equipment does not have any small pieces, which can be broken off and present a choking hazard to younger children.

- Always inspect the playground before children play outside, and ensure children playing on equipment are dressed appropriately. Hoods, drawstrings and cords can be potential choking hazards.
• **Ensure play equipment that is higher than 50cm has softfall** installed underneath at least 25cm in depth under and 1.9m from the perimeter of the equipment. Place outdoor play equipment away from paths and solid garden edging.

• **Ensure surfacing used underneath and around equipment complies with Australian and New Zealand Standards AS/NZS 4422, 1996**, and is maintained regularly, materials may need to be raked, redistributed and checked weekly for spiders, sharp objects or animal litter.

• **Supervise children at all times**, ensure outdoor play areas are visible, keep frequently used materials, e.g. tissues, phone, sunscreen, first aid kit accessible while outdoors.

• **The RTA recommends that children under nine do not use bikes, scooters, skates or skateboards in children's centres.** Children who do use these **must wear helmets** and pads where appropriate.

• **Only include swings in the centre playground if sufficient space is available.**

**Note:** For further detailed information on safety, regarding outdoor playground equipment see **Key Resources** listed above.

The Playground Advisory Unit of NSW at Kidsafe Westmead have a wide range of Fact Sheets available for playground safety and design. These give information on the playground standards and guidelines on playground equipment, understanding, inspection and maintenance, mobile equipment, cubbies, sandpits, trampolines, natural play areas, etc. These can be ordered through Kidsafe on Ph: (02) 9845 0890 or order forms available on [www.kidsafensw.org](http://www.kidsafensw.org).
12.3 Precautions against Snakes, Spiders, Insects

Policy: The centre will minimise risk of and respond effectively to snake, spider, insect bites and stings.

Background: Australia has many animals and insects that bite or sting or are venomous. Children’s centres are responsible for minimising the risks related to snake, spider and insect bites and stings and children should be taught about these dangers.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulation 2001 (NSW).


Practices:

To minimise risk of and respond effectively to snake, spider, insect bites and stings, centres should:

• Educate children about the dangers of snakes, spiders, bees, wasps, and other insects, teach them never to pick up or touch any insects, especially when outdoors.

• Ensure the outdoor areas accessible to children, especially the sandpit, outdoor toys or cubby houses, are assessed daily for signs of snakes, spiders, cockroaches, other insects and vermin.

• Avoid having plants that attract insects near children’s play areas and doorways, and remove nests or hives as soon as you notice them.

• Cover sandpits at night and rake every morning, and maintain grass, lawns and gardens and check regularly for snake, spider, insect or other infestations.

• Not let children play near where bees and wasps gather such as near clover and wildflowers.

• Ensure children wear appropriate protective clothing, such as closed shoes and long pants and use insect repellant if walking through long grass or bush land. If a snake, reptile or spider appears do not provoke or handle it.

• Be trained and equipped adequately to provide first aid assistance if a child has been bitten or stung and in case there is an allergic reaction to a bite or sting.

• Ensure children allergic to bees, wasps or ants wear medical-alert bracelets, and children’s centre staff must be trained to provide first aid and emergency assistance. (See Sections 4.1 Administering Medications and 5.5 Reducing the Risk of Severe Allergies & Anaphylaxis).
12.4 Sun Safety

**Policy:** The centre will protect children from the dangerous and adverse effects of sun exposure.

**Background:** Australia has the highest incidence of skin cancer in the world and sun exposure during childhood significantly increases the risk of developing skin cancer and melanoma. Sand, concrete and water can reflect up to 85% of sunlight and intensify exposure to ultraviolet radiation. Children’s centre staff and centres can play a vital role in the long-term prevention of skin cancer and in teaching healthy sun habits to young children, and are responsible for preventing and reducing the risks from excess sun exposure while children are in their care.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for sun protection clothing, sun glasses and shade cloth.


**Practices:**

To protect children from the adverse effects of sun exposure, centres should:

- **Be aware that sun safety precautions need to be taken all year,** not only on hot days, but also on cloudy days, in winter, and even when children are playing in the shade - harmful ultraviolet radiation can reflect on children from buildings, water, grass, concrete and sand.

- **In any circumstances, do not place babies and infants directly in sunlight.**

- **Organise outdoor activities to avoid peak sun exposure times** between 11am-3pm during daylight saving time (late October to late March), and between 10am-2pm the rest of the year and organise outdoor activities in shaded areas wherever possible.

- **Ensure parents supply and all children wear appropriate sun protection clothing** such as longer sleeved shirts, longer shorts, wide brim hats, sunglasses and Sun Protection Factor (SPF) 30+ sunscreen when playing outdoors or on outdoor excursions.

- **Develop a game or song with the children on sun protection** “SLIP on protective clothing, SLOP on 30+ sunscreen, SLAP on a hat and sunglasses, PLAY in the shade, STAY out of the sun during the middle of the day”.
• **Ensure all centre staff role model sun protection behaviour** by also wearing sun protection clothing, hat, sunglasses and SPF 30+ sunscreen when outdoors or on outdoor excursions.

• **Apply sunscreen in the amount according the instructions on the bottle.**

• **Be aware that sunscreen should be applied to clean, dry skin, 20mins before children go outside** and should be reapplied every 2 hours if children continue to play outdoors. Ensure hygiene by applying sunscreen with a tissue – one for each child.

• **Adequately shade all outdoor play areas,** conduct an annual shade audit, plant appropriate shade trees and/or erect shade structures.
12.5 Pool & Water Safety

Policy: The centre will prevent child accidents and illnesses relating to swimming and wading pools and other water hazards and to comply with Regulations.

Background: Drowning is the leading cause of death for children aged 1-4 years in Australia. Whilst most drownings occur in backyard swimming pools, it is important to be aware that children can drown in as little as 5cm of water. Other water hazards in relation to child injuries and illnesses are: nappy buckets, toilets, wading pools, spas, bathtubs, fish ponds, fountains, pet drinking bowls, dams, creeks, lakes and beaches.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for swimming pool safety.


Practices:

To prevent child accidents and illnesses relating to swimming and wading pools and other water hazards and to comply with Regulations, centres should:

• **Not install a swimming pool on the premises** after the commencement of the Centre Based and Mobile Child Care Services Regulation (No.2) (NSW), 1996.

• **If a swimming pool is present at the centre, ensure compliance with Australian Standards** for pool fencing and gates. Check pool fencing and gates regularly to ensure they are working correctly. Chlorinate appropriately.

• **Remove all objects from around a pool** or other water hazard that a child could use to climb over fencing, such as logs, trees, bikes, chairs, bins.

• **Ensure no child swims in the swimming pool without:**
  - written permission from parent or guardian to learn water safety and swimming
  - appropriate adult-child ratios are in place
  - supervision provided by a person with a first aid certificate, and a recognised award experience in water safety and rescue procedures.

• **Closely supervise children near water at all times**, never leave children alone near any water, supervised by at least two adults if children are using a paddling pool.
• **Keep cardiopulmonary resuscitation (CPR) guide near pool**, ensure pool filters and chemicals are inaccessible to children, teach children pool and water safety.

• **Safely cover or make inaccessible to children all water containers, e.g.** ponds, spas, nappy buckets, bathtubs, and ensure that child play areas are safely fenced off from water hazards such as dams, creeks, lakes, irrigation channels, wells.

• **Empty wading pools immediately after every use**, store to prevent the collection of water, e.g. upright, also check garden after rain or watering and empty water that has collected in holes or containers.

• **Ensure wading pool is disinfected and chlorinated appropriately:**
  - clean out leaves and debris everyday by hosing away surface dirt and scrubbing the inside with disinfectant.
  - rinse away disinfectant before filling pool.
  - chlorinate pool appropriately before children enter pool (See Section 14.6 Storing and Handling Chemicals).
  - check chlorine levels regularly.
  - children with diarrhoea, upset stomach, open sores, or nasal infections should not use the pool.
  - all children should wear clean bathers and should go to the toilet before entering the pool, following correct toileting hygiene practices.
  - if a child passes a bowel motion while in the pool, remove all children from pool immediately, empty pool and disinfect. (See Sections under Controlling Infectious Diseases).


Other references on Pool Safety are:

Department of Fair Trading, *Check the Safety of your Pool*.

12.6 Hazardous Plants

**Policy:** The centre will minimise risk of child accidents relating to hazardous plants.

**Background:** Many indoor and outdoor plants pose health and safety risks for children. Poisoning can occur if some types of plants are eaten, or some plants can cause allergies or injury. Common Australian examples of hazardous plants are listed below.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

**Key Resources:** The Children's Hospital at Westmead: [www.chw.edu.au](http://www.chw.edu.au); Queensland Government Health: [www.health.qld.gov.au](http://www.health.qld.gov.au); Best Practice Guidelines in Early Childhood Physical Environments, 1996, Walsh & DOCS. Plants for Play Spaces, Kidsafe NSW: [www.kidsafensw.org](http://www.kidsafensw.org)

**Practices:**

To minimise risk of and respond effectively to child accidents relating to contact with hazardous plants, centres should:

- **Identify both indoor and outdoor poisonous plants** and ensure they are not accessible to children – remove them or prevent any child contact.

- **Identify potentially hazardous plants that can cause injuries, skin irritations, or choking,** such as cactus plants, rose bushes, berries, ensure they are inaccessible to children.

- **Remove or keep children away from plants that can cause serious poisoning.** Common examples are – African milk bush, angels trumpet, atrium lily, azalea oleander, castor oil plant, chestnut, daffodil, deadly nightshade, dumbcane (elephants ears), English ivy, foxglove, hyacinth, hydrangea, iris, lantana, Moreton Bay fig, rosary bean, rhubarb, rhus, white cedar, wisteria.

- **Where possible use a plant reference** with photos to assist in identifying poisonous plants. Local councils can provide an inspection and give advice about noxious weed control.

- **Supervise children at all times when close to plants,** teach children not to put any indoor or outdoor plants or berries into their mouth or nose.

- **Be aware that eating poisonous plants can cause a range of symptoms** such as gastrointestinal (nausea, vomiting, abdominal pain), cardiac (irregular or fast heartbeat), skin (burning of the mouth or skin rash), and allergic (hives, difficulty breathing, wheezing, asthma, anaphylaxis).

If poisoning occurs seek emergency advice from the Poisons Information Line 131126 or call 000 for an ambulance, follow first aid and emergency procedures. (See Sections 7.2 Procedure for Calling an Ambulance and 7.3 First Aid Information & Contacts)
13.1 Building Maintenance Checklist

**Policy:** The centre will maintain children’s centre buildings effectively to minimise the risk of accidents, injuries and exposure to hazardous substances.

**Background:** To avoid and reduce exposure to hazardous substances it is important to safely maintain children’s centre buildings and environs. It is also important to recognise potential hazards and take action to eliminate or control hazards. This checklist should be used on a regular basis to assess, create and maintain safety at children’s centres.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Standards for swimming pool safety and glass in buildings.

**Key Resources:** Putting Children First: Quality Improvement & Accreditation System Source Book, NCAC, 2001: www.ncac.gov.au

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**Checklist:**

**Building maintenance** – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition.

**Cleaning products** – use safer, less toxic alternatives, e.g. soap and warm water.

**Doors** – finger jam protectors.

**Dust mites**, **pet allergens** – regular dusting and vacuuming.

**Fence** off securely and effectively all sides of outdoor play areas from roads, water hazards, and driveways, maintain fence, have correct height, install childproof self-locking devices on gates.

**Garbage** – safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling

**Garden** and renovation debris removed, regularly trim branches and bushes.

**Garages and sheds** keep locked.

**Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded.

**Hygienic**, regularly cleaned, maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.

**Lead and asbestos** dangers – use only lead free paint for the centre and all play equipment (see also Section 13.3 Prevention of Exposure to Lead).

**Non-slip** floors, stairs, steps, grounds, non-porous indoor floors for easy cleaning.

**Renovation** dangers e.g. lead, asbestos, holes, excavations – reduce risks.

**Pesticide** residue - dangerous chemicals should not be used to remove vermin.

**Pool and water hazards** – maintain adequate fencing, meet standards.

**Safety glass** installed according to the Regulation and Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.

**Security** - minimising unauthorised access with appropriate fencing and locks.

**Spills** – clean away as they occur.
Storage of cleaning products – labeled and stored in a locked child-proof cupboard or room (see also Section 13.6 Storage of Dangerous Chemicals, Substances & Equipment).

Under centre access (including buildings on stilts and footings) – lock or block access.

Window fly screens securely fitted, maintained, permanent.
13.2 Procedure for Renovations

**Policy:** The centre will minimise risk of accidents, injuries, and exposure to hazardous substances and maintain safety standards during children’s centre renovations and comply with Regulations.

**Background:** Safety precautions must be taken when renovating or demolishing garages or sheds. Children’s centre managers and centre staff are responsible for maintaining safety during renovations, a centre may need to close down during renovations.

**Relevant Legislation:** *Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).*


**Practices:**

To minimise risk of accidents, injuries, and exposure to hazardous substances and maintain safety standards during renovations and comply with Regulations, centres should:

- **Provide 6 weeks notice** in writing to the Director-General of any proposed structural alterations to, or demolition of any building or structure on the premises of the children’s centre, either before commencing any renovations or before local council approval – whichever is the earlier.

- **Be aware that the children’s centre may need to be closed** down during renovations, if the renovations pose any risk to children’s or children’s centre staff health and safety.

- **If approved to renovate while children are in care,** centre managers and centre staff must ensure all regulations, standards and policies are met throughout renovations.

- **Take all precautions if renovating while children are in care to protect them from exposure to any hazardous substances** such as lead, asbestos, paints, dust, fumes, chemicals and excessive noise.

- **Take all precautions if renovating while children are in care to protect them from hazardous equipment** such as ladders, electrical machinery, tools, and glass.

- **Ensure there are no hazardous materials or equipment left indoors or outdoors at the end of the day and after renovations are complete.**

13.3 Prevention of Exposure to Lead
**Policy:** The centre will minimise the risks of exposure of children’s centre staff and children to lead in the centre and environs.

**Background:** Lead is highly toxic and can be found in old paint, dust from industrial fumes and vehicle exhausts, soil, and some consumer products, e.g. toys. It is an accumulative toxin and excessive exposure can affect children’s brain and nervous system. Low levels of lead in the blood can have a detrimental effect on intellectual, psychomotor and behavioural development. Children under 7 are particularly at risk as they may ingest lead in dust, soil and paint by putting their hands in their mouth.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

**Key Resources:** Living Safely with Lead, EPA, 2001; Lead Hazards Management in Children’s Services, AECA, 1999; The Toxic Playground, Immig, J., 2000; The Children’s Hospital at Westmead: www.chw.edu.au; Living Safely with Lead, EPA: www.epa.nsw.gov.au.

**Practices:**

To reduce the exposure of children to lead, centres should:

- **Promptly repair old peeling or weathered paint** on indoor and outdoor walls and ceilings.
- **Ensure outdoor play areas are located away from roads** and painted structures, install bushes or fence as a barrier between roads and play areas.
- **Maintain hygiene,** e.g. wash children’s hands, face, feet regularly, wet mop floors, window ledges, skirting boards, wash toys and play equipment, only vacuum when children are not present, sweep outdoor verandahs and steps, and wash pets regularly.
- **Keep indoor toys inside, outdoor toys outside,** check that toys, furniture, equipment do not contain lead.
- **Maintain good grass cover** or paving in outdoor play areas and regularly replenish or replace sand in sandpit.
- **Provide frequent nutritious meals** for children, which assists to decrease their absorption of lead.
- **If lead paint or ceiling dust has been identified** prior to renovations, have removed according to the current Building Code of Australia or Occupational Health and Safety Regulation.
- **Ensure children and pregnant centre staff are not present during renovation activities,** and that all building rubbish has been removed and the site cleaned.
13.4 Prevention of Exposure to Asbestos

**Policy:** The centre will minimise the risk of exposure of children’s centre staff and children to asbestos in the centre and environs.

**Background:** Asbestos is a fibrous insulation material that can still be found in Australian buildings built before 1987, e.g. pipe lagging, roofing, old floor tiles. If respirable fibres from these products are inhaled they can cause cancer or lung disease. If these products are in good condition they present no significant health risks. However, safety precautions must be taken when renovating or demolishing garages or sheds that have asbestos materials. If asbestos is cracked, torn or crumbling it can release asbestos fibres and dust. Asbestos repair or removal processes may release fibres into the air. A licensed asbestos removalist may be required.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

In case asbestos is present in the children’s centre, centres should:

- **Be aware that if the premises were built before 1983, some of the building materials probably contain asbestos, such as:**
  - fibro sheeting and tiling cement
  - lagging on water and drainage pipes
  - roofing shingles and guttering
  - flexible building boards
  - under eaves
  - bathroom linings.

- **Accurately identify all asbestos located in centre buildings and environs by a certified contractor,** check condition every six months for safety and repair, ensure it is not disturbed in any way by staff, visitors or children at the centre.

- **Inform all staff, families of children in care and neighbouring premises before the removal or repair of asbestos.**

- **If asbestos, asbestos dust or bonded asbestos cement sheeting has been identified prior to building, repairs or renovations,** carry out all activities including asbestos repair or removal according to the current Building Code of Australia or Occupational Health and Safety Regulation, using certified contractors.

- **After hail or any other damage to the roof** inspect for possible damage to asbestos. If there are pieces on the ground, keep in a wet condition until a contractor is available to remove the pieces. Do not sweep or attempt to mow or vacuum the pieces up.
13.5 Safe Use of Pesticides

Policy: The centre will minimise the risk to children’s centre staff and children of exposure to pesticides used in children’s centres.

Background: Pesticides are chemicals used to control weeds, insects, rodents and other pests. Exposure to pesticides can occur through skin contact, inhalation or by swallowing, and can leave residues on furniture, rugs and books. Chemicals used against pests often pose hazards for humans and the environment, and it is also important to use and dispose of all pesticides correctly.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Pesticide Act 1999 (NSW); Australian Standards for storage and handling of hazardous chemicals and materials.


Practices:

When selecting pest control methods or using pesticides, centres should:

- **Choose pest control methods through a contractor that are least toxic.** The most effective or permanent solutions to pest problems are: increased sanitation, reduce indoor and outdoor clutter to improve ability to clean and to reduce nesting and hiding places, seal cracks in walls, floors and cupboards, keep garden free of rubbish and remove pests using traps.

- **Ensure your contractor selects the lowest toxicity pesticide**, selects the right chemical for the job, and use only licensed and registered pest control operators. **Nothing stronger than pyrethroids should be used.**

- **Not use pesticides when children, staff or pets are present**, and ensure there are no pesticide residues left after treatment.

- **Ensure staff only use propriety pressure pack sprays (if using fly sprays) and do not use near children or exposed food.**

- **Ensure pesticides, and all other chemicals, are stored in their original labelled containers and not transferred to other containers**, especially drink and food bottles and containers, and do not flush pesticides down the toilet or drain. (See Section 13.6 Storage of Dangerous Chemicals, Substances & Equipment.)

- **Maintain up to date Material Data Safety Sheets for all pesticides.**

- **If pesticides are used put away food**, cooking utensil, toys, toothbrushes, keep children away, avoid direct contact with chemicals, after application ventilate the children’s centre.
• If pesticide poisoning or spills occur follow first aid directions on the label, seek immediate medical advice, call the Poisons Information Line: 131126, report misuse of pesticides to the Environmental Protection Authority: 131555.
13.6 Storage of Dangerous Chemicals, Substances and Equipment

**Policy:** The centre will protect child centre staff, children, families and visitors from the risks associated with chemical products, medicines, other dangerous substances and dangerous equipment used in the centre and environs.

**Background:** Accidental poisoning is the second most common hospital admission for child injuries in Australia, and 75% of accidental poisonings are attributed to medications. The most common accidental poisonings involve respiratory and cough medications, antihistamines, paracetamol, iron tablets, benzodiazepines, and eucalyptus and other vapouriser oils. Other main agents of poisoning in children are household chemicals, especially pesticides including snail bait and mothballs, bleach and other cleaners, detergents, solvents, petroleum and kerosene and cosmetics. Many of these chemical products are routinely used in children’s centres and are potentially hazardous, either by ingestion, inhalation or skin contact. Pesticides and volatile chemicals such as solvents are easily inhaled. Information on chemical products can be obtained from manufacturers on Material Safety Data Sheets that provide information on chemical toxicity, health effects, safe handling and storage, and first aid instructions.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulation, 2001 (NSW); Pesticide Act 1999 (NSW); Australian Standards for storage and handling of hazardous chemicals and materials.


**Practices:**

When using or storing any chemical or dangerous substances or dangerous equipment, centres should:

- **Choose the least hazardous** chemical, product or equipment for the job.

- **Choose chemicals or medicines with child resistant lids or caps.**

- **Ensure that all dangerous cleaning materials (including detergents), poisons and other dangerous substances and medications** are stored in their original labelled container and not transferred to any other container. Do not reuse containers once they are empty.

- **Ensure that if the original container for hazardous substances does not have a child resistant lid**, the container is kept in a locked place, which is secure and inaccessible to children.
• **Have storage facilities that are secure and inaccessible to children** for the following types of items:
  - All cleaning materials, including detergents
  - Poisonous and other dangerous substances
  - Dangerous tools and equipment
  - Toiletries
  - Medications
  - First aid equipment
  - Emergency medical equipment and drugs
  - Jagged or sharp objects that pose a hazard to children

• **Not store pesticides, herbicides, solvents, petroleum or kerosene on the premises unless contained in a separate secure outdoor shed** with a bunded floor, separate from the children's play areas and environment. They should not be stored at ground level and not stored with organic materials, fertilisers or swimming pool chemicals.

• **Ensure storage containers used for chemicals are not reused and are properly discarded when empty.**

• **Have storage facilities that are secure and inaccessible to children** for any tool or equipment that is operated by an engine or any tool or equipment that poses a possible hazard to children or staff.

• **Ensure that if any of the above substances need to be refrigerated**, they are stored in a labeled child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children.

• **If bulk chemicals or non-domestic products and quantities are used or stored, have a Hazardous Substances Register and Risk Assessment** in accordance with the OHS Act and Regulation. This should record product name, application, whether the product is labeled, whether a MSDS (Material Safety Data Sheet) is available, what class risk the chemical is, the controls for prevention of exposure that are required and what first aid, medical or safety action should be taken if a person is exposed.

• **Follow the manufacturer’s instructions** for use, storage and first aid instructions and where possible, obtain a MSDS to keep with the substance or where staff can have immediate access to the information in an emergency, and ensure all staff are aware of the safety and first aid information in the MSDS.

• **If only normal domestic or commercial products and quantities are used or stored**, it is good risk management to keep a checklist or register of what hazardous chemicals or substances you have. Record where they are stored, how they might be a hazardous, if there are any first aid instructions available in relation to exposure and what action should be taken if a person is exposed (See Appendix F - Chemical Safety Checklist).

• **When disposing of unwanted hazardous chemicals, substances or equipment**, do so safely or in accordance with manufacturer’s instructions, OHS Regulation,
local council regulation or Department of Health advice as relevant. Do not flush chemicals or medications down the drain, sink, toilet, sewer or gutter.

• **Wear appropriate personal protective clothing** (e.g. gloves, aprons, mask, goggles) in accordance with manufacturer’s instructions when using or disposing of hazardous chemicals or substances.

• **Seek medical advice immediately if poisoning** or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on 131126, or call an ambulance, dial 000.

• **In the case of any child or staff member injured by a chemical, substance or equipment**, institute your emergency, medical and first aid procedures, notify WorkCover NSW immediately and any other person or authority as required by the regulation or these guidelines (see Section 7. and 8. on Managing Emergencies).

• **In any major emergency involving a hazardous chemical or equipment, a hazardous gas or a fire or explosion hazard**, call the emergency services, dial 000 and notify WorkCover NSW immediately and any other person or authority as required by the Regulation or these Guidelines (see Sections 7. and 8. on Managing Emergencies).
13.7 Indoor Allergens

**Policy:** The centre will minimise the occurrence of allergic disorders and asthma in children and staff by minimising exposure to common indoor allergens.

**Background:** There is a range of indoor allergens to which susceptible children and adults can have skin and respiratory allergies, particularly asthma, allergic rhinitis and conjunctivitis, eczema, and possibly anaphylaxis. Common indoor allergens are tobacco smoke, house dust mite and house dust, dust from animals and birds, dust from cockroach and other pest infestations, solvents and volatile chemicals, mould, mildew and some plants.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To minimise the occurrence of allergic disorders and asthma in children and staff by minimising exposure to common indoor allergens, centres should:

- **Have a tobacco and other smoke free environment in and immediately outside the environs of the centre** in accordance with the Regulation.

- **Reduce house dust exposure using strategies such as:**
  - regularly vacuuming and cleaning floors, window sills, bookshelves, carpet, upholstered furniture, and fluffy toys
  - using dust resistant protective covers for pillows and mattresses, and particularly for children with asthma or allergies
  - regularly washing or dry-cleaning blankets, doonas, bedcovers and pillows
  - washing any clothes, linen or bed coverings that have been in storage for a long time.  
  (See *Practical Advice for Hay Fever and Allergies Sufferers*, ASCIA, 2001, at: www.allergy.org.au for more detail on controlling house dust mites and house dust.)

- **Use floor carpet sparingly, it requires constant maintenance and can be a source of allergens.**

- **Reduce or avoid contact between children who have asthma or allergies and pets and animals in the indoor environment.**

- **Ensure all animals and pets are in a clean and healthy condition.**
• Regularly clean animals' cages and sleeping, eating and toileting areas of animals and pets, and prevent access to these areas by children.

• Prevent and treat pest infestations, especially cockroach infestations.

• Be aware that feather dust from pet birds or poultry can cause allergic reactions of the lung and are a potential source of infectious diseases such as salmonellosis and psittacosis.

• **Remove indoor plants** to which a child or staff member is known to be allergic and not have indoors any potentially hazardous or toxic plant.

• **Ensure there is no dampness or mould.** Mould produces allergens and toxins that can cause respiratory irritation.

  (See also Sections 1.7 Cleaning and 12.6 Hazardous Plants).

**Note:** The Australasian Society of Clinical Immunology and Allergy (ASCIA) has a web site for information for the general community and health professionals on a range of issues relating to asthma and allergies at [www.allergy.com.au](http://www.allergy.com.au).
14.1 Travel & Excursion Safety

**Policy:** The centre will minimise risks of accidents and injuries on excursions, respond effectively to emergencies, and promote awareness in children and their families of road safety and play safety.

**Background:** To minimise risks and prevent accidents on excursions it is important to plan ahead of time and choose safe excursion locations and safe travel routes, take precautions and be prepared for emergencies by carrying a first aid kit and emergency phone numbers. It is also important to consider road safety including passenger and pedestrian safety and safe play. This includes following recommended guidelines for transport of children in motor vehicles and walking with children as pedestrians. Excursions are also an opportunity to promote awareness in children of road safety and play safety.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Children and Young Persons (Care and Protection) Act 1998 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Australian Road Rules 1999; Road Transport Regulation 1999 (NSW).


**Practices:**

To minimise risks of accidents and injuries on excursions, respond effectively to emergencies, and promote awareness in children of traffic and play safety, centres should:

**Excursion Planning**

- **Ensure staff have parents’ consent** for all children going on an excursion or leaving the centre on each occasion, and ensure staff have emergency phone numbers, a mobile phone, and a first aid kit.

- **Plan excursion travel, routes and locations that are safest**, plan the safest route of travel and check the location for safety hazards in advance or when arriving.

- **Minimise using cars** for taking children on excursions, preferably walk if the route is safe or use vehicles with professionally fitted child restraints and/or seatbelts.

- **Visit the excursion site prior to the visit and carry out an Excursion Risk Evaluation Checklist.** This includes identification of access, entry and exit points,
utilities, food areas, availability of toilets, availability of water to drink and to wash hands, shade.

- **Be aware of the different staff-child ratios in the Regulation** in relation to children under 3 years and children 3 years and older, for excursions, travelling in motor vehicles, walking in the road traffic environment, and crossing roads.

### Passenger Safety

- **Ensure all vehicles have child restraints and/or seatbelts** that are appropriate for the age and weight of each child, that conform to Australian Standards, and are professionally installed or checked by an authorised restraint fitter.

- **Always buckle up children’s seatbelts.** Keep children occupied when travelling in vehicles to help prevent children unbuckling their seatbelt e.g. sing songs, play simple games and talk about the journey.

- **Ensure as far as practicable child passengers enter and exit the car by the ‘safety door’,** which is the rear, left hand side door of the car. The Early Childhood Road Safety Education Program can be contacted on (02) 9850 9882 to obtain a free resource order from to order safety door stickers.

- **Ensure there are no loose or sharp objects** inside the car that could cause injury if an accident occurs.

- **Avoid taking pets** with the children or ensure they are separated from the children.

### Pedestrian Safety

- **The NSW Roads and Traffic authority recommends when walking with children up to age 8 years in a traffic environment** (eg. roads, pedestrian crossings, bicycle tracks, footpaths, driveways, and carparks), **all children hold an adult’s hand.** If an adult’s hand is not available, children should hold onto a pram, stroller, wheelchair, bag, or clothing, and should be kept in sight of an adult (ie. not walking behind).

- **Make a risk assessment of the excursion and traffic environment** likely to be encountered on a planned excursion, and use strategies such as choosing the safest route, choosing locations with minimal or no traffic, and taking extra staff or volunteer staff on excursions.

- **Promote awareness in children of road safety and play safety** by using a walking commentary about all things you are doing to keep safe while on excursions and when out walking.

### Safe Play on Excursions

- **Choose a safe place for children to play** when on excursions. Playgrounds should be fenced, away from water and traffic hazards, and the play equipment must be safe and age appropriate.
• Prevent children from playing with or going near dogs and other animals.

• Ensure children are protected from sun exposure with appropriate clothing, hats, sunscreen, sunglasses and drinking water.

**Supervision**

• Ensure children are supervised at all times with staff-child ratios as set out in the Regulation, and be alert to children’s whereabouts, activities and safety.

• Never leave children alone in motor vehicles, or standing alone by the side of the road or road crossings.

**Emergency Precautions**

• Ensure staff have a first aid kit, emergency phone numbers, and a mobile phone.

• Be aware of the extra precautions that might be needed for children with a disability or medical problems, such as having sweetened drinks or food in case of hypoglycaemia in a child with diabetes, an emergency medical kit for children with food, bee or other insect allergies. Always have plenty of water to drink.

The ‘Kids and Traffic’ free resource Kit developed by the Early Childhood Road Safety Education Program (ECRSEP) is available for children’s services licensed in NSW for 10 or more children. The Kit includes a number of valuable education resources including puzzles, storybooks, felt board story and more. The ECRSEP also provides free professional development workshops in road safety education to early childhood services. Phone: (02) 9850 9882 or visit their web site at [www.kidsandtraffic.mq.edu.au](http://www.kidsandtraffic.mq.edu.au).

**Other resources for further information on Travel and Excursion Safety are:**


Roads and Traffic Authority, and Motor Accident Authority. *Seatbelts without Tears.*


Travel & Excursion Safety Checklist:

**Alighting from the car** – as far as practicable, ensure children always get in and out of the rear left hand side door – the ‘safety door’.

**Check area for hazards** before excursion or on arrival at excursions.

**Emergency** contact details and emergency procedures taken on excursions.

**Farm visits** – ensure children do not have access to farm machinery, dangerous animals, pesticides and other chemicals, firearms and explosives, water hazards such as creeks and dams (see section 15.3 Child Safety Precautions on Farms).

**First aid kit** approved, maintained and separate kit for excursions.

**Heavy, loose, sharp objects** should be removed from vehicle before excursion.

**Mobile phone** for emergencies.

**Passenger safety** - ensure child seats and restraints are professionally installed and meet current standards for the height and weight of each child. Always buckle up children’s seatbelts and ensure they are adjusted to fit each child correctly. Keep checking throughout your journey to make sure each child remains correctly buckled up.

**Pedestrian safety** – When walking out and about with children, always ensure a child is holding onto an adult’s hand, or if not possible, holds onto a bag, pram, trolley or wheelchair.

**Permission** from parents in writing for each outing, additional permission for non-routine excursions with details of destination, time, date, transport, names of supervising adults.

**Pets** must not travel in vehicle with children, unless restrained and inaccessible.

**Public transport safety** - only use public transport with seatbelts available.

**Riding horses, ponies or other animals** – children must be supervised and wear helmets in accordance with Australian Standards.

**Road safety education** – when walking on excursions, use a walking commentary to help children begin to develop life skills to keep safe. The Early Childhood Road Safety Education Program can be contacted for information to include in a “road safety education policy” for your service.

**Safe travel and excursion rules** – promote traffic and play safety for children using a walking commentary (refer to Kids and Traffic resources).

**Safe excursion routes** – when on a walking excursion, plan the safest route.

**Smoke free** environments – vehicles and all excursion locations.

**Strange dogs** - be aware in parks and roads, teach children appropriate behaviour.

**Suitable excursion locations** – plan ahead, choose locations and routes that are safest, and age appropriate.

**Sun protection**, clothing, hats, sunscreen, sunglasses, drinking water.

**Supervise** children, never leave children alone in a vehicle and always maintain appropriate adult-child ratio.

**Vehicle is registered, insured, maintained, current drivers license.**

**Vehicle transport for excursions** – it is preferable not to use cars, but to walk or to travel in purpose designed vehicles with fitted seatbelts and/or child restraints. If vehicles are used, ensure children are restrained in accordance with current air bag laws if appropriate.
**Volunteers** – if you have volunteers accompanying children on excursions, ensure they are aware of safety rules and procedures.

**Water hazards** – appropriate staff-child ratios according to the Regulation, accompanied by a staff member with current resuscitation (CPR) certificate, maintain effective supervision of all children at all times.
14.2 Safe Excursion Locations

**Policy:** The centre will minimise risk of accidents and injuries on excursions, by planning and selecting safe excursion locations.

**Background:** The success of excursions depends on the children’s centres planning and preparations beforehand. Planning not only includes selecting appropriate and safe excursion locations, it also includes determining how the group will get there and how the centre staff will keep children safe during the entire trip. It is preferable not to use vehicles for taking children on excursions, but to walk or to travel in purpose designed vehicles with fitted seatbelts and/or child restraints. All vehicles should have child restraints and/or seatbelts that are appropriate for the height and weight of each child, that conform to Australian Standards and are professionally installed or checked by an authorised restraint fitter.

**Relevant Legislation:** *Centre Based and Mobile Child Care Services: Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).*


**Practices:**

To minimise risk of accidents and injuries on excursions, by planning and selecting safe excursion locations centres should:

- **Be aware of their obligations under the Regulation in relation to obtaining authority from a parent or guardian for all routine and non-routine excursions.** This includes conduct of excursions, transport and restraint of children in motor vehicles, precautions to take on excursions where there is a water hazard, a traffic hazard, or roads to cross, and to have available a First Aid kit, emergency phone numbers, and a mobile phone.

- **Select excursion locations that are educational and not hazardous** for children, e.g. fenced parks, enclosed playgrounds, parks with well-maintained play equipment and toilets, contained areas like zoos, museums and locations that provide adequate shading.

- **Avoid organising excursions near water hazards,** to shopping centres, unfenced parks, and other locations which have not been appropriately maintained or where children cannot be adequately supervised at all times. Be aware that children are at particular risk of injury in car parks and driveways.

- **Maintain all appropriate measures for excursions** – adult-child ratios in accordance with the Regulations, fitted seatbelts and/or child restraints in vehicles.
used for transporting children. Bring extra clothing, sun protection clothing, hats, sunscreen, water, food, emergency contact list, and mobile phone.

- **Phone place of destination beforehand to confirm** and where possible **visit site and carry out an Excursion Risk Assessment**, check on the availability of telephones, toilets, water, shaded rest areas, stroller and wheelchair accessibility.

- **Seek written permission, notify all families** of excursion location, date, arrival, departure times, type of transport, excursion activities, adult-child ratio, name of person with first aid certificate on excursion, emergency contact number, and details of the route to and from excursion location.

- **Organise identification tags for children**, with the centre’s name, address and telephone number, (preferably mobile phone number).

- **Discuss safe excursion rules and safe behaviour with children** before the trip and again on the day of the excursion, e.g. staying with the children’s centre staff and not speaking to strangers.

- **Update children’s emergency contact details** before excursion date, take mobile phone, fully stocked first aid kit, emergency contacts and procedures on excursions.

- **Have a specific policy for Emergency Accident and Illness Plans for Excursions** and ensure staff are familiar with the policy.

The ‘Kids and Traffic' free resource Kit developed by the Early Childhood Road Safety Education Program (ECRSEP) is available for children’s services licensed in NSW for 10 or more children. The Kit includes a number of valuable education resources including puzzles, storybooks, felt board story and more. The ECRSEP also provides free professional development workshops in road safety education to early childhood services. Phone: (02) 9850 9882 or visit their web site at [www.kidsandtraffic.mq.edu.au](http://www.kidsandtraffic.mq.edu.au).
14.3 Child Safety Precautions on Farms

Policy: The centre will minimise risk of accidents and injuries when the child care service is based on a farm or when visiting farms with children in care.

Background: There are a high number of farm related accidents, injuries and fatalities involving children, highlighting the need for increased health and safety practices on farms. Child death rates from injuries are higher in rural areas, compared to urban. Farm life can be dangerous and special precautions need to be taken if a children's service is operating from a farm or when visiting farms with children in care.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Pesticide Act 1999 (NSW).


Practices:

To minimise risk of accidents and injuries relating to farms, centres should:

- Provide a safe playing area for children securely fenced off from farming activities e.g. machinery, tractors, woodpiles, animals, and make silos inaccessible to children by removing the lower step, and keep other ladders lying flat on the ground.

- Securely cover or make inaccessible to children wells, tanks, ponds, dams, and creeks.

- Store equipment, tools, machinery, pesticides, other chemicals and ladders in locked sheds and workshops.

- Ensure guns, bolts, ammunition and explosives are safely secured and in a safe condition according to OHS and other legislative requirements, and are inaccessible to children and all other persons.

- Ensure children are not near loud machinery noise that could damage hearing.

- Ensure children are always within view, supervise carefully and dress children in bright colours so they are easy to see. Teach them about farm safety and out-of-bound areas such as dams, silos, tractors, farm work areas.

- Inform farm workers about children in care or visiting, ensure all workers check around machinery before starting up and moving off tractors or equipment, always switch off machinery not in use and remove keys.

- If in contact with spray drift - wash spray off skin, change into clean clothes, if concerned about the health effects or for advice about treating symptoms of
poisoning, contact local doctor or Poisons Information Line 131126, report incident to the Environmental Protection Authority: 131555.

• **Avoid contact with potentially dangerous animals**, (including farm animals), supervise contact with farm animals for educational purposes in a safe environment.

• **If children are riding horses, ponies or other animals**, they must be supervised at all times and wear appropriate helmets.
15.1 Child Protection Practices

**Policy:** The centre will ensure the safety of children and ensure their protection from abuse while in care.

**Background:** Child abuse is a common problem in any community. Child abuse can be any or a combination of the following: physical, sexual, emotional and neglect. Children’s centre managers and centre staff are responsible for preventing child abuse, recognising indicators and responding effectively if issues arise, including Mandatory Reporting of child abuse.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Children and Young Persons (Care and Protection) Act 1998 (NSW).


**Practices:**

To ensure the safety of children and to ensure their protection from abuse while in care, centres should:

- **Ensure all children’s centre staff are fully informed of legal rights, responsibilities and procedures in relation to Mandatory Reporting of known or suspected child abuse.**

- **Ensure there is one age appropriate bed or mattress or cot, for each child, and all children can be viewed by centre staff in all indoor and outdoor areas.**

- **Ensure supervision and visibility of children at all times** in all indoor and outdoor areas, e.g. nappy change facilities with viewing window, have at least two staff on premises at all times with vision of each other and the children, have two staff present or in view when changing nappies or washing children.

- **Know that it is a criminal offence for anyone to physically or sexually abuse a child;** to cause permanent emotional damage, e.g. making child feel constantly frightened, stupid, bad or threatened; provide inadequate supervision, food, clothing and shelter.

- **Never physically punish children** by hitting, shaking, pinching; do not use abusive, derogatory, humiliating language or inappropriately punish children by withdrawing child’s food, rest, use of the toilet, or lock in a room.

- **Minimise negative interactions between children and centre staff,** discuss these types of issues with the centre manager and develop strategies to address issues.

- **Be aware that criminal and child protection checks** are carried out on all children’s centre staff.
• **Be trained on the early detection of child abuse**, be able to observe for signs of child abuse and **promptly report to the centre manager**.

• **Ensure all children’s centre staff are informed that Mandatory Reporting of child abuse is required if they have reasonable grounds** to suspect that a child is at risk of harm by family, relatives, friends, caregivers or staff, due to:
  - the child’s basic physical or psychological needs not being met
  - unwillingness or inability to arrange for the child to receive necessary medical care
  - the child has been, or is at risk of being physically or sexually abused or ill-treated
  - incidences of domestic violence, and as a consequence, the child or young person is at risk of serious physical or psychological harm
  - behaviour towards the child which causes suffering, or is at risk of suffering serious psychological harm. (See **Key Resources: EnAct**, for further details on what constitutes “risk of harm”)

• **Be aware that in the first instance it is preferred, though not compulsory to report child abuse concerns to the centre manager**. If there is an issue or disagreement between a children’s centre staff and the centre manager, and the children’s centre staff has reasonable grounds that a child is currently at risk of harm, they are legally required to make a report directly to the NSW Department of Community Services: 13 36 27, or call 000 and inform police if there is a life threatening situation.

• **Ensure confidentiality** so the child is not at further risk of abuse, or intimidated to change their story and so a wrongly accused adult does not suffer damage to reputation and/or livelihood. (See Section 8.4 Confidentiality)

• **Not interview children** about suspected abuse or notify parents or guardians - the NSW Department of Community Services is responsible for informing parents.

• **Know that the identity of reporters is confidential** and that they are legally protected and can not be prosecuted for reporting child abuse on reasonable grounds, in accordance with the Regulation.

• **Ensure all children’s centre staff are trained to provide protective behaviour programs** for children to learn self-protection.

• **Be aware of cultural practices that can be misinterpreted as signs of abuse**, such as cupping, application of poultices, not cutting hair or nails in infants.

• **Train and encourage children’s centre staff to be aware of their own personal levels of tolerance and stress and to take regular breaks.**
HEALTH AND SAFETY FOR CHILD CARE STAFF

16. CHILD CARE STAFF HEALTH AND SAFETY
16.1 Back Care and Lifting
16.2 Stress Management
16.3 Child Care Staff Immunisation and Infectious Disease Issues
16.4 Latex Allergy

17. PREGNANT CHILD CARE STAFF HEALTH AND SAFETY
17.1 Back Care, Lifting and Other Health Issues for Pregnant Child Care Staff
17.2 Stress Management for Pregnant Children's Centre Staff
17.3 Immunisation and Infectious Disease Issues for Pregnant Child Care Staff
16.1 Back Care & Lifting

**Policy:** The centre will minimise the risk of back injury in child care staff and other staff members by applying principles of back care and correct lifting and carrying technique.

**Background:** Child care staff are at risk of work related ergonomic injuries particularly back injuries related to lifting and carrying children, bending, reaching, and not using adult size furniture.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Workers Compensation Act 1987 (NSW).


**Practices:**

To minimise the risk of back injury in child care staff and other staff members and to comply with the Occupational Health and Safety Act and other relevant legislation, centres should:

- Have adult height sinks and change tables, for adults have adult size toilets and for children have low self-help toilets and step stools for children.
- Use small chairs with good back support instead of squatting or bending for interaction with children.
- Use an adult chair for feeding infants.
- Have cots with drop-sides and moveable steps so that, toddlers can climb into cot.
- Use beds that are lightweight and stackable with washable mattresses.
- Have shelving, filing cabinets, and storage cupboards at suitable height to avoid stretching to reach them.
- Use a trolley for laundry and have the clothesline at a reachable height.
- Use mechanical aids where suitable, ensuring they are not a safety hazard for lifting and moving.
- Have adult size furniture for adults in offices and where adults do not usually interact with children.
- Where possible, kneel rather than bend down, to avoid neck and back problems.
• **Carry children only when necessary, in the correct way** - with one arm under the child’s buttocks and your other arm supporting the child’s back. At the same time, hold the child facing you, as close to your body as possible, try to avoid carrying a child on your hip because this may strain your back.

• **When lifting awkward** loads, be careful to lift with a balanced and comfortable posture.

• **Minimise the need to reach above shoulder level** and use a stepladder.

• **Avoid extended reaching forward**, e.g. leaning into low equipment boxes, share the load if the equipment is heavy, long or awkward.

• **When lifting babies out of cots**, stand close against the cot and raise the child as close as possible to your body, do not stretch over and lift.

• **When sliding, pulling or pushing equipment**, e.g. benches or gym mats, if the equipment is not easy to move, ask for help and organise a team lift.

• **Use equipment and furniture that can be moved around as safely, easily and comfortably as possible.**

• **Provide staff with training and information on back care and safe lifting techniques.**

• **Place lighter items higher on shelves.**

• **Lift or move furniture using at least two people.**

• **Where possible, arrange children’s activities/sleep around furniture/equipment to minimise manual handling.**

• **Minimise lifting children by having steps/foot stools in areas where lifting of children is likely to be needed, such as, nappy change room.**

• **Provide manual handling training for staff, display posters showing correct methods of lifting, and develop strategies for minimising risk such as stickers showing correct methods of lifting.**

From *Childcare Information*, NSW Government, January 1993. Used with permission from NSW Department of Community Services and WorkCover Authority of NSW.

**Note:** For further detailed information on back safety and lifting see *Key Resources* listed above.
16.2 Stress Management

Policy: The centre will minimise the risk of child care staff stress and burnout.

Background: Stress in child care staff can negatively impact on the quality of child care and interactions with other child care staff, children and their families. Stress and burnout in child care staff is most commonly related to lack of leave and holidays, overwork and conflicts with families over issues such as exclusion of children and other policy issues.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


Practices:

To minimise the risk of and manage stress, and ensure centre staff have adequate opportunities for leave and holidays, centres should:

- Be aware that the main causes of stress and burnout in children’s centre staff are:
  - not being able to take holidays or sick leave
  - long working hours, working overnight, on weekends and public holidays
  - inadequate recognition
  - inadequate training
  - lacks of breaks and variety of work
  - not being able to contact families in emergencies
  - conflict with families over policy issues especially excluding children when they are ill or have a potential infectious disease
  - conflict over administration and non-payment or handling of fees
  - expectations, needs of own family, and dealing with family and personal issues
  - increased administrative work
  - constant exposure to infectious diseases and other occupational health risks
  - constant exposure to noise
  - responsibility for children’s welfare and fear of litigation.

- Provide staff with support from the centre manager, about issues relating to holiday leave, sick leave, not being able to contact families, conflict with families, negotiating with families about adhering to policies and guidelines, administrative workload, and the need of children’s centre staff to take leave in personal and family emergencies.
• Assist staff to make arrangements with the centre manager about taking regular holidays, some strategies include the children’s centre having relief child care staff or the centre manager assisting in finding alternative care.

• Develop a staff policy which assists staff to make arrangements with the centre manager for provision to allow the children’s centre staff to take emergency leave for situations such as personal illness or illness in their family or other personal issues.

• If caring for children overnight, on weekends or on public holidays, have arrangements with the centre manager and parents to have compensatory days off.

• Monitor all child care staff for problems and issues and take positive steps to assist in preventing and managing stress by:

  - including children’s centre staff and other staff in determining changes and making decisions in the management of the centre,

  - providing adequate training in all health and safety issues when it is required, especially in the areas that are considered to be major sources of stress for children’s centre staff, such as exclusion of sick children, conflict resolution, exposure to infectious diseases and other occupational health risks, caring for sick children and children with chronic health problems, administering medications, and first aid emergencies,

  - implementing effective communication channels so that children’s centre staff and other staff can feel confident in being able to voice their concerns and resolve problems and issues,

  - assisting children’s centre staff in planning workloads and dealing with the impact of caring for children with illness, chronic health problems or other special or developmental needs,

  - conducting regular reviews of policies, management and communications procedures, and children’s centre staff problems and issues,

  - effectively and fairly dealing with and resolving both children’s centre staff and family’s complaints and conflicts through a complaints policy and procedure,

  - providing recognition of staff’s efforts and achievements through praise and work and family friendly practices,

  - establishing communication systems that encourage input from children’s centre staff, families, other health professionals, and the community.

• Make opportunities available for directors and staff for training in personal stress management.
• **Employ strategies which help in preventing, recognising and reducing work stress, such as:**
  
  - a management system which recognises stress and recognises individuals more likely to be at risk of stress, such as directors and executive staff, and staff who have extra responsibilities,

  - giving staff more participation in decision making and problem solving in policy making and management of the centre,

  - make use of employee assistance programs which may be helpful.

• **Build a culture of empathy and support** in the work place when stressful situations occur.

• **Recognise and acknowledge** staff’s efforts and achievements.

From *Childcare Information*, NSW Government, January 1993. Used with permission from NSW Department of Community Services and WorkCover Authority of NSW.

**Note:** For further detailed information on stress management, see Key Resources listed above.
16.3 Child Care Staff Immunisation & Infectious Disease Issues

**Policy:** The centre will minimise the risk of exposure of child care staff to infectious diseases transmitted from children in their care and preventing illness and other risks from vaccine preventable diseases by appropriate immunisation.

**Background:** Child care staff are exposed to a number of infectious diseases transmitted from children in their care and other people they come into contact with. Child care staff can be immunised against many infectious diseases and there are immunisation and other infection control strategies specific to centre staff.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No. 2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).

**Key Resources:** Staying Healthy in Child Care, NHMRC, 2001: [link]; Australian First Aid, St John Ambulance Australia, 2001: [link]; The Australian Immunisation Handbook, 8th edition, NHMRC, 2003, at [link]; Australian Standard Vaccination Schedule: [link]; The child care worker: hepatitis A and other infectious diseases, Viral Hepatitis Prevention Board (Australia).

**Practices:**

To minimise the risk of exposure to infectious diseases transmitted from children in their care and prevent illness and other risks from vaccine preventable diseases by appropriate immunisation, centres should:

- **Follow the infection control policy guidelines.** (See Sections 1, 2 and 3 on Controlling Infectious Diseases)

- **Provide information to all centre staff on their current recommended immunisations** for all children’s centre staff in accordance with current Australian Standard Vaccination Schedule and the current edition of the Australian Immunisation Handbook.

1. All Australians should have received vaccination in childhood against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella. Adults who have not received these vaccinations should seek advice from their own doctor in relation to the requirements of the latest edition of the Australian Immunisation Handbook before commencing employment in child care.

2. **Recommended immunisation for children’s centre staff:**

   - Hepatitis A.
   - Measles, mumps, rubella (MMR).
- Varicella (for seronegative staff).

- Adult Diphtheria, Tetanus, acellular Pertussis (adult DTPa).

- A dose of DTPa vaccine is recommended as a booster for children’s centre staff providing they have previously received a full course of vaccination for diphtheria and tetanus.

- MMR vaccine is recommended for children’s centre staff born during or since 1966. Staff should have evidence of receiving two doses of MMR vaccine. Children’s centre staff should have their rubella antibody status checked before employment and if seronegative they should have two doses of MMR vaccine one month apart, and have their rubella immunity checked to ensure they are seropositive before employment in children’s services. Pregnant children’s centre staff should not receive MMR vaccine, and MMR vaccine should be given at least 1 month before planning a pregnancy.

- Varicella vaccine is recommended for children’s services staff who have not had varicella or are uncertain if they have had varicella. Such staff should seek advice from their own doctor in relation to the requirements of the latest edition of the Australian Immunisation Handbook before commencing employment in child care.

- Hepatitis B is not recommended for children’s centre staff because of low risk of exposure. However the NOHSC Consensus Statement on Hepatitis B and the Workplace states "Vaccinations should be offered by employers to those people working in occupations where there is a risk of exposure to human blood or body fluids". If a child care staff member is likely to be involved in any emergency procedure or giving first aid to children, or they are at risk of exposure to blood or body fluids, they should discuss the risk of hepatitis B exposure with their doctor and have hepatitis B vaccination if indicated.

3. **Recommended immunisation boosters for adults:**

- Diphtheria and tetanus (DTPa) age 15-17 and 50 years
- Pneumococcal vaccine for those aged 65 years and over
- Pneumococcal vaccine for Aboriginal and Torres Strait Islander people aged 50 years and over
- Annual influenza vaccine for those aged 65 years and over
- Annual influenza vaccine for Aboriginal and Torres Strait Islander people aged 50 years and over.

**Advise all staff before commencing work that the above recommendations for immunisation will minimise transmission and risks** of those infectious diseases in children and staff. If a staff member has concerns about these diseases or immunisations they should seek advice from their doctor before commencing work.
Advise all staff that if an outbreak of a vaccine preventable disease occurs in the centre, staff should inform the centre director if they are not immunised against that disease. Non-immunised staff should consult their doctor to determine if it is appropriate for them not to attend work during the outbreak and discuss any issues relating to their immunisation or other medical management.
16.4 Latex Allergy

Policy: The centre will minimise the risks of allergy and anaphylaxis from exposure to latex and rubber products in susceptible children and centre staff.

Background: Latex allergy is an allergy to latex proteins in natural rubber products, which can cause a range of reactions from minor allergy and rash to severe skin reaction or anaphylaxis. The prevalence of latex allergy is 1-6% in the general population and 8-28% in health care staff. The commonest source in health care staff is disposable gloves. Powdered latex disposable gloves provide greater risk because the powder acts as a conduit for contact of the skin with latex particles. The current NSW Health policy is to eliminate the use of latex gloves in NSW public health care facilities as far as possible by 2003, and eliminate the use of powdered latex gloves in the first instance.


Practices:

To minimise risks of allergy and anaphylaxis to latex and rubber products in susceptible children and centre staff, centres should:

- **Use only non-latex gloves (eg. vinyl, neoprene) where practicable**, and if using single use (disposable) gloves, use only gloves which comply with Australian Standard AS/NZS 4011: Single use examination gloves – Specifications.

- **Be aware of the common sources of latex allergy** likely to be encountered in the child care setting, which include:
  
  - All purpose and kitchen gloves, latex disposable gloves, balloons, toys, dummies, bottle teats, rubber bands, rubber gloves and grips, dressings containing rubber, elastic or adhesive, bandages containing elastic such as crepe, adhesive tapes, Band-Aids and Elastoplast products, rubber pillows, mattresses and mats.

- **Be aware that 'hypoallergenic' label on gloves means low level of allergenic chemical additives in gloves and does not mean non-latex or low level of latex.**

- **Avoid latex in all its forms** and particularly avoid latex coming near your skin, face, eyes, nose, throat or airways.

- **Avoid inhaling or getting in the eyes any powder** that comes from a latex product, especially latex disposable gloves.

- **Check labels on all gloves, medical products, and any other products used by the centre** likely to contain latex or rubber, for whether the product is latex and rubber free.
• **Use gloves and other products, which specifically state they are latex free**, many of these products are available in Australia, substitutes for latex gloves are those which are made of vinyl or neoprene.

• **Do not use ordinary purpose or kitchen gloves unless they are non-latex.**

• **Be aware people who have severe allergic reactions to other substances, particularly foods, are more likely to have sensitivity to latex.**

• **Ensure children’s centre staff and children with sensitivity to latex wear a Medic-Alert bracelet.**

• **If you have a request to enrol a child who has latex sensitivity**, discuss with the family and the child’s doctor before enrolment to determine preventive precautions to have in place before the child attends the centre. Ask the family to provide information on the child’s health, medications, allergies, their doctor’s name, address and phone number, and a Latex Allergy First Aid or Emergency Medical Plan approved by their doctor, following enrolment and prior to the child starting at the centre.

**Note:** The information in these guidelines is based on the principles of prevention and management of latex allergy from NSW Health Department (2000), *Policy Framework and Guidelines for the Prevention and Management of Latex Allergy*, Circular 2000/99. It is important to note that the NSW Health Department policy was specifically developed to address latex allergy issues in health care facilities, however these principles can apply in other environments including child care facilities.

A comprehensive **list of products containing latex or rubber** and manufacturers and suppliers of **non-latex gloves and products** can be obtained from NSW Health Department (2000) *Policy Framework and Guidelines for the Prevention and Management of Latex Allergy* Circular, 2000/99, which also provides a checklist for identifying workers and consumers at risk of latex, and information for latex allergic individuals and new employees.
17.1 Back Care, Lifting & other Health Issues for Pregnant Child Care Staff

Policy: The centre will minimise the risk of back injury in pregnant child care staff and other staff members by applying principles of back care and correct lifting and carrying techniques, complying with Occupational Health and Safety and other related legislation, and taking special precautions against back injury in pregnancy.

Background: Child care staff are at risk of work related ergonomic injuries particularly back injuries related to lifting and carrying children, bending, reaching, and not using adult size furniture. Pregnant child care staff are more at risk of back pain and injury because of anatomical and physiological changes.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW); Workers Compensation Act 1987 (NSW).


Practices:

To minimise the risk of back injury in pregnant child care staff and to comply with Occupational Health and Safety and other relevant legislation, centres should:

• Ensure pregnant child care staff are aware they are at more risk of back pain and injury from working while pregnant because of anatomical and physiological changes such as softening of ligaments and tendons, extra weight load, muscle fatigue and tiredness.

• Ensure pregnant child care staff are aware that the risk of back pain and injury increases with the progression of pregnancy and their ability to do physical work decreases, and should see their doctor if they have any back pain or other health problem during pregnancy. (See Section 16.1 Back Care and Lifting)

• Ensure pregnant child care staff are also aware of other health risks:
  - exposure to specific infectious diseases that can have an adverse impact on pregnancy, which are: toxoplasmosis, rubella, 5th disease, varicella, cytomegalovirus (CMV), herpes simplex virus (HSV), hepatitis B, HIV,
  - stress and burnout,
  - swollen feet and varicose veins,
  - heat stress,
  - cigarette smoke,
  - chemicals and chemical fumes,
  - lead and leaded fumes.
• Employ strategies which help reduce physical stress for pregnant childcare staff, such as:

- do less physical tasks,
- restrict lifting to 10 kg,
- vary tasks to avoid prolonged standing,
- limit standing time to 3 hours per day,
- use foot rests for raising feet when sitting,
- use lower height workbenches, desks and chairs.

From Childcare Information, NSW Government, January 1993. Used with permission from NSW Department of Community Services and WorkCover Authority of NSW.
17.2 Stress Management for Pregnant Child Care Staff

Policy: The centre will minimise the risk of pregnant child care staff stress and burnout.

Background: Stress in child care staff can negatively impact on the quality of children’s centres and interactions between other child care staff, children and their families. Stress and burnout in child care staff is most commonly related to lack of leave and holidays, overwork, low remuneration and conflicts with families over issues such as exclusion of children and other policy issues. Pregnant child care staff are more at risk of stress at work because of changing abilities to meet usual work commitments.

Relevant Legislation: Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


Practices:

To minimise the risk of stress and ensure pregnant child care staff have adequate opportunities for leave and holidays, centres should:

• Ensure pregnant child care staff are aware they are at more risk of stress at work because of changing abilities to meet usual work commitments.

• Ensure pregnant child care staff are aware that the risk of stress at work might increase with the progression of the pregnancy.

• Ensure pregnant child care staff are aware they will have a need to take leave from work for a period before and after the pregnancy, during the initial period of caring for a new child, and should seek support from the centre manager in arranging leave. (See Section 16.2 Stress Management)

• Assist pregnant childcare staff with leave planning and provide information for them about their conditions of employment and leave entitlements.

• Advise pregnant child care staff see their doctor if they have any stress or other psychological or physiological health problems during pregnancy.

From Childcare Information, NSW Government, January 1993. Used with permission from NSW Department of Community Services and WorkCover Authority of NSW.
17.3 Immunisation & Infectious Disease Issues for Pregnant Child Care Staff

**Policy:** The centre will minimise the risk of and manage exposure of pregnant child care staff to infectious diseases transmitted from children in their care and preventing illness and other risks from vaccine preventable diseases by appropriate immunisation.

**Background:** Child care staff are exposed to a number of infectious diseases transmitted from children in their care and other people they come into contact with. Child care staff can be immunised against many infectious diseases and there are immunisation and other infection control recommendation strategies specific to child care staff. Pregnant child care staff are also at risk of specific infectious diseases that can have adverse impacts on pregnancy and there are active steps that they can take to reduce this risk.

**Relevant Legislation:** Centre Based and Mobile Child Care Services Regulation (No.2) 1996 (NSW); Occupational Health and Safety Act 2000 and Regulations 2001 (NSW).


**Practices:**

To minimise the risk of exposure to infectious diseases transmitted from children in their care and prevent illness and other risks from vaccine preventable diseases by appropriate immunisation, centres should:

- Provide information to all staff in the centre on current recommended immunisations for child care staff in accordance with current Australian Standard Vaccination Schedule and the current edition of the Australian Immunisation Handbook (also see Section 16.3 Child Care Staff Immunisation and Infectious Disease Issues).

- Recommend to female centre staff that they seek advice from their local doctor about immunisation needs before planning pregnancy.

- Advise all staff before commencing work that the above recommendations for immunisation will minimise transmission and risks of those infectious diseases in children and staff and if a staff member has concerns about these diseases or immunisations they should seek advice from their doctor before commencing work.

- Advise all staff that if an outbreak of a vaccine preventable disease occurs in the centre, staff should inform the centre director if they are not immunised against that disease. Unimmunised staff should consult their doctor to determine if it is appropriate for them not to attend work during the outbreak and discuss any issues relating to their immunisation or other medical management.
• If a pregnant centre staff member is unsure whether they have had any of the recommended immunisations, advise them to discuss their immunisation needs with their doctor. If any immunisation is contraindicated because of the stage of their pregnancy, advise them to discuss with their doctor the precautions to take, both in relation to work, and in general.

• If female centre staff are unsure of their rubella immune status and are of childbearing age, recommend the Measles-Mumps-Rubella (MMR) vaccination to prevent risks in pregnancy from rubella infection. MMR vaccination needs to be given at least one month prior to pregnancy and should not be given during pregnancy.

• Ensure all child care staff are aware that specific diseases for which there is evidence for increased risk of exposure in child care and can have an adverse effect on pregnancy are: rubella (German measles), cytomegalovirus (CMV), fifth disease (erythema infectiosum or parvovirus), chicken pox (varicella).

• Ensure all child care staff are aware that cytomegalovirus (CMV) can be transmitted in saliva, droplets from sneezing and coughing, and urine, and all child care staff should:
  - wear gloves when changing nappies when soiled by faeces or urine, with any contact with faeces, urine, blood, vomit or any other body fluid and when wiping noses.
  - wash hands after changing nappies or any contact with faeces, urine, blood or other body fluids, after wiping noses and after handling or patting animals and pets.
  - if pregnant, take particular precaution not to have contact with urine and not to kiss infants or children on the mouth, because of the risk of exposure to CMV.
  - if pregnant and preferably before becoming pregnant, have a blood test for CMV indicators and discuss this further with doctor.
  - cover open skin, cuts, abrasions, wounds, or dermatitis on their hands with a water resistant occlusive dressing, which should be changed each time it is soiled or wet.
Infectious Disease Guidelines for Pregnant Child Care Staff

From *Staying Healthy in Child Care*, 3rd ed., National Health and Medical Research Council, Commonwealth of Australia, 2001; copyright Commonwealth of Australia reproduced by permission.

**Rubella (German measles)**
It is especially important for women of childbearing age to be protected against rubella. If a pregnant woman contracts rubella, her baby may be born deaf, blind or with heart and lung damage. Because rubella is difficult to diagnose, a past history of the disease is unreliable as a guide to immunity. A blood test will show whether or not you have had rubella.

**Cytomegalovirus (CMV)**
CMV infection in early pregnancy may affect the unborn child. The infant may be unaffected, deaf or have multiple abnormalities. Whether the baby is affected depends on many factors. The two main factors are previous CMV infection and the stage of pregnancy. The risk is very low if the mother has had CMV infection before. The risk of severe effects may be higher if the mother catches the disease in early pregnancy. The chance of child care workers acquiring CMV infection when looking after children age 3 years or under, seems to be greater than that of hospital staff or the general public. Children’s centre staff may wish to have a blood test for CMV immunity before becoming pregnant. This would allow them to make an informed decision about work practices and to discuss these with their doctor.

**Toxoplasmosis**
Children’s centre staff are not at greater risk of contracting toxoplasmosis than other people. Toxoplasma infection in pregnancy may lead to congenital abnormalities. There is no risk if the mother has had the disease before, but this is often unknown. Toxoplasmosis is acquired through contact with cat faeces (in soil or sandpits) or eating poorly cooked meat. If you are considering pregnancy, then a blood test will tell you if you have already had toxoplasmosis.

**Erythema infectiosum, also called parvovirus or fifth disease**
The symptoms of this disease are slapped cheek rash (red cheeks that look as though they have been slapped) or arthritis. A pregnant woman who develops these symptoms should discuss with doctor. Parvovirus causes miscarriage or still births in a small percentage of women infected during pregnancy. Malformations do not appear to occur in babies who survive this infection in the mother.

**Chickenpox**
Most child care staff will probably have had chickenpox as a child and will not get it again. Infection with chickenpox in the first three months of pregnancy can damage the unborn child. Pregnant women who are exposed to chickenpox at any stage of the pregnancy should see their doctor soon after exposure. The doctor may give varicella zoster immunoglobulin (VZIG). This is an injection of antibodies against chickenpox.
HEALTH & SAFETY RESOURCES
AND APPENDICES

ABBREVIATIONS

HEALTH & SAFETY RESOURCES & REFERENCES

HEALTH & SAFETY INTERNET RESOURCES & REFERENCES

CULTURALLY AND LINGUISTICALLY DIVERSE HEALTH & SAFETY RESOURCES

RELEVANT LEGISLATION

APPENDICES

A. Medication Authority Form
B. Authority for Administering Paracetamol
C. Accident/Injury/Acute Illness Report Form
D. Notifiable Diseases Recommended by Communicable Diseases Network of Australia
E. National Health and Medical Research Council Recommended Minimum Periods of Exclusion
F. Children’s Centre Chemical Safety List
G. Hospital Transfer Form
ABBREVIATIONS

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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AECA</td>
<td>Australian Early Childhood Association (now Early Childhood Australia)</td>
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<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<td>CCNSW</td>
<td>The Cancer Council NSW</td>
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<td>CCC</td>
<td>Child Care Centres</td>
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<td>CBCC</td>
<td>Centre Based Child Care</td>
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<td>CCCC</td>
<td>Community Child Care Co-operative Ltd.</td>
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<td>CMV</td>
<td>Cytomegalovirus</td>
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<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
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<td>DOCS</td>
<td>NSW Department of Community Services</td>
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<tr>
<td>DRABC</td>
<td>Danger Response, Airway, Breathing, Circulation</td>
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<td>ECA</td>
<td>Early Childhood Australia</td>
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<td>EPA</td>
<td>NSW Environmental Protection Authority</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>Kidsafe</td>
<td>Kidsafe Child Accident Prevention Foundation of Australia</td>
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<tr>
<td>KUCS</td>
<td>KU Children’s Services</td>
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<td>MMR</td>
<td>Measles, Mumps, Rubella</td>
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<td>National Childcare Accreditation Council</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council (Australia)</td>
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<td>NOHSC</td>
<td>National Occupational Health and Safety Commission (Australia)</td>
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<tr>
<td>NSWCSHSC</td>
<td>NSW Children’s Services Health and Safety Committee</td>
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<td>PHU</td>
<td>Public Health Unit</td>
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<tr>
<td>SIDS</td>
<td>Sudden Infant Death Syndrome</td>
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<td>UNSW</td>
<td>University of New South Wales</td>
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<tr>
<td>WCA</td>
<td>WorkCover Authority of NSW</td>
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• Asthma Australia: http://www.asthmaaustralia.org.au
• Better Health Channel: http://www.betterhealth.vic.gov.au
• Diabetes Australia: http://www.diabetesaustralia.com.au
• Early Childhood Road Safety Education Program, Macquarie University: http://www.kidsandtraffic.mq.edu.au
• Epilepsy Association: http://www.epilepsy.org.au
• Food Anaphylactic Children Training and Support Association: http://www.allergyfacts.org.au
• Food Standards Australia New Zealand (FSANZ): http://www.foodstandards.gov.au
• Lady Gowrie Child Centre, Sydney, Children’s Services NSW: http://www.csnsw.org.au
• Multicultural Communications, NSW Health: http://www.health.nsw.gov.au
• National Childcare Accreditation Council Inc: http://www.ncac.gov.au
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• NSW Department of Fair Trading: http://www.fairtrading.nsw.gov.au
• NSW Environment Protection Authority: http://www.epa.nsw.gov.au
• NSW Health: http://www.health.nsw.gov.au
• Queensland Government Health: http://www.health.qld.gov.au
• St John Ambulance Australia, Australian First Aid: http://www.stjohn.org.au
• SIDS and Kids Online: http://www.sidsandkids.org
• South Australian Government, Child and Youth Health: http://www.cyh.com
• The Cancer Council NSW: http://www.cancercouncil.com.au
• The Children’s Hospital at Westmead, Parents Fact Sheets: http://www.chw.edu.au
• WorkCover Authority of NSW: http://www.workcover.nsw.gov.au
CULTURALLY AND LINGUISTICALLY DIVERSE HEALTH & SAFETY RESOURCES

1. SIDS and Kids Online: http://www.sidsandkids.org
   • SIDS, Taking Care of Your Baby, Indigenous brochure.

2. NSW Health: http://www.health.nsw.gov.au
   Better Health Centre: 9816 0452
   Aboriginal health publications:
   • Immunisation
   • Hepatitis B
   • Passive smoking

3. NSW Health: http://www.health.nsw.gov.au
   Multicultural Health Communication online brochures in 42 languages, relevant topics:
   • Children’s infectious diseases
   • Hepatitis A, B, C
   • HIV/AIDS
   • Immunisation
   • Meningococcal disease – recognising the signs
   • SIDS – how to lower the risk
   • Asthma and children
   • Infant health
   • Head lice
   • Food safety
   • Save your skin - sun safety
   • Avoiding ticks and spider bites
   • Preventing dog bites
   • Driving with children, an easy guide to restraints and seatbelts
   • Teaching children good sense on the roads
   • Hot water burns
   • House fires
   • How safe are children’s playgrounds
   • Keeping medicines and other poisons locked away
   • Lead and health – is your family at risk

   • Multilingual Internet Resource on Diabetes in English and 10 community languages.

   • Keeping Baby Safe, available in English and six community languages.

   • Multilingual resources on child care centre accreditation, available in 13 community languages.
7. **Early Childhood Road Safety Education Program, Macquarie University:**
   
   [http://www.kidsandtraffic.mq.edu.au](http://www.kidsandtraffic.mq.edu.au), Ph: (02) 9850 9882
   
   - Seatbelts Without Tears, available in community languages.

8. **Department of Human Services, Child and Adolescent Health Promotion Unit, Victorian Government,**
   
   - Healthy Snacks, Healthy Teeth, posters and books. Available in 12 languages.

9. **Interpreter Kit for Inner West HACC Service Providers**
   
   - Ethnic Child Care, Family & Community Services Co-op Ltd.
   - Ph: (02) 9569 1288, e-mail: snesbas@idx.com.au

10. **Community Relations Commission Language Service**
    
    - Ph: 1300 651 500

11. **Federal Translating and Interpreting Service (TIS)**
    
    - Ph: 131 450
    - Onsite Interpreter Service
    - Ph: 1300 655 082

For support, information and resources on children and families from culturally and linguistically diverse backgrounds, contact **Ethnic Child Care Family and Community Services** (the Project Officers from the program, Ethnic Child Care Development Unit ECCDU): Ph. (02) 9569 1288, email: eccdu@idx.com.au.
RELEVANT LEGISLATION

Anti-Discrimination Act 1997 (NSW)
Australian Road Rules 1991 (Commonwealth)
Children and Young Persons (Care and Protection) Act 1998 (NSW)
Centre Based and Mobile Child Care Services Regulation No.2 1996 (NSW)
First Aid Regulation 1989 (NSW)
Food Act 1989 (NSW)
Manual Handling Regulation 1991 (NSW)
Road Transport (Safety and Traffic Management) (Road Rules) Regulation 1999 (NSW)
Notification of Accidents Regulation 1990 (NSW)
Occupational Health and Safety Act 2000 (NSW)
Occupational Health and Safety Regulation 2001 (NSW)
Pesticide Act 1999 (NSW)
Poisons and Therapeutic Good Act 1966 (NSW)
Privacy and Personal Information Protection Act 1998 (NSW)
Public Health Act 1991 (NSW)
Smoke-Free Environment Act 2000 (NSW)
Smoke-Free Environment Regulation 2000 (NSW)
Workers Compensation Act 1987 (NSW)

AUSTRALIAN STANDARDS:
AS 1647 Children’s Toys
AS/NZS 2130 Cots for Day Nursery, Hospital and Institutions
AS 3772 Fire Protection for Cooking Areas
As 1841 General Requirements for Fire Extinguishers
AS 1288 Glass in Buildings
AS 3747 Harness for Use in Prams, Strollers and High Chairs
AS 1851 Maintenance of Fire Protection Equipment
AS 4031 Non-Reusable Containers for the Collection of Sharp Medical Items Used in Health Care Areas
AS 1924 Playground Equipment
AS 2155 Playgrounds
AS/NZS 4422 Playground Surfacing
AS 2444 Portable Fire Extinguishers and Fire Blankets
AS/NZS 2088 Pram and Stroller Safety Requirements
AS/NZS 4261 Reusable Containers for the Collection of Sharp Medical Items Used in Human and Animal Applications
As 3780 Storage and Handling of Hazardous Chemicals and Materials
AS 1267 Sunglasses and Fashion Spectacles
AS/NZS 4399 Sun Protection Clothing
AS 2555 Supervised Adventure Playgrounds
AS 1926 Swimming Pool Safety
AS 4174 Synthetic Shade Cloth
APPENDIX A

CHILDREN’S CENTRE

MEDICATION AUTHORITY FORM

I _______________ (Parent/Guardian) authorise ________________ (Centre Manager)
to administer the following medication to my child ________________________ (Child).
I understand the potential risks and side effects of this medication for my child.

Child’s name:

Medication:

Dosage of each administration:

Times of day to be administered:

Special instructions:

Expiry Date:

Has this child been given this or any other medication, including prescribed, pharmacy bought or alternative or complementary medicine in the previous 24 hours?

Brief health summary or reason for medication and side effects to monitor for:

Doctor’s name, address and phone number:

Emergency contact names and numbers for child:

Parent/Guardian Signature: ____________ Centre Manager Signature: ______________
Parent/Guardian Name: ________________ Centre Manager Name: _______________
Date: ____________________
### RECORD OF ADMINISTRATION OF MEDICATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Dose Given</th>
<th>Time Given</th>
<th>Signature of person administering medication</th>
<th>Signature of person checking medication</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Medication can only be given to a child if the medication is in its original packaging. In the case of prescription medication, this can only be administered to the child for whom it has been prescribed, from a container bearing a pharmacy label showing the child’s name and a current use by date, and in accordance with the doctor’s instructions or the instructions.

In the case non-prescribed, homeopathic, herbal or naturopathic medication, this will only be administered if it is in a container with a label containing the child’s name, name of the medication and a use by date, and accompanied by instructions or a letter from a pharmacist or the registered health professional who dispensed it or recommended it.

For any long term medication, the parent or guardian must provide a letter from their doctor which outlines the health condition being treated, the purpose of the medication, instructions on its administration, side effects to monitor for, and an emergency or first aid care plan if relevant, and a date to review medication.
CHILDREN’S CENTRE

AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY

I _______________ (Parent/Guardian) authorise ________________ (Centre Manager) to administer one dose of paracetamol to my child ______________________ (Child).

I understand that this authority is a guideline for administration of a specific dose.
I understand that I will be contacted for my permission for each specific emergency.
In the event of an emergency, I agree to collect my child as soon as possible.

I understand the potential risks and side effects of this medication for my child.

Child’s name:

Name, form (infant drops, elixir, suspension, tablet or suppository), and strength of the paracetamol:

• Trade Name:__________________________________________________
• Form and Strength______________________________________________

Dosage to be administered (one only):________________________________

Condition or circumstance under which to be administered: _______________

☐ Fever or temperature over: _________________________

Doctor’s name, address and phone number:

Emergency contact names and numbers for child:

Parent/Guardian Signature: ___________ Centre Manager Signature: ______________
Parent/Guardian Name: _____________ Centre Manager Name: ________________
Witness Signature: _________________ Date: _______________________________
CHILDREN’S CENTRE

ACCIDENT/INJURY/ACUTE ILLNESS REPORT FORM

This form is to be completed by the children’s centre staff, the centre manager or other responsible person in the event of an accident, injury or acute illness to a child care worker, child, staff member or visitor to the centre that has occurred while providing care or a care related activity or excursion.

The original of this form should be kept by the centre manager and a copy given to the injured or ill person, or child’s parent.

Name of person injured or ill:

Address of the person:

Is the person a:  
Child Care Worker □  Staff Member □
Child □  Visitor/Other □

Description of injury, or illness and the circumstances or contributing causes of the accident or illness:

Address and location in the centre where the accident, injury or illness occurred:
Date and time when the accident, injury or illness occurred:

**Action taken** (first aid, medication given, if cardiopulmonary resuscitation (CPR) was given, if an ambulance was called):

Has the parent or guardian of the child been notified?

Yes ☐

No ☐  Reason:

If relevant, have any of the following been notified:

- Doctor or Dentist ☐
- Police ☐
- Public Health Unit ☐
- Centre Manager ☐
- WorkCover Authority ☐
- Director-General of Community Services ☐

Name of person completing this report:

Signature: ___________________________  Date: ________________

Copy given to parent/injured person? : Yes ☐  Signature: ________________
APPENDIX D

Notifiable Diseases Recommended by Communicable Diseases Network of Australia

From Staying Healthy in Child Care. 3rd edition, the National Health and Medical Research Council, Commonwealth of Australia 2001; copyright Commonwealth of Australia reproduced with permission. Available at: http://www.health.gov.au/nhmrc/.

AIDS
Anthrax
Arbovirus infection:
• Barmah Forest virus
• Dengue virus
• Japanese encephalitis virus
• Murray Valley encephalitis virus
• Ross River virus
• Kunjin virus
• Other arbovirus infections
Botulism
Brucellosis
Campylobacteriosis (except NSW)
Chlamydia trachomatis - genital infection
Cholera
Cryptosporidiosis
Diphtheria
Donovanosis
Gonococcal infection
Haemolytic Uraemic Syndrome (HUS)
Haemophilus influenzae type b infection (invasive only)
Haemorrhagic fever (quarantinable)
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis D
Hepatitis E
Hepatitis other
HIV infection

Influenza (laboratory confirmed)
Legionellosis
Leprosy
Leptospirosis
Listeriosis
Lyssavirus:
• Australian Bat lyssavirus
• Rabies
• Other
Malaria
Measles
Meningococcal infection (invasive)
Mumps
Ornithosis (Psittacosis)
Pertussis
Plague
Poliomyelitis
Pneumococcal infection (invasive)
Q fever
Rabies (refer to Lyssavirus)
Rubella/congenital rubella
Salmonellosis
Shigellosis
Shiga-like toxin producing E. coli infection
Syphilis/congenital syphilis
Tetanus
Tuberculosis
Typhoid
Yellow fever
Recommended minimum periods of exclusion from school, pre-school and child care centres for cases and contacts with cases with infectious diseases.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>EXCLUSION OF CASES</th>
<th>EXCLUSION OF CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoebiasis (Entamoeba histolytica)</td>
<td>Exclude until diarrhoea ceases.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>Exclude until diarrhoea has ceased.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Chicken pox</td>
<td>Exclude for at least 5 days AND until all blisters have dried.</td>
<td>Any child with an immune deficiency (e.g. leukemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Exclude until discharge from eyes has ceased.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Cytomegalovirus Infection</td>
<td>Exclusion not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Exclude until diarrhoea has ceased.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.</td>
<td>Exclude family/household contacts until cleared to return by an appropriate health authority.</td>
</tr>
<tr>
<td>Glandular fever (mononucleosis)</td>
<td>Exclusion is not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Hand, Foot and Mouth disease</td>
<td>Until blisters have dried.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Haemophilus influenza type b (Hib)</td>
<td>Exclude until medical certificate of recovery is received.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Exclude until medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>CONDITION</td>
<td>EXCLUSION OF CASES</td>
<td>EXCLUSION OF CONTACTS</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Exclusion is not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Exclusion is not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Herpes (cold sores)</td>
<td>Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Hookworm</td>
<td>Exclusion is not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Human immune-deficiency virus infection (HIV/AIDS virus)</td>
<td>Exclusion is not necessary unless the child has a secondary infection.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Influenza and influenza like illnesses</td>
<td>Exclusion is not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Leprosy</td>
<td>Exclude until approval to return has been given by an appropriate health authority.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Measles</td>
<td>Exclude for at least 4 days after onset of rash.</td>
<td>Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hrs of their first contact with the first case they may return to school.</td>
</tr>
<tr>
<td>Meningitis (bacterial)</td>
<td>Exclude until well.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Meningococcal infection</td>
<td>Exclude until adequate carrier eradication therapy has been completed.</td>
<td>Not excluded if receiving rifampicin.</td>
</tr>
<tr>
<td>Molluscum contagiosum</td>
<td>Exclusion is not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Mumps</td>
<td>Exclude for 9 days or until swelling goes down (whichever is sooner).</td>
<td>Not excluded.</td>
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<tr>
<td>CONDITION</td>
<td>EXCLUSION OF CASES</td>
<td>EXCLUSION OF CONTACTS</td>
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<td>----------------------------------------------------</td>
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<tr>
<td>Parvovirus (erythema infectiousum fifth disease)</td>
<td>Exclusion is not necessary.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Ringworm, scabies, pediculus (lice), trachoma</td>
<td>Re-admit the day after appropriate treatment has commenced.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Rubella (german measles)</td>
<td>Exclude until fully recovered or for at least 4 days after the onset of rash.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Salmonella, Shigella</td>
<td>Exclude until diarrhoea ceases.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Streptococcal infection (including scarlet fever)</td>
<td>Exclude until the child has received antibiotic treatment for at least 24 hrs and the person feels well.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Exclude until a medical certificate from an appropriate health authority is received.</td>
<td>Not excluded.</td>
</tr>
<tr>
<td>Typhoid fever (including paratyphoid fever)</td>
<td>Exclude until approval to return has been given by an appropriate health authority.</td>
<td>Not excluded unless considered necessary by public health authorities.</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>Exclude the child for 5 days after starting antibiotic treatment.</td>
<td>Exclude unimmunised household contacts aged less than 7 years for 14 days after the last exposure to infection or until they have taken 5 days of a 14-day course of antibiotics. (Exclude closed child care contacts until they have commenced antibiotics).</td>
</tr>
<tr>
<td>Worms (intestinal)</td>
<td>Exclude if diarrhoea present.</td>
<td>Not excluded.</td>
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</tbody>
</table>

**Note:** The NHMRC recommends that children who are physically unwell should be excluded from attending school, pre-school and child care centres. This list should be read in conjunction with the National Health and Medical Research Council’s publication: National Health and Medical Research Council. June, 2001. *Staying Healthy in Child Care*. 3rd edition, Canberra, AGPS. Available at: [http://www.health.gov.au/nhmrc/](http://www.health.gov.au/nhmrc/)
## CHILDREN’S CENTRE CHEMICAL SAFETY CHECKLIST

<table>
<thead>
<tr>
<th>Chemical Type</th>
<th>Names of products on premises</th>
<th>What is the chemical used for?</th>
<th>Is the chemical necessary?</th>
<th>Is it a potential hazard to children?</th>
<th>What is the effect of the hazard?</th>
<th>Is it stored securely, inaccessible to children?</th>
<th>Where is it stored?</th>
<th>Is there a MSDS or First Aid information available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen Detergent</td>
<td>‘Brand’ Washing Up Liquid</td>
<td>General cleaning</td>
<td>Yes</td>
<td>Yes</td>
<td>Caustic if swallowed or contact in eyes</td>
<td>Yes</td>
<td>Cleaning stores cupboard and kitchen</td>
<td>Yes</td>
</tr>
<tr>
<td>Floor / window cleaners</td>
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<tr>
<td>Toilet cleaners &amp; deodorants</td>
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<td>Nappy rinse solution</td>
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<tr>
<td>Antiseptics for cuts</td>
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<td>First aid medicines</td>
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<tr>
<td>Children's medications</td>
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<tr>
<td>Hobby paints &amp; glues</td>
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</table>

Other types of chemicals that a children’s centre might use and that could go on the above list are: disinfectant, sterilising or sanitising products, laundry detergent, dishwasher liquids, oven cleaners, brass and silver cleaners, furniture polish, methylated spirits, children's and staff medications, animal and pet medicines, personal toiletries, hand moisturiser, alcoholic beverages, sun lotion, domestic and garden pesticides, mould remover, house paints and glues.

(Note: MSDS - Material Safety Data Sheet)
## CHILDREN’S CENTRE

### HOSPITAL TRANSFER FORM

This form should accompany the child to the hospital in circumstances where an ambulance has been called or the centre has recommended the family or nominated responsible person take the child to hospital. (This form is adapted with permission from Illawarra Health, 2003.)

The personal and health information contained on this form is confidential and is given to facilitate assessment of the child by the hospital.

**CHILD'S PERSONAL INFORMATION** (from the child’s enrolment information)

<table>
<thead>
<tr>
<th>Child's details:</th>
<th>Child’s name: ____________________________</th>
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<tr>
<td></td>
<td>DOB: ____________________________</td>
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<table>
<thead>
<tr>
<th>Parent/Guardian:</th>
<th>Name: ____________________________</th>
<th>Contacted:</th>
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<tbody>
<tr>
<td></td>
<td>Phone number: _____________________</td>
<td>Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Person:</th>
<th>Name: ____________________________</th>
<th>Contacted:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Phone number: _____________________</td>
<td>Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Family doctor:</th>
<th>Name: ____________________________</th>
<th>Contacted:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Phone number: _____________________</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Allergies**: ____________________________

**Is the child on any medications, have any special needs or medical condition**:

### INCIDENT REPORT (from the Accident/Injury/Acute Illness Report Form)

<table>
<thead>
<tr>
<th>Date &amp; time:</th>
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</thead>
<tbody>
<tr>
<td>Brief description of injury or illness:</td>
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</table>

<table>
<thead>
<tr>
<th>First aid administered:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of person completing form:</th>
<th></th>
</tr>
</thead>
</table>