

Woden Valley Child Care Centre Association Incorporated

Children's health and safety policy

Date Reviewed:

May 12, 2025

Regulation:

168 (2)(a)

Standards:

2

Aim

To provide an overview of Woden Valley Early Learning Centre (WVELC) policies and procedures that protect and maintain children's health and safety while attending the service.

Policy

WVELC is committed to the health, safety, and wellbeing of all children in our care. This includes a set of clear, well-structured policies and procedures that cover various aspects of children's health and safety. These policies are designed to be comprehensive and ensure the highest standards of care. Key areas covered by WVELC's health and safety procedures include, but are not limited to:

1. **Nutrition, Food, and Beverages:**

- WVELC ensures that all food and beverages provided to children meet appropriate nutritional guidelines and dietary requirements.
- Any special dietary needs, allergies, or medical requirements will be documented and closely followed by educators and staff.

2. **Sun Protection:**

- WVELC follows the **National Sun Protection Program**, which includes the use of hats, sunscreen, appropriate clothing, and seeking shade during outdoor activities.
- Educators will monitor sun exposure, particularly during high-risk hours (10am - 4pm).

3. **Water Safety:**

- WVELC ensures all water activities (e.g., water play, swimming, and excursions near water) are carefully supervised with a focus on safety.
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- Safety measures are put in place for all water-based activities, and child-to-adult ratios are adjusted according to the activity type (e.g., one-to-one supervision for swimming pools).

4. Sleep and Rest:

- Children will be provided with a safe and quiet environment for naps and rest.
- WVELC will follow safe sleep guidelines, including ensuring that sleeping children are placed on their backs and are regularly checked.

5. Tobacco, Alcohol, and Illicit Drugs:

- WVELC is a tobacco, alcohol, and drug-free environment. No smoking, alcohol consumption, or illicit drugs are permitted within the premises or during excursions.
- Parents and guardians will be informed of the policy and expected to adhere to it.

6. Child Protection:

- WVELC is committed to protecting children from harm and neglect. We have clear child protection procedures in place, including mandatory reporting obligations.
- All staff undergo regular child protection training to ensure they can identify signs of abuse or neglect and take appropriate action.

7. Child Safe Environment:

- WVELC will ensure that all physical environments are safe, hygienic, and child-friendly. This includes regular checks of play equipment, furniture, and facilities to ensure they meet safety standards.
- Policies around health and hygiene (e.g., handwashing, cleaning schedules) are strictly enforced.

8. Administration of First Aid:

- Educators are trained in first aid and CPR to ensure they can respond effectively in case of accidents or emergencies.
 - First aid kits are readily available and regularly checked to ensure they are fully stocked.
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Procedures for Implementation

WVELC will take all reasonable steps to ensure that the policies and procedures outlined above are followed by educators, staff, and families. Key actions include:

- Regular training for staff on health and safety procedures, including first aid, child protection, sun safety, and food handling.
- Conducting risk assessments on a regular basis, particularly for excursions or new activities involving children.
- Regular reviews of health and safety policies to ensure they align with the latest Australian health standards and best practices.
- Open communication with parents and guardians about health and safety procedures, particularly in relation to food, sleep, and water safety.

Parent and Guardian Notification

- Parents/guardians of enrolled children will be notified **14 days in advance** of any changes to these policies or procedures.
- WVELC will make the health and safety policies available for inspection at any time, and parents/guardians can request a copy.

Compliance

WVELC will adhere to the **National Regulations** and **National Quality Standard (NQS)**, particularly **Regulation 168(2)(a)**, which requires services to ensure the health and safety of children while attending the centre. This includes, but is not limited to, the areas outlined above.

Related documents / references

- Education and Care Services National Regulations
 - National Quality Standards for Early Childhood Education and Care and School Age Care, 2010
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Woden Valley Child Care Centre Association Incorporated

Child safe environment policy

Date Reviewed:

May 12, 2025

Regulation:

168 (2)(h)

Standards:

2.3, 3.1 & 7.1

Aim

To provide an overview of steps taken by the Woden Valley Early Learning Centre (WVELC) to ensure safe environments for children to play, explore, and investigate their world, thereby fostering their overall well-being and development.

Policy

Fencing

- WVELC will ensure fences are in good order and that gates and doors are locked and in good working order.
- Regular inspections of all fences and gates will be conducted to ensure they are secure and free from damage.
- Any necessary repairs will be carried out promptly to maintain the integrity of the security barriers.
- Staff will be trained to check locks and doors regularly to ensure they are functioning correctly.

Furniture

- WVELC supplies child-sized furniture in all rooms and adult-sized furniture in the staffroom. There is also a large lounge in the baby room for breastfeeding mothers.
 - Child-sized furniture helps to ensure the safety and comfort of children, promoting independence and reducing the risk of accidents.
 - The adult-sized furniture in the staffroom provides a comfortable and ergonomic environment for staff, supporting their well-being.
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- The breastfeeding lounge in the baby room offers a private and comfortable space for mothers, promoting a supportive environment for breastfeeding.
- WVELC will keep all furniture in clean and working order.
- Regular cleaning schedules will be followed to maintain hygiene standards.
- Any broken or worn-out furniture will be repaired or replaced promptly to ensure safety and functionality.

Hygiene

- WVELC promotes good hygiene through the explicit teaching of the importance of hand washing before eating, after toileting, or blowing your nose.
- Children will be taught proper handwashing techniques through demonstrations and regular reminders.
- Visual aids and posters will be used to reinforce the importance of hygiene practices.
- WVELC has procedures in place for training educators in hygiene, the cleaning of unhygienic areas, and blood or faecal matter.
- Staff will receive regular training on hygiene protocols, including the correct use of cleaning products and procedures for handling bodily fluids.
- Detailed guidelines will be provided for the cleaning and sanitization of all areas, ensuring a consistently high standard of cleanliness.
- Continued education in these areas is ongoing.
- WVELC will provide ongoing professional development opportunities for staff to stay updated on best practices in hygiene and sanitation.
- Regular audits will be conducted to ensure compliance with hygiene standards.
- For more information, please see the WVELC infectious disease policy.
- The infectious disease policy outlines specific measures to prevent and manage the spread of infectious diseases within the centre.

Kitchen

- The kitchen is locked from the inside and all knives are kept in a locked drawer.
 - Access to the kitchen will be restricted to authorized personnel only to prevent accidents.
 - Knives and other sharp objects will be securely stored to prevent access by children.
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- Educators and kitchen staff are aware of the need for safety when children are in or around kitchens.
- Staff will receive training on kitchen safety protocols, including supervision and risk management strategies.
- Clear guidelines will be in place to ensure that children are never left unsupervised in kitchen areas.

Repairs

- All repair work carried out in WVELC is done by certified professionals who meet WVELC's child security requirements.
- Only qualified and vetted professionals will be contracted to carry out repair and maintenance work.
- Repairs will be scheduled during times when children are not present to minimize disruption and ensure safety.

Resources/Toys

- All resources and toys are to be kept in safe working order. Any chipped or broken toys are to be removed from the room and the Director notified.
- Regular inspections of toys and resources will be conducted to identify any damage.
- Immediate action will be taken to remove and replace damaged items to prevent accidents.
- Outdoor toys need to be in good working order and set up in a safe way (e.g., mats placed under elevated toys).
- Outdoor play equipment will be checked regularly to ensure it is safe for use.
- Safety mats and other protective measures will be used to minimize the risk of injury from falls.

Nappies/Toilets

- Bathrooms are to be kept clean and as dry as possible.
 - Staff will follow a regular cleaning schedule to maintain bathroom hygiene and prevent the buildup of moisture.
 - Toilets need to be checked after each child has toileted and cleaned if necessary.
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- Staff will monitor bathroom use and ensure that toilets are clean and sanitary after each use.
- For more information, please see the WVELC nappy changing policy.
- The nappy changing policy provides detailed guidelines on safe and hygienic nappy changing practices.

Shade

- Shade will be provided in accordance with SunSafe requirements.
- Outdoor play areas will be equipped with adequate shade structures to protect children from excessive sun exposure.
- Staff will ensure that children use shaded areas during outdoor activities, especially during peak UV times.
- Sails and shade structures will be maintained and in working order.
- Regular inspections and maintenance of shade structures will be carried out to ensure their effectiveness and safety.

Sleeping/Bedding

- All beds are to be checked daily for tears, breakages, or soiling. If damage is present, the bed is either removed or its use stopped and the Director is notified.
- Daily inspections of beds will be conducted to ensure they are safe and clean for use.
- Any damaged or soiled bedding will be promptly addressed to maintain hygiene and comfort.
- Bedding is checked for rips, thinning, or soiling at each wash and removed if needed.
- Bedding will be inspected during each wash cycle to ensure it meets cleanliness and safety standards.
- Worn or damaged bedding will be replaced to ensure a safe sleeping environment.

Online Safety and Educational Content

- WVELC will ensure that any online content accessed by children is educational, age-appropriate, and safe.
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- Educators will curate and supervise the selection of online content to ensure it aligns with educational goals and is suitable for young children.
 - Internet safety measures, such as filtering software and secure networks, will be in place to protect children from inappropriate content.
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Woden Valley Child Care Centre Association Incorporated

Incident, injury, trauma and illness policy and procedures

Date Reviewed:

June 30, 2025

Regulation:

168

Standards:

3

Aim

Educators and visitors will be aware of the Woden Valley Early Learning Centre's (WVELC) practices and work together towards the prevention of accidents to children, educators, families and visitors. Educators will treat all accidents and injuries following their first aid training and will seek the assistance of the emergency services if deemed necessary.

WVELC will

- Ensure all educators and all certified supervisors hold current first aid qualifications (HLTAID004), which includes Asthma and Anaphylaxis training.
- Ensure that each first aid kit is stocked with required and in-date items.
- Maintain records of each incident, injury and trauma.
- The Director will notify the Children's Education and Care Assurance and WVELC's insurance company where a serious accident has occurred requiring the child to be taken to a doctor or hospital.
- Provide debriefing/counselling support when required.
- Carry out regular reviews of each room, noting the incidents and injuries which have been recorded in the area, and attending to required changes.

Educators will

- Maintain their current first aid qualifications.
 - Remain with the child until they either recover or are handed over to parents/guardians or emergency services.
 - Delegate others if help or assistance is required.
 - Complete an injury, incident, trauma and illness report.
 - Make a contact with the child's family (if required*) – team leader or senior staff member.
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- Ensure that the report is signed by a parent/guardian and that they are briefed on the event.
- In the instance of a child becoming ill, the educators will monitor their condition through temperature checks (every 15-20 minutes) and maintain a record of observations. The parents/guardians will be contacted as soon as possible to have the child sent home where needed.

In case of serious incident

- If an emergency situation occurs at all times the child's condition will take priority, first aid will be administered, an ambulance will be called, and the family contacted.
- Regulatory Authority must be notified within 24 hours of becoming aware of a serious incident. A serious incident meaning an incident or class of incidents prescribed by the National Regulations as a serious incident.
- WVELC's appointed First Aid Officer will be informed of the situation and is required to attend the situation immediately.

Other

- Educators not immediately involved in the treatment of injured or ill person must attend to the other children.
- In circumstances where the child can be moved, it may be appropriate to move them to a quiet area where first aid can be administered. It is essential that the child is constantly reassured and comforted.
- When treating an injury involving contact with blood and body fluids, educators must use disposable gloves. Any cloths used to treat the injury, and the disposable gloves, must be placed in a sealed bag for disposal.

***contact with family requirements:** major bleeding or skin opening; injury is to the face or head; bites (insect, animal or human); cutting hair or severe scratches on skin; burns (including sunburn).

Woden Valley Child Care Centre Association Incorporated

Illness and exclusion policy

Date Reviewed:

June 30, 2025

Regulation:

85, 86, 87, 88, 89

Standards:

2.1

Statement

It can be difficult for families to know when their child is sick enough to need to stay home from childcare. Families can experience problems when trying to take time off work or study to care for an ill child at home. Obtaining paid leave from work and facing negative attitudes about leave in the workplace can cause stress for families. They can also experience guilt when taking time off work or study to care for a sick child or when they send a child to care who is not well.

However, it is important that families maintain a focus not only on the wellbeing of their own child but also upon the wellbeing of other children and the childcare professionals at Woden Valley Early Learning Centre (WVELC). Although it can be difficult for working families to care for ill children, in the interest of all children's health, it is important that parents/guardians follow WVELC's policy for the exclusion of ill children.

WVELC has a duty of care to ensure that all children, staff and volunteers are provided with a high level of protection during the hours of WVELC's operation. The purpose of this policy is to guide WVELC to manage illness and prevent the spread of infectious illnesses.

The policy will assist WVELC to:

- Meet children's needs when they are unwell;
 - Develop individual health plans (where required);
 - Identify symptoms of illness;
 - Monitor and document the progress of an illness;
 - Guide staff actions when symptoms change;
 - Notify parents/guardians or emergency contact persons when a symptom of an infectious illness, disease or medical condition has been observed;
 - Notify stakeholders when an infectious illness has been confirmed by a doctor;
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- Assess when an illness is an emergency, e.g. is life threatening;
- Assess when an illness requires immediate medical attention, e.g. is potentially serious;
- Assess when an illness requires medical advice, e.g. is potentially infectious;
- Identify exclusion guidelines and timeframes; and
- Identify when an illness is no longer infectious.

Please Note

It is understood by staff, children and families that there is a shared responsibility between WVELC and other stakeholders that the Illness Policy and Procedures are accepted as a high priority and are NOT flexible.

In meeting WVELC's duty of care, it is a requirement that management and staff implement and endorse WVELC's Illness and Exclusion Policy and Procedures.

Aim

Children and staff may become ill during their time at WVELC. This policy and procedures have been developed to ensure that parents, staff and visitors understand what must occur in the event of an illness.

Strategies and practices

WVELC has adopted the ACT Department of Health's recommendations regarding the exclusion of children from Heritage because of illness. The publication *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care (5th Edition, 2013)*, developed by the National Health Medical Research Council, will be consulted as a means to give up-to-date information to parents and staff regarding specific illnesses and ways to minimise the spread of infection within WVELC. Please note that WVELC exclusion times may override ACT Health Department guidelines and that the Director or next most senior staff member (Level 4) on site has the final say on whether a child is able to stay at WVELC, as well as overriding a doctor's certificate permitting attendance.

Policy

Supporting children's individual health needs

At enrolment and orientation, WVELC will discuss with families their child/ren's general and current health status. This information will be documented on the enrolment form.

WVELC will develop individual health plans - **risk minimisation plans** - for children with allergies or other medical conditions such as anaphylaxis, asthma or diabetes. These plans further assist staff when observing and monitoring children's health needs.

Identifying signs and symptoms of illness

Staff are not health care professionals and are unable to diagnose an illness – this is primarily the responsibility of medical practitioners. To ensure that symptoms are not infectious and minimise the spread of an infection, medical advice should always be sought. WVELC will ensure that staff are aware of symptoms which may indicate a possible infection or serious medical illness or condition.

Symptoms indicating an illness may include:

- Behaviour that is unusual for the individual child, such as child who is normally active and who suddenly becomes lethargic or drowsy;
- High temperature or fever;
- Loose bowel movement;
- Faeces which is grey, pale or contains blood;
- Vomiting;
- Discharge from the eye or ear;
- Skin that displays rashes, blisters, spots, crusty or weeping sores;
- Loss of appetite;
- Dark urine;
- Headaches;
- Stiff neck or other muscular and joint pain;
- Continuous scratching of scalp or skin;
- Difficulty in swallowing or complaining of a sore throat;
- Persistent, prolonged or severe coughing; or difficulty in breathing.

(Source: Staying Healthy in Child Care, NHMRC, 2013)

Assessing an Infectious Illness

Educators will use description provided in Staying Healthy in Child Care- 5th Edition, NHMRC, 2013 to identify when symptoms appear to fit a condition with an exclusion period. The educators will consult their discovery/concerns with more experience staff member, first aid officer or/and Director.

Assessing when an illness is an emergency

An illness is considered an emergency when the child is exhibiting respiratory or circulatory (shock) failure and/or is unconscious.

1. Staff will commence first aid.
2. An ambulance will be called immediately.
3. Parents/guardians and/or emergency contact persons will be notified.

Assessing when an illness requires immediate medical intervention

For the purpose of this policy, 'immediate medical attention' is when the symptoms may indicate that the illness is potentially serious, for example, a child complains or displays symptoms of intense pain etc.

1. Staff will commence first aid.
2. Parents/guardians and/or emergency contact persons will be notified and requested to take their child to a hospital or doctor immediately.
3. If parents/guardians and/or emergency contact persons cannot be reached an ambulance will be called.

Assessing when an illness requires medical advice

For the purpose of this policy, 'medical advice' is defined as when symptoms may indicate that the illness is potentially infectious, for example, continuous, 'sticky' eye discharge.

1. Staff will provide first aid where necessary.
2. Parents/guardians and/or emergency contact persons will be notified and instructed to collect their child immediately.
3. Depending on the nature of the illness, the child will only be able to return to WVLC following presentation to the Director of a medical certificate stating that the child is well enough to attend childcare.

Allergic reactions

In case if the child is displaying anaphylactic reaction symptoms, the staff is to:

1. Provide first aid (including usage of available Junior EpiPen)*
2. An ambulance will be called immediately.
3. Parents/guardians and/or emergency contact persons will be notified.

* In the event another's child's EpiPen was used, both children should be taken to the hospital and their parents/guardians informed of the situation immediately.

High temperatures or fevers

High temperature or fever is one of the most common reasons why children visit a medical practitioner and is generally considered to be a mechanism that indicates the body is experiencing an infection (Staying Healthy in Child Care, NHMRC, 2013).

Various recognised authorities define a child's normal temperature within a range of 36.5°C to 37.5°C (measured in the ear), and this depends on the age of the child and the time of day. Any child with a high fever of 39°C and above should not attend WVLC. They should be examined by a medical practitioner carefully to exclude serious infections.

Young children can often develop a temperature when teething. As mentioned above, the educators are not qualified to determine the reason for high temperature. Standard procedure will apply if child's temperature is raising up.

When a child has a high temperature

1. 1. Parents/guardians will always be alerted when a child registers a temperature of 37.5°C or above. The child does not need to be collected from WVELC at this point.
2. Staff will note any other symptoms that may develop with the high temperature (for example, a rash or vomiting). If this is the case, a parent/guardian or emergency contact person will be asked to collect the child.
3. When a child registers a temperature of 38°C or above as measured in the ear a parent/guardian or emergency contact person will be notified and requested to collect their child as soon as possible (within one hour). **The child will not be permitted to return to WVELC for a further 24 hours, from the time the last dosage of Panadol/Nurofen was administered, or when the fever has stopped.**

[Scenario: Child was collected from care at 10am on Monday. Child continued to have a high temperature overnight. Parent/guardian administered last dosage of Panadol on Tuesday at 2pm. The fever then stopped and did not return. Child will be excluded from care until Wednesday 2pm.]

4. Staff will attempt to reduce a child's fever by undertaking the following:
 - Encouraging the child to drink plenty of water, unless there are reasons why the child is only allowed limited fluids;
 - Removing excessive clothing;
 - Sponging lukewarm water on the child's forehead, back of neck and exposed areas of skin, such arms or legs.

When a fever requires immediate medical attention (39.5°C and above)

There are several indicators or factors that define when a fever requires immediate medical attention. These include where the child:

- Registers a temperature of 39.5°C or above (when measured in the ear);
 - Is less than 6 months old (39°C);
 - Has an earache;
 - Has difficulty swallowing;
 - Is breathing rapidly;
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- Has a rash;
- Is vomiting;
- Has a stiff neck;
- Has bulging of the fontanelle (the soft spot on the head in babies); or
- Is very sleepy or drowsy.

1. Staff will commence first aid.
2. Parents/guardians and/or emergency contact persons will be notified and requested to take their child to a hospital or doctor immediately.
3. If parents/guardians and/or emergency contact persons cannot be reached, an ambulance will be called.

WVELC does not keep any analgesic medications (Panadol or Nurofen) on the premises.

Common colds - Caring for a child who is unwell

Viral upper respiratory tract infections – the common cold - are very common in children occurring 6-8 times a year on average. Children may show symptoms including coughing, runny nose and a slight temperature however do not display symptoms of an infectious illness that requires exclusion.

In cases like these an assessment needs to be made by the Room Leader (Level 4) in conjunction with the Director to determine if the child is well enough to continue at WVELC or if the child requires parental care.

WVELC reserves its right to refuse care to a child who seems to unwell and is unable to participate in all aspects of the program (including outdoor play).

Diarrhea and/or vomiting

Parents/guardians should keep child out of childcare or/and will be notified to collect their child from the centre if the child has any of the following signs:

- Throws up (vomits) more than once;
- Has two or more loose, watery, unformed stools (diarrhea) in short period of time or while in care, not caused by a change in diet or medicine; especially if it runs out of the nappies or underwear.

Monitoring and documenting symptoms of an illness

Documenting symptoms is crucial to the success of monitoring an illness, especially when the conditions change and the child becomes increasingly unwell. Daily records are an

important way of communicating to a parent/guardian how their child's illness has developed or been managed by educator.

Paramedics, medical practitioners and hospitals also may use the information collected from educators to diagnose an illness. For example, documenting a child's temperature every 15 minutes assists WVELC to determine how quickly the temperature is rising and the possible severity of the illness.

Exclusion guidelines for an infectious illness

1. Staff will apply first aid as needed.
2. Staff will isolate the child under supervision if a contagious condition is suspected.
3. Staff will inform the Director of the suspected condition.
4. Staff or the Director will notify a parent/guardian or emergency contact person of the child's condition.
5. The child must be collected from WVELC immediately (within one hour) to ensure any infection is contained as much as possible.
6. Staff or the Director will advise the parent/guardian or emergency contact person/s when the child may return to WVELC as per the Staying Healthy in Child Care -5th Edition, 2013.

Notifying parents/guardians or emergency contact persons when an illness is present

If the infectious disease is identified, WVELC will display appropriate notifications to inform families, visitors and educators entering the premises.

Please note: Unimmunised children may be excluded from care.

A minimum of three emergency contact people (residing in ACT or close to ACT border) is required for each child (for example, mother, father, grandmother). The emergency contact person must be able to either drive the child home or stay with them at WVELC until a parent/guardian can be contacted. It is parent/guardian's responsibility to ensure the emergency contacts are up to date.

1. When a child displays symptoms of an illness, parents/guardians will be contacted in the first instance.
 2. WVELC will always endeavour to contact parents/guardians listed on the child's enrolment form prior to proceeding to the emergency contact persons.
 3. When a child needs to be excluded from WVELC, parents/guardians will be contacted and requested to collect the child immediately (within one hour). If they
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are unable to be reached, the emergency contact person will be called. If the emergency contact person cannot be reached, the child will continue to be isolated (and supervised) until such times as a contact is reached.

4. When the parents/guardians and emergency contact persons are unable to be contacted in an emergency or where immediate medical intervention is required, WVELC will proceed with the steps outlined in the relevant section above. This may involve calling an ambulance or medical practitioner (at a cost to the parent/guardian) to seek assistance and intervention.

References

Staying Healthy in Child Care –6th Edition

Administration of first aid policy

Date Reviewed:	Regulation:	Standards:
September 11, 2023	85-90, 92-94, 101, 102C, 136, 137, 161, 162, 168-172, 176, 183	2

Aim

WVELC is committed to providing an environment that promotes children's health, safety, and wellbeing, which includes the implementation of clear policies and procedures for the administration of first aid.

The aim of this policy is to provide an overview of the steps taken to ensure adequate medical care for children in the event of an injury or illness.

Background

All decision-making is carried out in accordance with the principles of our service's administration of first aid policy. These include:

- **Health, safety, and wellbeing:** The health, safety, and wellbeing of children are our paramount considerations. We will take every reasonable precaution to protect children from harm and ensure that we are equipped to administer first aid in the event of injury or illness.
 - **Qualified staff:** We ensure that educators and staff can effectively perform their roles. In relation to first aid, they will receive regular training to ensure their qualifications remain up-to-date and that they have access to suitably equipped first aid kits.
 - **First aid qualifications:** At least one staff member with **current first aid qualifications** will always be present to provide care to children.
 - **Clear roles:** Clear roles and responsibilities ensure that management, educators, and staff are aware of their duties in relation to the administration of first aid, notifications, and reporting.
 - **Health and safety education:** We create opportunities for children to learn and develop, including incorporating health and safety into the educational program.
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Policy

Policy item	Meaning / detail explanation	Source / Reference
Current qualifications	<p>Each educator at the service holds an approved qualification that was attained or the training was undertaken within the previous three years:</p> <ul style="list-style-type: none"> a. Approved first aid qualifications (except for a qualification that relates to emergency life support and cardio-pulmonary resuscitation which must be completed within the previous year) b. Approved anaphylaxis management training c. Approved emergency asthma management training 	National Regulations (Regulation 136)
First Aid	First aid refers to immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.	
First Aid response	<p>When a child is seriously injured or becomes ill, educators will:</p> <ol style="list-style-type: none"> 1. Attend to the child immediately. 2. Administer appropriate first aid, which may include medical assistance. 3. Call an ambulance if required and stay with the child until it arrives. 4. Contact the primary parent/guardian or nominated contact (from enrolment form) to notify them that an ambulance has been called for their child. 	
Health Information and record keeping	<p>Health information about each child must be kept in their enrolment record, including:</p> <ul style="list-style-type: none"> • Contact details of the child's registered medical practitioner • Medicare number (if available) • Healthcare needs and allergies (including anaphylaxis) • Medical management plans, anaphylaxis plans, or risk minimisation plans • Dietary restrictions • Immunisation status • Whether a child health record has been sighted. <p>WVELC will also maintain a list of emergency services and contact numbers for each child. This information will be kept in an accessible position at all times.</p>	National Regulations (Regulation 162)

<p>Serious incident</p>	<p>For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident:</p> <ul style="list-style-type: none"> a. the death of a child – <ul style="list-style-type: none"> ii. while that child is being educated and cared for by an education and care service; or iii. following an incident occurring while that child was being educated and cared for by an education and care service. b. any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service – <ul style="list-style-type: none"> i. which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or ii. for which the child attended, or ought reasonably to have attended, a hospital; Example: A broken limb. c. any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure, or anaphylaxis reaction. d. any emergency for which emergency services attended. e. any circumstance where a child being educated and cared for by an education and care service – <ul style="list-style-type: none"> i. appears to be missing or cannot be accounted for; or ii. appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or iii. is mistakenly locked in or locked out of the education and care service premises or any part of the premises. 	<p>National Regulations (Regulation 12)</p>
<p>Suitably equipped first aid kit</p>	<ol style="list-style-type: none"> 1. First aid kits will be accessible to staff, visitors, parents/guardians, and volunteers, but not to children. 2. Staff, visitors, students, parents/guardians, and volunteers will be informed of the first aid kit's location on their first day. 3. WVLC will provide portable first aid kits for excursions and emergency evacuations. 4. First aid kits will be regularly restocked if used, and items will be kept within their expiry dates. 5. Personal Protective Equipment (PPE), such as gloves and masks, will be kept with or near the first 	<p>Guide to the NQF (Operational Requirements – Quality Area 2)</p>

	aid kit. 6. If sharps (e.g., needles) are used by children, they will be disposed of in an approved sharps dispenser. 7. First aid kits will be regularly checked by an outsourced company or appointed First Aid Officer.	
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Related documents

Incident, injury, trauma and illness policy and procedures

Control of infectious diseases policy

Excursions and Incursions

Management of ongoing condition policy

Policy created on:

September 11, 2023

Written by:

Paulina Jagus

Review date:

May 12, 2025

New review:

May, 2026

Administration of medication policy

Date Reviewed:

June 30, 2025

Regulation:

87,93,94

Standards:

2

Aim

To maintain a high standard of care in relation to the storage, administration and recording of children's medications.

Policy

The Woden Valley Early Learning Centre (WVELC) will:

- Ensure parents/guardians are aware that only **doctor prescribed medications with pharmacy dosage label** are to be administered by diploma qualified educators after an **administration of medication form has been completed**.
 - Educators cannot administer medication where a medication form has not been completed, has been incorrectly completed or medication is labeled incorrectly.
- Ensure parents/guardians know that WVELC does not store Panadol, Nurofen or Bonjela and if their child is ill they will be called to collect their child as soon as possible.
- Store medications either in the fridge/kitchen, or in a child-safe first aid box.
- Ensure all medications are in their original packaging, have the **child/ren's full name**, the **doctor's prescribed dosage and expiry date** written on the label.
- Ensure that parents complete an *administration of medication form* including their contact number for the day and last dosage.
- Ensure educators adhere to hygiene requirements before handling medications.
- Medication will be administered by a senior staff member (Diploma, ECT qualified, team leader or a leader). A second staff member will witness the administration of medication, confirming the identification of the child/ren, medication, dosage and time.
- If a staff member is unable to give a child/ren medication during requested time, due to unforeseen circumstance e.g. child/ren is asleep, the educator in charge must inform the primary parent/guardian over the phone and ask for alternative time of administration.
- At collection, confirm the medication was administered at the correct time, sign medication form, and return any unused medication to the parent/guardian.

At no time will WVELC administer the first dose of a new medication.

Parents/guardians will:

- Ensure educators are aware of the reason for medication and supply necessary medications to an educator.
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- Complete an **administration of medication form** – all details are required, including the full name of the medication being administered.
- Ensure that medication is not left in child's bag.
- Sign confirmation at the end of day and collect remaining medication.

Exception to authorisation requirement—anaphylaxis or asthma emergency

Despite regulation 93, medication may be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency.

If medication is administered under this regulation, WVELC or a nominated supervisor of the WVELC must ensure that the following are notified as soon as practicable

- A parent/guardian of the child/ren; and
- Emergency services.

Administration of analgesic (e.g. Panadol, Nurofen or Bonjela)

WVELC does not store any analgesic medications on the premises.

If the family wishes to use the analgesic medication to ease child's pain (e.g. due to teething), they must complete an **ongoing administration of medication form** or **administration of medication form**.

Educators will only apply the medication if it is

- Supplied by a parent/guardian;
- Correctly labelled; and
- An **administration of medication form** has been completed

If a child/ren is still demonstrating extreme discomfort and is unable to participate in daily program, WVELC have the right to ask the parent/guardian to collect the child from care.

Policy created on:
June 30, 2025

Written by:
Paulina Jagus

Review date:
June, 2027

Administration of first aid procedure

Date Reviewed:	Regulation:	Standards:
June 30, 2025	85-90, 92-94, 101, 102C, 136, 137, 161, 162, 168-172, 176, 183	2

Aim

Under the Education and Care Services National Regulations, an approved provider must ensure policies and procedures are in place in relation to the administration of first aid.

Roles and responsibilities

Roles	Responsibilities
Nominated Supervisors / Responsible person in charge	<ul style="list-style-type: none"> • implement the administration of first aid policy and procedures • ensure at least one educator or staff member holds current approved first aid qualifications and is in attendance at all times that children are being educated and cared for by the service, including on excursions and during periods of transportation • ensure an appropriate number of first aid kits are kept, having regard to the number of children at the service, and they are suitably equipped, easily recognisable and readily accessible to adults having regard to the design of the service premises • ensure an appropriate number of suitably equipped first aid kits are taken on excursions • monitor and maintain stock in first aid kits • support educators and staff to maintain their current first aid qualifications
First Aid Officer	<ul style="list-style-type: none"> • implement the administration of first aid policy and procedures • ensure an appropriate number of first aid kits are kept, having regard to the number of children at the service, and they are suitably equipped, easily recognisable and readily accessible to adults having regard to the design of the service premises • ensure an appropriate number of suitably equipped first aid kits are taken on excursions • monitor and maintain stock in first aid kits • support educators and staff during incidents, injuries or trauma occurring • support educators during serious incidents occurrences
Educators	<ul style="list-style-type: none"> • implement the administration of first aid policy and procedures • maintain current approved first aid qualifications • seek further medical attention if required after first aid has been administered

	<ul style="list-style-type: none"> • record information as soon as possible, and within 24 hours after the incident, injury, trauma, or illness, on the "Incident, Injury, Trauma Record" or "Illness Record" (including any first aid administered), and ensure families are appropriately notified • ensure an appropriate number of suitably equipped first aid kits are taken on excursions • monitor and maintain stock in first aid kits • be aware of children attending the service with allergies and their attendance days and apply this knowledge when providing first aid • while attending to a child requiring first aid, ensure other children are adequately supervised.
Families	<ul style="list-style-type: none"> • provide authorisation in their child's enrolment form for the approved provider, nominated supervisor or an educator to seek medical treatment for their child from a registered medical practitioner, hospital, or ambulance service and, if required, for transportation by an ambulance service • be aware that medication may be administered to their child in the case of an anaphylaxis or asthma emergency without their authorisation • notify the service upon enrolment of any specific health care needs of their child, including any medical conditions and allergies and any medical management plans that need to be followed • ensure any medical management plans at the service are kept up to date • if needed, collect their child as soon as possible when notified of an incident, injury, trauma or illness that requires first aid • be contactable, either directly or through emergency contacts listed on the enrolment form, in the event of an incident requiring the administration of first aid and/or medical attention • notify educators or staff if there has been a change in the condition of the child's health, or of recent accidents or incidents that may impact the child's care and require the administration of first aid.

Procedures

Areas to address	Strategies for monitoring and implementing procedures	Reference
First Aid Qualifications	<ul style="list-style-type: none"> • Regularly review educator and staff rosters to ensure first aid qualification requirements are being met. • Implement systems to identify when qualifications need to be updated or renewed. • All educators and staff to undertake first aid qualifications • When rostering, ensure educators and staff with first aid qualifications are in attendance at both the premises and on excursions and transportation. • Policy and procedures are available for all to access 	Regs: 136, 170, 171 QA2: 2.1.2, 2.2.2 QA4: 4.1.1 QA7: 7.1.2, 7.1.3, 7.2.3

First Aid Kits	<ul style="list-style-type: none"> • Clearly defined roles and responsibility statements • The Incident, injury, trauma and illness records will be gathered for data collection • An equipment list for the kits is created • Checklists in the excursion backpacks are included • First Aid kits are part of the emergency evacuation bags • Centre uses external company – Sanokil to monitor and maintain first aid kits 	Regs: 89, 93, 94 QA2: 2.1.2, 2.2.2 QA4: 4.1.1 QA7: 7.1.2, 7.1.3
Documenting and reporting	<ul style="list-style-type: none"> • Reporting templates are available and stored online on One Drive • Requirements for all incidents requiring first aid are clearly communicated with all staff 	Regs: 86, 87, 174, 176 QA2: 2.1.2, 2.2.2 QA6: 6.1 QA7: 7.1.2, 7.1.3

Procedure created on:
June 30, 2025

Written by:
Paulina Jagus

Review date:
June 30, 2026

Management of ongoing medical conditions policy

Date Reviewed:

May 7, 2025

Regulation:

90-96

Standards:

2.1.1, 2.1.2, 2.2.1

Aim

To support Woden Valley Early Learning Centre (WVELC) educators in effectively responding to and managing medical conditions including (but not limited to) asthma, diabetes and anaphylaxis to ensure the safety and wellbeing of children, educators and visitors.

Policy

Implementation

1. WVELC will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum.
2. A copy of this document will be available to all educators and parents/guardians at WVELC.
3. Room leaders are responsible for raising any concerns with a child's parents/guardians about any medical condition known to WVELC, or any suspected medical condition that arises.
4. Any child enrolled at WVELC with anaphylaxis, allergies, diagnosed asthma or required medication will not be able to attend without medication prescribed by their medical practitioner. Families are required to provide this information on the enrolment form and are responsible for updating WVELC on any new medication, ceasing of medication, or any changes to their child's prescription.
5. Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the enrolment form and are responsible for WVELC about of these things.
6. Information sharing between the family, WVELC and medical professionals is essential to provide consistent and appropriate care and support for all children with medical conditions.

7. All educators and volunteers at WVELC must follow a child's **medical management plan (known as action plans)** in the event of an incident related to a child's specific health care need, allergy or medical condition.
8. WVELC will adhere to privacy and confidentiality procedures when dealing with individual health needs.
9. Child health and safety is paramount for WVELC staff. Although trained, educators are not medical professionals and must be able to act swiftly in the event of an emergency or life-threatening situation. Therefore, it was the decision of management and the parent committee that all medical action plans be displayed in a visible spot in each room to allow quick and easy access for anyone who may notice a child requiring medical attention. In this situation, WVELC's confidentiality and privacy policy is waived in order to prioritise and protect the child's health and safety. Families provide their consent for action plans to be displayed when they sign the individually prepared risk minimisation plan.

Information that must be provided in the enrolment form

1. WVELC's enrolment form provides an opportunity for parents/guardians to support WVELC in effectively meeting a child's needs.
2. The enrolment form will include detail of any:
 - Specific health care needs or medical conditions of a child, including, but not limited to, asthma, diabetes, allergies, tube feeding requirements, HIV, cystic fibrosis and whether the child has been diagnosed at risk of anaphylaxis.
 - If a medical condition is identified, a medical management plan should be provided by the child's parents/guardians and registered medical practitioner. This plan should:
 - Have supporting documentation if appropriate.
 - Include a photo of the child.
 - If relevant, state what triggers the allergy or medical condition.
 - Outline first aid needed.
 - Include contact details of the doctor who signed the plan.
 - State when the plan should be reviewed.
3. Copies of the plan should be kept with the child's medication, displayed in the room and also accompany them on any excursions.
4. Where there is a medical management plan, a **risk minimisation plan** must be developed and informed from the child's medical management plan.

5. Parents/guardians are responsible for updating their child's medical management plan and/or providing a new plan as necessary - WVELC will ensure to provide reminders to families to do this.
6. Any new information will be attached to the enrolment form and kept on file.
7. A room leader will ensure information that is displayed about a child's medical conditions is updated.

Identifying children with medical conditions and communication plans

1. Any critical information that is provided by families relating to medical conditions will be shared with the room leaders, educators and other key staff member at WVELC with a need to know. Individuals will be briefed by room leaders on the specific health needs of each child.
2. Information relating to a child's medical conditions, including the child's medical management plan, medical conditions risk minimisation plan, and the location of a child's medication will be shared with all educators and displayed in areas of prominence to ensure all practices and procedures are followed.
3. All educators at WVELC will follow a child's medical management plan in the event of an incident related to a child's specific medical conditions requirements.
4. All educators at WVELC must be able to identify a child with medical conditions easily, by referring to a photo attached to the medical management plan.
5. All educators and volunteers at WVELC will be able to locate a child's medication easily.
6. All Educators are made aware of the locations of medication by a room leader.
7. Room leaders will ensure that the display of information meets WVELC guidelines. WVELC obtains parent/guardian consent during the enrolment process or upon diagnosis of a medical condition, through the signing of an individual risk minimisation plan.
8. Communication relating to medical conditions for children will include the following steps:
 - On enrolment, or as soon as a family becomes aware of a medical condition, the family will inform a room leader or the WVELC Director of the medical condition for the child.
 - WVELC will provide a risk minimisation plan and **administration of authorised ongoing medication form** for family to take to a medical practitioner
 - Parents/guardians will return these completed forms.
 - WVELC will update allergy charts and / or medical conditions summary and provide a copy to cooks and display on food trolleys, in each classroom and add to the folder in the WVELC Director's office.

- If changes occur to the child's condition or the medical plans, the family will inform the WVELC immediately and provide updated medical plans.

Medical conditions risk minimisation plans

1. Each child with a medical condition will need to have a medical management plan developed with the child's family and signed off by a medical practitioner. WVELC will use the child's medical management plan, to also develop a medical conditions risk minimisation plan in consultation with the child's parents/guardians and medical practitioner, this will ensure that:
 - Any risks are assessed and minimised;
 - If relevant, practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented (note we will follow all health, hygiene and safe food policies and procedures).
2. All parents/guardians are notified of any known allergens that pose a risk to a child and how these risks will be minimised.
3. A child will not attend WVELC without medication prescribed by their medical practitioner in relation to their specific medical condition.
4. WVELC will provide support and information to all parents/guardians and other members of our community about resources and support for managing allergies, anaphylaxis asthma and diabetes.
5. WVELC will review each child's medication monthly to ensure it hasn't expired.

Medical conditions risk minimisation: Anaphylaxis/allergy management

1. Anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
2. Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk. While developing the medical conditions risk minimisation plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, WVELC will:
 - Not allow children to share food, utensils or food containers.
 - Prepare food in line with a child's medical management plan and family recommendations.
 - Request parents/guardians to label all bottles with their child/ren's name.

- Consider whether it is necessary to change, or restrict, the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
 - Instruct educators on the need to prevent cross contamination.
 - Request all parents/guardians not to send food with their children that contain highly allergenic elements even if their child does not have an allergy by placing sign on the door of each room and the kitchen as reminders.
3. 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 will take precedence.
 4. Instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as careful cleaning of food preparation areas and utensils.
 5. Closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk, children will not be permitted to 'wander around' WVELC with food.
 6. Consult risk minimisation plans when making food purchases and planning menus.
 7. Allergic reactions and anaphylaxis are also commonly caused by:
 - All types of animals, insects, spiders and reptiles.
 - All drugs and medications, especially antibiotics and vaccines.
 - Some 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.
 8. WVELC will ensure that body lotions, shampoos and creams used on allergic children are approved by their parent/guardian.
 9. Risk minimisation practices will be carried out to ensure that WVELC is, to the best of our ability, providing an environment that will not trigger an anaphylactic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.
 10. WVELC will ensure that an auto-injection device kit is stored in a location that is known to all educators, other staff and including relief educators, and is easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.
 11. Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:

- Call an ambulance immediately by dialling 000.
- Ensure the first aid trained educators/educators with approved anaphylaxis management training provides appropriate first aid.
- Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Medical conditions risk minimisation: Asthma management

1. Asthma is a chronic lung disease that inflames and narrows the airways. While developing a medical conditions risk minimisation plan WVELC will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:
 - Dust and pollution;
 - Inhaled allergens, for example mould, pollen, pet hair;
 - Changes in temperature and weather, heating and air conditioning;
 - Emotional changes including laughing and stress;
 - Activity and exercise.
2. A medical management plan and risk minimisation plan will be completed for each child with asthma. In addition, practices will be carried out to ensure that WVELC is, to the best of our ability, providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.
3. An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, WVELC will ensure first aid trained educators/ educators with approved asthma management training immediately attend to the child.
4. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, an educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:
 - Sit the child upright and stay with the child and be calm and reassuring;
 - Give 4 puffs of blue reliever puffer medication;
 - Use a spacer if there is one;
 - Shake puffer;
 - Put 1 puff into spacer;
 - Take 4 breaths from spacer;
 - Repeat until 4 puffs have been taken;
 - Shake, 1 puff, 4 breaths;
 - Wait 4 minutes, if there is no improvement, give 4 more puffs as above;
 - If there is still no improvement call emergency assistance 000.

5. WVELC will ensure that children's asthma first aid kits are stored in a location that is known to all educators, other staff including relief educators, and easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas.

Medical conditions risk minimisation: Diabetes

1. Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.
2. While developing a medical conditions risk minimisation plan WVELC will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycaemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include:
 - A delayed or missed meal, or a meal with not enough carbohydrates.
 - Extra strenuous or unplanned physical activity.
 - Too much insulin or medication for diabetes.
 - Vomiting.
3. Children with Type 1 diabetes may also need to limit their intake of sweet foods. WVELC will ensure information about a child's diet including the types and amounts of appropriate foods is part of the child's medical management plan and that this is used to develop the risk minimisation plan.
4. Staff will not be injecting children with insulin if diabetic - WVELC are not trained medical officers qualified to undertake this procedure. In the event of major concerns regarding insulin levels of a child then an ambulance will be called.
5. If a child is displaying symptoms of a "hypo" our service will:
 - Ensure the first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
 - Call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.
 - Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Skin complaints

1. Rashes are common in children. They can be caused by many different viral infections and may not be infectious. It is important to be able to describe the rash as this may help with diagnosis.
2. When viewing a rash, educators should also consider if the child is unwell. The rash may not affect the child's well-being at all.
3. There are however, usually other signs and / or symptoms to consider in conjunction with a rash. These might include:
 - Fever;
 - Unusual behaviour (cranky or less active; cries more than usual; seems uncomfortable; seems unwell);
 - Loss of appetite;
 - Vomiting;
 - Headache; stiff neck;
 - Frequent scratching;
 - Crusty skin / discharge from skin;
 - Diarrhoea;
 - Severe, persistent or prolonged cough;
 - Trouble breathing;
 - Dark, tea coloured urine;
 - Grey or very pale faeces.
4. When observing a rash the following signs should be considered:
 - What colour is the rash (dark red like a blood blister? Pink? Red?);
 - What does the rash look like? Small, red, pinheads / fine and lacy / large red blotches / solid red area all joined together / blisters;
 - How does the rash feel to touch? Raised slightly, with small lumps / swollen;
 - Is the rash itchy?;
 - Where on the body did the rash start? (e.g.:- head, neck?);
 - Where is the rash now? (e.g.:- head, neck, abdomen, arms, legs?).
5. Heat Rash – Educators are to remove outer layers of clothing from a child and allow the child to cool down. Rash will be checked again in half an hour to verify if it is disappearing.

Eczema

1. In the case where children have eczema then an initial medical practitioner's certificate must be produced stating this. The WVELC staff will follow any treatment prescribed by the medical practitioner.

2. Parents/guardians may be asked to complete an administration of authorised ongoing medication form.
3. A child with eczema is not excluded from attending as this is a chronic condition that has to be managed.

Educator training and qualifications

1. WVELC will ensure that the majority of educators attending the service:
 - Hold a current approved first aid qualification;
 - Has undertaken current approved anaphylaxis management training; and
 - Has undertaken current approved emergency asthma management training.
2. Educators at WVELC recognise how serious anaphylaxis is and will take steps to minimise the possibility of occurrence. WVELC will maintain the following in relation to educator qualifications for anaphylaxis:
 - All educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation
 - Trainees, students or casual staff are not permitted to serve food to children.

Supervised self-administration of medication by children of preschool age

1. WVELC permits children of preschool age to self-administer ongoing medication, such as insulin or asthma puffer.
2. Educators will supervise the child during this process. To promote consistency and ensure the welfare of all children, educators will ensure each child follows all administration of medication, health and hygiene policies and procedures.
3. The self-administration of medication must be negotiated with, and approved by, the child's parents/guardians. This information will be detailed in the child's medical management plan and the medical conditions risk minimisation plan if appropriate, and the location of the child's medication for self-administration must also be noted and made available to educators.

References

- Education and Care Services National Regulations 2011
- National Quality Standard
- Asthma Australia
- National Asthma Organisation
- Australasian Society of Clinical Immunology and Allergy
- www.allergy.org.au
- Australian Diabetes Council
- Anaphylaxis Australia
- Staying Healthy in Child Care 5th Edition

Control of infectious diseases policy

Date Reviewed:

June 30, 2025

Regulation:

84 & 168 (2)(h)

Standards:

2.1

Aim

To provide an overview of key responsibilities to ensure Woden Valley Early Learning Centre (WVELC) is healthy environment for children, families, educators and visitors, which prevents disease and effectively manages infection.

WVELC will

- Provide a list of infectious diseases which require exclusion from the WVELC, including reference to the time a child/ren will need to be excluded.
- Ensure children and educators who are unwell do not enter WVELC.
- Request parents/guardians provide updated records of their child/ren's immunisation records.
- Make parents/guardians aware that their child/ren may be excluded from WVELC due to an outbreak of an infectious disease if they are not immunised.
- Encourage educators to keep their immunisation up-to-date and on record.
- Notify the ACT Department of Health where a notifiable disease has been identified in the centre. ACT Health will then direct WVELC on the best way of dealing with the outbreak. This may include longer exclusion periods.

Educators will

- Take responsibility for their own health and safety while employed with WVELC, including immunisations, taking time off when ill and adhering to WVELC's policies for infectious diseases, exclusions of sick children and staff, hygiene and infection control.
- Pregnant staff members may need to obtain medical clearance in case of infectious disease outbreak, be moved into different room or encouraged to take leave.

Parents/guardians will

- Provide updated immunisation records to WVELC.
 - Notify WVELC immediately where they suspect their child is infectious.
 - Not bring sick children into the centre.
 - Seek medical advice to confirm infection and notify WVELC of the confirmed illness.
 - Maintain open, honest communication with WVELC.
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- Respect the health of children and educators at WVELC and not bring in sick children.

Please speak to the WVELC Director for updated information and up-to-date WVELC practices and policies on evolving national health pandemics such as the Coronavirus (COVID-19) pandemic



Dealing with infectious disease procedure

Date Reviewed:

May 14, 2024

Regulation:

172,174,85-88,103,168-173,175

Standards:

2.1.2, 2.2.2, 3.1.2, 6.1

Background

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to dealing with infectious diseases. Infectious diseases can spread rapidly in education and care services. As noted in the National Health and Medical Research Council's Staying healthy: Preventing infectious diseases in early childhood education and care services, when children – especially younger children – are in close contact with others, they often put objects in their mouths, and they may not always cover their coughs or sneezes. As some bacteria and viruses can survive on surfaces, children may touch a contaminated surface, then put their hands in their mouth and become infected. Additionally, if a child has an ill family member at home, they could be incubating the illness, and risk bringing germs from home into the service. It is for this reason that it is especially important for our service to have effective policies and procedures in place that can promote awareness of infectious diseases and safe hygiene practices, that help to prevent any infectious disease from occurring, and outline the processes to manage any outbreak.

Aim

By implementing and adhering to below comprehensive measures, WVELC can effectively prevent, manage, and respond to infectious diseases while promoting the health and safety of children, staff, and the broader community.

Strategies and practices

1. Prevention and Awareness:

- WVELC will conduct regular training sessions to educate staff about infectious diseases, including their symptoms, transmission routes, and prevention strategies; resources such as posters and handouts will also be available.
 - WVELC will enforce strict hygiene practices, including regular handwashing with soap and water, and provide alcohol-based hand sanitizers throughout the centre.
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Educators will educate children on proper respiratory etiquette, such as covering mouth and nose when coughing or sneezing.

- WVELC will maintain proper ventilation in indoor areas to reduce the concentration of airborne pathogens.
- The educators will establish a routine cleaning schedule to disinfect frequently touched surfaces, toys, and equipment using appropriate disinfectants (please refer to *Cleaning and Maintenance Schedule*).

2. Dealing with an Infectious Occurrence:

- Staff is trained to recognize common symptoms of infectious diseases, such as fever, rash, diarrhea, vomiting, and respiratory symptoms. Educators conduct general health checks upon arrival to detect any signs of illness, including temperature checks if feasible.
- Any child displaying symptoms of an infectious disease will be immediately isolated from others to prevent further spread. Staff will notify parents or emergency contacts promptly to arrange for the child's pickup and advise them to seek medical attention (Please refer to *Illness and Exclusion Policy*).
- WVELC will adhere to strict infection control protocols, including wearing appropriate personal protective equipment (PPE) when caring for sick children and practicing proper hand hygiene before and after contact with them. Ensure that isolation areas are properly cleaned and disinfected after use.

3. Post-Incident Measures:

- Centre management will keep parents informed about any incidents involving infectious diseases within the centre, including actions taken and any changes in procedures; maintain open communication with staff to address concerns and provide support; collaborate with local health authorities to ensure compliance with regulations and guidelines.
- WVELC management or leadership team will communicate clear guidelines to parents regarding when it is safe for their child to return to the centre after an illness, taking into account exclusion periods and any additional requirements specified by health authorities (Please note that we follow guidelines included in *Staying Healthy in Child Care 5th Edition*; ACT Health recommendations and our exclusion policy).
- WVELC team will review and evaluate the effectiveness of infection control measures and response procedures through regular reflections and reviews; identify areas for improvement and implement necessary changes to enhance the centre's preparedness for future incidents.

4. Exclusion Periods:

- WVELC will inform parents about the centre's exclusion policies for infectious diseases, including the specific symptoms or conditions that require their child to stay home. Provide clear guidance on when it is safe for their child to return to care (*Please note*
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that we follow guidelines included in Staying Healthy in Child Care 5th Edition; ACT Health recommendations and our exclusion policy).

- WVELC will stay updated on the latest exclusion guidelines issued by local health authorities and ensure compliance with recommended exclusion periods for common infectious diseases.
- WVELC team will enforce exclusion policies consistently to prevent the spread of infectious diseases within the centre.
- Any changes to exclusion requirements will promptly be communicated to parents and staff.

5. Understanding Infectious Diseases:

- WVELC will educate staff about the signs and symptoms of common infectious diseases prevalent among children, such as influenza, gastroenteritis, and hand-foot-and-mouth disease (and more).
- WVELC will encourage parents to ensure their children are up-to-date on vaccinations according to the national immunization schedule; as well as request regular updates and copy of the immunization record.
- Staff is also encouraged to receive regular vaccination where necessary. WVELC provides staff with free on premises influenza vaccination.

6. Communication:

- WVELC will establish clear channels of communication with parents, staff, and relevant stakeholders to facilitate timely and accurate information sharing regarding infectious diseases and related matters. The infectious disease notice will be sent out via Story Park, HubWorks and visible on the front entry door.
- WVELC management will ensure that information communicated to parents and staff regarding infectious diseases is clear, accurate, and consistent.

7. Documentation and Reporting:

- WVELC will maintain thorough documentation of any incidents involving infectious diseases, including observations, actions taken, communications with parents and health authorities, and outcomes. Those records will be written on a Illness Form and filed appropriately.
 - WVELC will promptly report any outbreaks or clusters of infectious diseases to the appropriate health authorities in accordance with regulatory requirements.
-

Step by Step Procedure:

1. Report and Isolate:

- a) Upon noticing symptoms of illness in a child, immediately separate them from others and notify parents for pick-up.
- b) In case of uncertainty communicate with Senior Staff or First Aid Officer on premises
- c) Provide care in a designated area away from healthy children.

2. Communicate:

- a) Inform parents about the child's symptoms and request they pick up their child promptly.
- b) Keep parents & community updated on any illness cases in the Centre setting.
- c) Issue Infectious Disease Notification via Story Park, HubWorks and paper copy to be displayed on the door.
- d) Inform the cleaner, cook and other relevant contractors in case they are required to update their processes.
- e) Inform relevant regulatory authorities.

3. Review and Adjust:

- a) Assess the effectiveness of infection control measures.
- b) Update protocols as needed to prevent further spread of illness.
- c) Maintain records of illnesses, actions taken, and communications.

Reliable sources of information regarding infectious diseases

<https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

<https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/infectious-diseases-unit>

<https://www.act.gov.au/directorates-and-agencies/act-health/our-business-areas/population-health/disease-surveillance-unit>

<https://www.healthdirect.gov.au/infectious-diseases>

References

- Staying Healthy in Child Care –5th Edition (2013)
 - WVELC Cleaning maintenance and schedule
 - WVELC Illness and exclusion policy
-

Woden Valley Child Care Centre Association Incorporated

Child protection policy

Date Reviewed:

June 30, 2025

Regulation:

The Children and Young
People Act 2008
R162

Standards:

2.2.3

Rational

Keeping children safe in Woden Valley Early Learning Centre (WVELC) and the wider community is of paramount importance. All children have the right to physical and psychological safety at all times. This includes:

- Ensuring that all children are protected, and that abuse and neglect of children is prevented, including through providing support and assistance to parents/guardians, families and the wider community; and
- Ensuring childcare professionals (who have a mandated responsibility) report any suspected abuse or neglect of children.

Child abuse is a serious offence and can include non-accidental physical injury, neglect, emotional abuse, psychological harm or sexual exploitation of children. WVELC is committed to the safety, wellbeing and support of all children and young people. Management, staff and volunteers will treat all children with the utmost respect and understanding.

WVELC believes that

- Children are capable of the same range of emotions as adults;
 - A reaction given to a child from an adult in a child's early stages of emotional development can be positive or detrimental depending on the adult's behaviour;
 - Children's emotions are real and need to be accepted by adults; and
 - Children who preserve, enhance and better understand their body's responses to an emotion are more able to predict the outcome from a situation and evade them or ask for help.
-

Purpose

To identify potential risks of harm to children and young people at WVELC and implement strategies to prevent and minimise risks. In order to ensure children's safety, WVELC will perform proficiently and act in the best interest of a child/ren.

We aim to ensure that all educators at WVELC are aware of the current child protection laws in the Australian Capital Territory and understand their obligations under that law. We believe it is our responsibility as educators to ensure the safety welfare and wellbeing of all children.

We aim to provide the children at WVELC with the opportunity to develop to their full potential free from harm and abuse.

What is abuse?

According to the Children and Young Persons (Care and Protection) Act 1998 mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they suspect on reasonable grounds a child is at risk of significant harm because

- A child's basic physical or psychological needs are not being met or are at risk of not being met;
- The parents/guardians have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care;
- The parents/guardians or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education;
- A child has been, or is at risk of being physically or sexually abused or ill-treated;
- A child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm;
- The parent/guardian's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm.

Indicators of abuse

There are common physical and behavioural signs that may indicate abuse or neglect.

The presence of one of these signs does not necessarily mean abuse or neglect.

Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several

indicators. Each indicator needs to be deliberated in the perspective of other indicators and the child's circumstances. A child's behaviour is likely to be affected if they are under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress.

Abuse and neglect can be single incidents or ongoing, and may be intentional or unintentional. General indicators of abuse and neglect may include (but are not limited to)

- Marked delay between injury and seeking medical assistance;
- History of injury;
- A child gives some indication that the injury did not occur as stated;
- A child tells you someone has hurt them;
- A child tells you about someone they know who has been hurt;
- Someone (relative, friend, acquaintance, and sibling) tells you that the child may have been abused.

Neglect

Child neglect is the continuous failure by a parent or caregiver to provide a child with the basic things needed for their growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision. Some examples are

- Inability to respond emotionally to a child;
- Child abandonment;
- Depriving or withholding physical contact;
- Failure to provide psychological nurturing;
- Treating one child differently to others;
- Poor standard of hygiene leading to social isolation;
- Scavenging or stealing food;
- Extreme longing for adult affection;
- Lacking a sense of genuine interaction with others;
- Acute separation anxiety;
- Self-comforting behaviours, e.g. rocking, sucking;
- Delay in development milestones;
- Untreated physical problems.

Physical abuse

Physical abuse is when a child has suffered, or is at risk of suffering, non-accidental trauma or injury, caused by a parent/guardian, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers

- Make direct admissions from parents about fear of hurting their children;
- Have a family history of violence;
- Have a history of their own maltreatment as a child;
- Make repeated visits for medical assistance;
- Facial, head and neck bruising;
- Lacerations and welts;
- Explanations are not consistent with injury;
- Bruising or marks that may show the shape of an object;
- Bite marks or scratches;
- Multiple injuries or bruises;
- Ingestion of poisonous substances, including alcohol or drugs;
- Sprains, twists, dislocations;
- Bone fractures;
- Burns and scalds.

Emotional abuse

Emotional abuse occurs when a parent/guardian, caregiver or other persons harms a child's development by repetitively treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. This may include

- Constant criticism, condescending, teasing of a child or ignoring or withholding admiration and affection;
- Excessive or unreasonable demands;
- Persistent hostility, severe verbal abuse, and rejection;
- Belief that a specific child is bad or "evil";
- Using inappropriate physical or social isolation as punishment;
- Exposure to domestic violence;
- Feeling of worthlessness about them;
- Inability to value others;
- Lack of trust in people and expectations;
- Extreme attention seeking behaviours;
- Other behavioural disorders (disruptiveness, aggressiveness, bullying).

Sexual abuse

Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or taking advantage of their trust. Children are often bribed or threatened physically and psychologically to make them partake in the activity. Educators will be

predominantly conscious of looking for potential sexual abuse if parents/guardians or caregivers are suspected of or charged with child sexual abuse or display inappropriate jealousy regarding age appropriate development of independence from the family. Sexual abuse may include

- Exposing the child to sexual behaviours of others;
- Coercing the child to engage in sexual behaviour with other children;
- Verbal threats of sexual abuse;
- Exposing the child to pornography;
- They describe sexual acts;
- Direct or indirect disclosures;
- Age inappropriate behaviour and/or persistent sexual behaviour;
- Self-destructive behaviour;
- Regression in development achievements;
- Child being in contact with a suspected or know perpetrator of sexual assault;
- Bleeding from the vagina or anus;
- Injuries such as tears to the genitalia.

Psychological abuse

Psychological harm occurs where the behaviour of the parent/guardian, caregiver or other person damages the confidence and self-esteem of the child, resulting in serious emotional deficiency or trauma. In general it is the frequency and duration of this behaviour that causes harm. Some examples are

- Excessive criticism;
 - Withholding affection;
 - Exposure to domestic violence;
 - Intimidation or threatening behaviour;
 - Constant feelings of worthlessness;
 - Unable to value others;
 - Lack of trust in people;
 - Lack of people skills necessary for daily functioning;
 - Extreme attention seeking behaviour;
 - Extremely eager to please or obey adults;
 - Takes extreme risks, is markedly disruptive, bullying or aggressive;
 - Suicide threats;
 - Running away from home.
-

Domestic violence

Domestic violence, or intimate partner violence, is a violation of human rights. It involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.

Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour. Living with domestic violence has a profound effect upon children and young people and may constitute a form of child abuse. (The NSW Domestic and Family Violence Action Plan, June 2010). Indicators of Domestic Violence:

- Show aggressive behaviour;
- Develop phobias & insomnia;
- Experience anxiety;
- Show symptoms of depression;
- Have diminished self-esteem;
- Demonstrate poor academic performance and problem solving skills;
- Have reduced social competence skills including low levels of empathy;
- Show emotional distress;
- Have physical complaints.

Significant risk of harm

Significant risk of harm is where the circumstances that are causing concern are present to a significant state and warrant a response by a statutory authority, such as the ACT Police Force or Community Services, regardless of a family's consent.

According to Keep them Safe, Significant is not minor or trivial and may reasonably be expected to produce substantial and adverse impacts on the child's safety, welfare or wellbeing. The significance can be a result of a single act or omission or an accumulation of acts and omissions.

Reasonable grounds

Reasonable grounds refers to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on

- First hand observation of the child or family.
 - What the child, parent or other person has disclosed.
-

- What can reasonably be indirect based on observation, professional training and/ or experience.

Implementation

WVELC strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. To ensure best practice, all educators will renew Child Protection training every 24 months to ensure they are kept updated and informed of their current responsibilities as Mandatory Reporters.

NOTE: The reporter is not required to prove that abuse has occurred.

Management/Nominated supervisor will ensure

- A nominated supervisor of WVELC and any certified supervisor in day-to-day charge of WVELC has successfully completed a course in child protection.
- All employees and volunteers
 - Are clear about their roles and responsibilities regarding child protection.
 - Are aware of their requirements to immediately report cases where they believe a child is at risk of significant harm to the Child Protection Helpline.
 - Are aware of the indicators showing a child may be at risk of harm or significant risk of harm.
 - Will undertake training and development in child protection.
 - Will have a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.
 - Will ensure they retain a Working with Children Check.
 - Will ensure they adhere to relevant acts, regulations, standards and other resources and meet their obligations.
 - Will record abuse or suspected abuse, kept in line with **WVELC confidentiality policy**.
 - Will notify the ACT Ombudsman – Reportable Conduct Scheme of details of employees against whom relevant disciplinary proceedings have been completed or people whose employment has been rejected because of a risk identified in employment screening processes.

Accusations against educators

In cases of accusations of abuse or suspected abuse against educators, staff members, and volunteers, nominated supervisor or the WVELC, will be treated in the same way as allegations against other people. Reports will be made to the Child Protection Helpline, as

well as ACT Ombudsman – Reportable Conduct Scheme. If a supervisor is involved in the abuse then WVELC or the most senior educator will assist in notifying the Child Protection Helpline. If a nominated supervisor or the WVELC Director is involved a staff member will notify the Management Committee President, who will then make a report.

Documenting a suspicion of harm

If educators have concerns about the safety of a child they will

- Record their concerns in a non-judgmental and accurate manner as soon as possible.
- Record their own observations as well as precise details of any discussion with a parent/guardian (who may for example explain a noticeable mark on a child).
- Not endeavour to conduct their own investigation.
- Document as soon as possible so the details are accurately apprehended, including
 - Time, date and place of the suspicion.
 - Full details of the suspected abuse.
 - Date of report and signature.

Documenting a disclosure

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that they have been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

When receiving a disclosure of harm WVELC will

- Remain calm and find a private place to talk.
 - Not promise to keep a secret.
 - Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe.
 - Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries.
 - Not attempt to conduct their own investigation or mediate an outcome between the parties involved.
 - Document as soon as possible so the details are accurately captured including
-

- Time, date and place of the disclosure.
- 'Word for word' what happened and what was said, including anything they said and any actions that have been taken.
- Date of report and signature.

Notifications of abuse

The person making a notification of abuse or suspected abuse will make a record of the answers to the following

- Give the child or young person your full attention.
- Maintain a calm appearance.
- Don't be afraid of saying the "wrong" thing.
- Reassure the child or young person it is right to tell.
- Accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult.
- Let the child or young person take his or her time.
- Let the child or young person use his or her own words.
- Don't make promises you can't keep.
- Tell the child or young person what you plan to do next.
- Do not confront the perpetrator.

Confidentiality

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated.

The individual who makes the complaint should not inform the person they have made the complaint about. This ensures the matter can be investigated without prior knowledge and contamination of evidence.

Protection for reporters

Reports made are kept confidential. However, a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child. Under the Children and Young Persons (Care and Protection) Act 1998 if the report is made in good faith

- The report will not breach standards of professional conduct.
 - The report can't lead to defamation proceedings.
 - The report is not admissible in any proceedings as evidence against the person who made the report.
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- A person cannot be compelled by a court to provide the report or disclose its contents.
- The identity of the person making the report is protected.

Educating children about protective behaviour

Our program will educate children

- About acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age appropriate level and understanding
- About their right to feel safe at all times.
- To say 'no' to anything that makes them feel unsafe or uncomfortable.
- About how to use their own knowledge and understanding to feel safe.
- To identify signs that they do not feel safe and need to be attentive and think clearly.
- That there is no secret or story that is too horrific, that they can't share with someone they trust.
- That educators are available for them if they have any concerns.
- To tell educators of any suspicious activities or people.
- To recognise and express their feelings verbally and non-verbally.
- That they can choose to change the way they are feeling.

Making a report

- Contact Care and Protection Services if you are concerned about a child's situation.
 - Document the discussion with Care and Protection Services and place on your file in WVELC.
 - Prior to talking to Care and Protective Services, have on hand the following, which you may need to provide
 - Name and date of birth of the child.
 - Home address of the child.
 - Name of parents/career and contact details.
 - Name of siblings if known.
 - Nature of suspected abuse.
 - When the abuse occurred, if known.
 - Details of any disclosure made to you by the person.
 - Description of the injuries seen.
 - Description of the child's behaviour.
-

- Any known supports to the child and family including extended family.
- Details about when and how you became aware of the information.

Woden Valley Early Learning Centre recognises its legal and ethical responsibility to protect children from harm. In accordance with the **Education and Care Services National Regulations (effective 1 September 2025)**, the Approved Provider or Nominated Supervisor will notify the regulatory authority of any incident, allegation, or complaint involving physical or sexual abuse within **24 hours** of becoming aware of it.

Contacts for making a concern report:

Child and Youth Protection Services

Phone: 1300 556 729

One Link

Phone: 1800 176 468

Email: childprotection@act.gov.au

Woden Valley Child Care Centre Association Incorporated

Reportable Conduct Policy and Procedure

Date Reviewed:

August 18, 2025

Regulation:

Children and Young People Act 2008 (ACT)
Working with Vulnerable People (Background
Checking) Act 2011 (ACT)
National Principles for Child Safe Organisations
Regulations: 168(2)(h), 170, 171, 84

Standards:

2.2.3; 4.2.2; 7.1.2; 7.1.3

1. Aim

To ensure WVCLC responds promptly, fairly, and lawfully to any allegations or suspicions of reportable conduct by staff, volunteers, committee members, contractors, or visitors.

This policy reinforces our commitment to:

- Prioritising the safety and wellbeing of children.
- Complying with the ACT Reportable Conduct Scheme and other legislative requirements.
- Maintaining a child safe environment where concerns are taken seriously, reported, and investigated appropriately.

2. Scope

This policy applies to:

- All employees (educators, administration, management).
 - Volunteers and students.
 - Contractors, visitors, or community members engaged by WVCLC.
 - Committee members.
-

3. Definitions

- Reportable Conduct (as defined in the *Children and Young People Act 2008 (ACT)*): Includes allegations or convictions of:
 - Sexual offences or sexual misconduct committed against, with, or in the presence of a child.
 - Ill-treatment of a child.
 - Neglect of a child.
 - Physical assault or offences against a child.
 - Behaviour that causes significant emotional or psychological harm to a child.
 - Inappropriate discipline or punishment.
- Head of Relevant Entity (HRE): The Director (or delegated Committee representative) is the designated Head responsible for managing the Reportable Conduct process at WVELC.
- ACT Ombudsman: The independent statutory authority overseeing the Reportable Conduct Scheme in the ACT.

4. Policy Statements

- WVELC will take all allegations of reportable conduct seriously and respond in a timely, transparent, and child-focused manner.
 - WVELC will ensure no victimisation of any person who raises a concern or makes a report in good faith.
 - WVELC will comply with notification requirements to the ACT Ombudsman within required timeframes.
 - Investigations will be fair, impartial, and confidential, balancing natural justice for staff with the safety and rights of children.
 - All staff are required to report concerns immediately to the Director or delegate.
-

5. Procedures

5.1 Reporting

- Any staff member, volunteer, or community member who becomes aware of suspected reportable conduct must:
 1. Immediately inform the Director (or the President of the Committee if the allegation involves the Director).
 2. Document the concern clearly and factually, avoiding assumptions.
- If a child is in immediate danger, call 000 and ensure the child's safety first.

5.2 Role of the Head of Relevant Entity (HRE)

The Director (or delegated Committee representative if the allegation concerns the Director) must:

1. Notify the ACT Ombudsman within 30 days of becoming aware of a reportable allegation, including:
 - The nature of the allegation.
 - The identity of the employee subject of the allegation.
 - Action taken or proposed, including risk assessment.
 - Whether the matter has been reported to police/child protection.
2. Conduct or oversee an internal investigation OR cooperate with external investigations (police, child protection).
3. Provide the ACT Ombudsman with updates on the progress and outcome of the investigation.

5.3 Risk Management

- An immediate risk assessment will be conducted when an allegation arises, considering:
 - The safety and wellbeing of the child(ren).
 - ~~The rights of the staff member against whom the allegation is made.~~
-

- Operational requirements of the service.
- The employee may be removed from duties involving children (suspended, placed on alternate duties, or stood down with pay) while the investigation proceeds.

5.4 Investigation Process

- The investigation will be:
 - Prompt – commenced without unnecessary delay.
 - Fair – staff subject to allegations will be informed and given an opportunity to respond.
 - Confidential – information will be shared only with those directly involved.
- Investigations may involve:
 - Collecting written statements.
 - Reviewing CCTV, rosters, or supervision records.
 - Interviews with relevant parties.
- Findings will be reported to the Ombudsman and documented in the service's confidential files.

5.5 Notification of Parents/Guardians

- Parents/guardians of affected children will be informed as soon as practicable, unless doing so could compromise an investigation.
- Families will be supported and reassured throughout the process.

5.6 Record Keeping

- All documentation will be stored securely and confidentially in compliance with the Privacy Act 1988 (Cth).
 - Records will include:
 - Allegation reports.
 - Notifications to authorities.
-

- Risk assessments.
 - Investigation documents and outcomes.
- Records are retained for a minimum of 7 years.

6. Responsibilities

- All Staff and Volunteers: Must report concerns immediately.
 - Director (HRE): Responsible for managing allegations, notifications, investigations, and communication with the Ombudsman.
 - Committee: Supports governance, ensures accountability, and acts in place of the Director if allegations concern them.
 - Families: Encouraged to raise concerns openly and will be kept informed of processes affecting their child.
-

Woden Valley Child Care Centre Association Incorporated

Missing child procedure

Date Reviewed:

August 18, 2025

Regulation:

99, 100-102, 168(2)(i), 170-172, 2.2.1; 2.2.2; 2.2.3
176

Standards:

Aim

To ensure every reasonable step is taken to prevent a child from going missing, and to respond immediately, effectively, and in a coordinated manner if a child cannot be located.

Prevention Measures

WVELC will:

- Ensure the premises are secure at all times by maintaining child-safe gates, fencing, and locked or monitored entry/exit points.
 - Follow strict arrival and departure procedures to ensure children are only collected by authorised persons.
 - Maintain active supervision practices in all environments, indoors, outdoors, and during community outings, consistent with WVELC's Supervision Policy.
 - Conduct regular headcounts throughout the day, including:
 - On arrival and departure from the service.
 - During transitions between areas or activities.
 - Before and after excursions or community visits.
 - Keep children within close proximity to educators during community visits (e.g., parks, shops, museums).
 - Teach children personal safety skills, including strategies to use if separated from the group (e.g., "Stay where you are," "Look for a trusted adult wearing a badge/uniform").
-

Immediate Response – Child Missing

On discovering that a child is missing:

1. Raise the alarm immediately – notify all available educators and the Director or person in charge.
2. Stop all activities – remaining children are gathered into a safe area under supervision.
3. Immediate search of the premises/surrounding area:
 - Indoors and outdoors, including bathrooms, cupboards, storage areas, and under/behind furniture.
 - Adjacent streets, playgrounds, or access points if applicable.
4. Request help from others:
 - If in a public building, alert staff/security and request exit points to be sealed and CCTV monitored.
 - If in an open area, enlist bystanders or community members to assist while maintaining supervision ratios for remaining children.
5. Provide all searchers with:
 - Child's full name and age.
 - Physical description and clothing worn.
 - Known health conditions or needs.
6. Assign specific search areas to avoid duplication and ensure thorough coverage.

Escalation Procedures

If the child is found within 10 minutes:

- Reassure and comfort the child.
 - Check for any injuries or signs of distress.
 - Inform parents/guardians immediately.
 - Document the incident and report as a serious incident to the Regulatory Authority (r.176).
 - Conduct a debrief with staff to review supervision practices and update risk controls.
-

If the child is not found within 10 minutes (high-risk timeframe):

1. Call 000 (police) immediately, provide full details, and follow police instructions while continuing search efforts.
2. Notify the Director if not already on-site.
3. Inform parents/guardians as soon as practicable, providing updates and reassurance that emergency services are involved.

If the child is not located within 30 minutes (or as directed by police):

- Continue coordinated search under police direction.
- Ensure all required notifications are made to:
 - Regulatory Authority (Children's Education and Care Assurance – within 24 hours).
 - Committee President or governance representative.
- Document all actions taken, including timelines and who was notified.

Recovery and Review

Once the child is located:

- Conduct a health and wellbeing check immediately. Seek medical attention if necessary.
 - Provide emotional support to the child, their family, and educators involved.
 - Complete an Incident, Injury, Trauma and Illness Record and lodge required reports.
 - Review and revise risk assessments, supervision plans, and security measures to prevent recurrence.
 - Conduct a formal debrief with staff to identify procedural improvements.
-

Woden Valley Child Care Association Incorporated

Abandoned / uncollected children Procedure

Date Reviewed:

May 12, 2025

Regulation:

99, 158-159, 168(2)(f)

Standards:

2.3.1, 2.3.2

Aim

To ensure that the strategies for the delivery and collection of children are clearly understood and shared by all:

- We recognize that children are both vulnerable and capable.
- We respect the primary role of families; while their values and expectations are considered, the care and protection of children is paramount.

Late collection of Children

Parents/guardians are responsible for collecting their child/ren before the Centre's closing time of 6:00 PM. All children must have left the premises by closing time.

- If a child remains after 6:00 PM, a late fee of \$10 per child per minute will apply.
- The late fee will be invoiced to the parent/guardian.
- Please note that the service is only licensed to operate until 6:00 PM, and staff are employed until that time. Staff have personal commitments and are not available beyond their shift.
- Families who are habitually late will receive a written warning, and continued breaches may result in cancellation of the child's enrolment.

In the case of emergencies (e.g., traffic delays, accidents, severe weather), parents/guardians must contact the Centre as soon as possible with an estimated time of arrival or provide details of an authorized emergency contact to collect the child. The late fee will still apply, regardless of the reason for the delay.

Uncollected child

In the event a child/ren is left in an educator's care beyond the operational hours the Service and the parent/guardian fails to arrive or notify within 5 minutes from closure, the educators will follow the procedure as outlined below:

Procedure for uncollected child:

If a child remains at the Centre beyond operational hours and there is no contact from a parent/guardian within 5 minutes after closing, staff will implement the following procedure:

1. Ensure the child remains in the care of an educator, with at least two staff members remaining on-site.
2. Attempt to contact the parent/guardian (both contacts if listed).
3. Attempt to contact all nominated emergency contacts:
 - If successful and the emergency contact can collect the child, ask them to do so immediately.
 - If the emergency contact refuses or is unable to collect the child, continue with the next steps.
4. Attempt to contact the parent/guardian again. If unsuccessful and the child is not collected within 15 minutes, notify the Centre Director.

The Centre Director will:

1. Arrive at the Centre or provide further instructions to the responsible staff member.
 - If the Director cannot be reached and it is 6:30 PM, the responsible person must proceed to Step 2.
2. Contact the Police to arrange collection of the child.
3. Notify Child Protection Services.
4. Complete and submit an incident report via the NQAITS portal.

Abandoned child

If a child is left at the Service and there is no current enrolment or identification of the parent/guardian, the child is considered abandoned.

1. Ensure the child remains safe and supervised in the care of an educator.
2. If possible, attempt to identify and contact the parent/guardian (e.g., through siblings or prior records).

Procedure for abandoned child:

If the parent/guardian cannot be reached, the Centre Director/ Responsible Person in charge will:

1. Contact the Police to collect the child.
 2. Notify Child Protection Services.
 3. Complete and submit an incident report via the portal.
-

Policy created on:

Written by:

Review date:

New review:

May 12, 2025

Paulina Jagus

May 12, 2025

May, 2026

Woden Valley Child Care Centre Association Incorporated

Excursions and Incursions Policy

Date Reviewed:

August 18, 2025

Regulation:

100-102; 160-162; 168(2)(g);
170-172

Work Health and Safety Act
2011 (ACT)

ACT Working with Vulnerable
People (Background
Checking) Act 2011

Standards:

2.2.1, 2.2.2, 2.2.3, 7.1.2, 7.2.1

Aim

To ensure the safety, wellbeing, and inclusion of all children during excursions and incursions, while providing opportunities for meaningful learning experiences that enrich the educational program.

This policy provides guidance for planning, risk assessment, authorisation, supervision, and evaluation of excursions and incursions in accordance with current laws, regulations, and the National Quality Standard (NQS).

Definitions

- Excursion: An outing organised by WVELC where children leave the service premises in the company of educators. (National Regulations, r.4(1))
 - Regular Outing: A walk, drive, or trip to a destination:
 - visited regularly as part of the service's educational program, and
 - where the circumstances relevant to the risk assessment are the same on each occasion. (r.102(4))
 - Incursion: A planned learning experience that takes place within the service premises, often involving community members, professionals, or organisations who visit the service to educate, perform, or provide interactive activities.
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Policy Statements

Incursions

The Director will ensure that:

- All external providers/visitors hold current Working with Vulnerable People (WWVP) registration, checked on the day.
- Educators and families are advised of incursions in advance (via StoryPark, front door notices, or room notice boards).
- Children not authorised to attend an incursion are provided with alternative supervised arrangements.
- Outdoor incursions comply with SunSmart practices.
- Animal-related incursions are supervised carefully and follow hygiene protocols (e.g. handwashing after handling animals).
- Visitors are never left unaccompanied with children.
- Parental permissions may be sought prior to incursions where the nature of the activity requires it.

Excursions

(a) Planning and Authorisation

The Excursion Coordinator will:

- Prepare a written Excursion Proposal, including risk assessment, destination details, activity plan, transport arrangements, staffing ratios, and emergency procedures.
 - Submit proposal to the Director for approval.
 - Prepare and distribute authorisation/permission forms to families in a timely manner. No child may attend without signed authorisation (r.102).
 - Ensure educator-to-child ratios meet legal requirements, with adjustments for higher-risk activities and children requiring additional support.
 - Notify the Centre's insurance provider where required.
 - Nominate a first aid officer to carry a fully stocked first aid kit and all required medication.
 - Carry a mobile phone and contact details for all participants.
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(b) Risk Assessment (r.101)

A risk assessment must identify and consider:

- Family permissions and arrangements for children not attending.
- Date, time of departure, and return.
- Destination and planned activities.
- Method and route of transport (including walking routes).
- Procedures for transport breakdown or accident.
- Number of educators/adults required.
- Alternative plans for inclement weather or other risks.

(c) Departing

Before leaving the service, educators must ensure:

- First aid kit, medications (including EpiPens/asthma medication), and medical records are taken.
- A list of children and adults attending is carried, with a copy left at the service.
- Emergency contact details for each child are accessible.
- A charged mobile phone is available.
- Adequate food, water, sun protection, and spare clothing are packed.

(d) Supervision and Educator Requirements

- A qualified Group Leader must accompany all excursions.
- At least one first aid qualified educator is present at all times.
- Children must be marked off the roll at every transition (boarding/disembarking buses, meal breaks, entering/exiting venues).
- Supervision must remain active and vigilant, with educators spread across groups appropriately.

(e) Returning

- Children, educators, and adults are checked off upon return.
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- Children are supported to wash their hands.
- The excursion is evaluated by educators to assess educational value, safety procedures, and areas for improvement.

5. Alternative Arrangements

Children not participating in excursions or incursions will be provided with safe, engaging, and appropriate activities at the service.

6. Records and Confidentiality

- Risk assessments, authorisations, and excursion documentation will be kept for at least 3 years after the event (r.183).
 - All records are stored securely in accordance with the Privacy Act 1988 (Cth) and WVELC's Privacy and Confidentiality Policy.
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Woden Valley Child Care Centre Association Incorporated

Delivery and collection of children

Date Reviewed:

June 30, 2025

Regulation:

99 & 168 (2)(f)

Standards:

2.3.2

Aim

To ensure that children and educators arrive and depart from Woden Valley Early Learning Centre (WVELC) safely and that responsibility for the safe transition is shared between WVELC, educators and parents/guardians.

Family Responsibility

- On arrival, use the sign-in device provided to sign your child into WVELC and make contact with an educator to ensure they're aware your child/ren is in WVELC.
 - **Please note, this is a compulsory requirement for care.**
 - Children not signed in will be presumed absent and the absence will count towards your 42 absent days per year.
 - **Please notify WVELC if your child will be arriving after 10am or they will be marked absent for the day.**
 - Parents/guardians must not sign their child/ren out on arrival but at the time of leaving the premises; this practice could be dangerous in emergency situations.
 - At the end of the day, time and sign your child/ren out of the WVELC. Make contact with an educator and inform them you are taking your child/ren home.
 - Parents/guardians must keep the WVELC Director informed of all current work and home telephone numbers of both parents as well as all emergency contact people.
 - In the event of changes to collection;
 - Parents/guardians must inform WVELC in writing of persons who are authorised to collect their child,
 - Parents/guardians have the responsibility to inform the educators of changes to collection arrangements
 - Parents/guardians must notify the educators if a person other than an authorised person will be collecting their child. This person **must** produce photo identification before the child will be released into their care.
 - In cases of separated parents/guardians;
 - The WVELC Director **must** be advised of any current access or custodial arrangements and copies of these should be on the child/ren's file.
 - Neither parent/guardian has the legal authority to prevent or decline another parent/guardian from accessing, collecting or delivering the child/ren without the correct legal documentation. When court orders are in place they must
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include the child/ren's name and explicit instructions for the legal care of the child/ren.

- All **authorisation to collect forms** must be signed by both parents/guardians before the date of collection by a third party. This includes emergency contacts.
- In the event that both parties do not sign the **authorisation to collect forms** before the collection date, WVELC is unable to release the child/ren into the custody of the third party. This includes emergency contacts.

Educator Responsibility

- Sign in at start of shift and sign out at end of shift.
- Ensure that only an authorised person collects a child from WVELC.
- Where alternate arrangements have been made - ask the collecting person/authorised person (if not parent/guardian of the child) for their photo identification before releasing the child into their carer.
- Where there are current court orders for a child/ren, educators must adhere strictly to the instructions for the collection of the child/ren.
- Review the sign in and out system daily.
 - Where family or authorized persons have not signed in, a staff member will note that the child/ren is in attendance and sign the child/ren into care on behalf of the family.
- At the end of the day, ensure that two staff members verify all children have been signed out of WVELC. If a child/ren is not signed out educators will check all areas of WVELC to ensure no child remains. This will be confirmed via the sign in/out system.

Procedure for collecting children without prior notification

- Ask the collecting person for photo identification.
- Explain to the collecting person the procedure.
- Ask the collecting person to stay in WVELC until a parent/guardian provides verbal authorisation for collection, if no written permission was given prior to collection.
- If parents/guardians cannot be contacted, emergency contacts will be consulted to verify or deny collection.
- **Please note: Child/ren will not be released until appropriate verification is given.**
- Where verbal authorisation is granted the collecting person will sign the child/ren out.
- Where verbal authorisation is denied the person will politely be asked to leave WVELC.
 - An educator will escort the person from WVELC.
- Where the person refuses to leave an educator will call the police for further assistance.
- An educator must stay with the person at all times until they leave WVELC.

Centre Responsibility

- WVELC will maintain safe access, including; fences, security door and pathways.
 - The WVELC Director will ask for parents/guardians to update their contact details at the beginning of each year and remind them throughout the year.
 - The WVELC Director will ask parents to update their emergency contact's details and authorised collection details.
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- WVELC will ensure all educators are trained in the safe delivery and collection of children policy.
 - WVELC will ensure a copy of this policy is available at all times.
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Woden Valley Child Care Centre Association Incorporated

Sleep, rest and relaxation policy

Date Reviewed:

February 27, 2026

Regulation:

81,103, 105,110,115, 84C

Standards:

2.1.2, 2.3.1, 2.3.2 &3.1

Introduction

Woden Valley Early Learning Centre (WVELC) is committed to the promotion of safe sleeping practices for young children. We recognise a child's need for relaxation and rest in their busy day and respect that each child's requirement will be individualised to meet their specific needs.

This policy aligns with the Education and Care Services National Law and Regulations, SIDS & Kids safe sleep guidelines, ACECQA requirements, and the latest child safety reforms, including the new mandatory infant sleep product standards effective 19 January 2026.

Aims

- To provide clear guidelines for sleeping practices that minimise the risk of Sudden Infant Death Syndrome (SIDS), choking, or suffocation.
- To ensure all children receive a high level of safety while resting or sleeping in care.
- To provide effective rest and sleep strategies that ensure children feel secure and safe in a calming, restorative environment.
- To accommodate individual children's rest and sleep requirements, recognising that these may differ across age, development, and cultural needs.
- To comply with mandatory infant sleep product standards and ensure all sleep equipment meets Australian regulatory requirements.

Roles and Responsibilities

WVELC

- Ensure safe sleeping and rest practices are adhered to at all times.
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- Arrange suitable training for educators on safe sleeping practices, infant sleep product standards, and child safety.
- Discuss sleep policies and parental/guardian responsibilities during enrolment.
- Promote safe sleeping practices across WVELC to educators and families.
- Ensure all sleep equipment is safe, clean, in good repair, and compliant with mandatory infant sleep product standards (Regulations 103, 168(2)(a)(v), 84B(i), 84C).
- Conduct regular sleep product risk assessments to evaluate safety, including checking inclines of sleep and non-sleep products.
- Ensure bassinets remain prohibited at all times while children are present (Regulation 84D).
- Require all educators to complete mandatory child safety training (Geccko) and understand the use of infant sleep products.

Educators

- Follow SIDS & Kids guidelines and Red Nose Safe Sleep recommendations.
- Only educators with appropriate training and knowledge may supervise sleeping children; trainees require qualified educator support.
- Communicate any changes in a child's sleep or rest patterns to their parent/guardian.
- Attend mandatory training on safe sleep practices, including proper use of sleep equipment and the new infant sleep product standards.
- Ensure children are never left unsupervised in inclined non-sleep products (e.g., bouncers, rockers).

Parents/Guardians

- Complete documentation detailing sleep and rest requirements at enrolment.
- Provide updates to a child's sleep/rest requirements as needed.
- Collaborate with educators to ensure sleep practices are safe, culturally appropriate, and compliant with regulations.

Policy

Sleep, Rest, and Relaxation Rights

- Sleep, rest, or relaxation periods are provided according to each child's individual routine.
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- Children may be encouraged to wake once if parents request; if they do not wake, they will remain undisturbed unless otherwise required by medical or developmental needs.

Monitoring

- Educators will monitor resting children every 10–15 minutes, physically observing all children to ensure safety and comfort.
- Supervision includes ensuring safe use of sleep equipment in accordance with product safety labels and regulatory requirements.

Sleep Arrangements

- Infants under 12 months must be placed on their back to sleep unless a medical practitioner provides written alternative instructions.
- Inclined sleep products must not exceed 7 degrees to reduce suffocation risk.
- Inclined non-sleep products (e.g., rockers, bouncers) are not to be used for sleep and children must never be left unsupervised in them.
- Children over 15 months or walking will transition to mattresses or stretcher beds.
- Bassinets are prohibited at all times.
- Jewellery, teething necklaces, pillows, quilts, duvets, cot bumpers, soft toys, and bottles are prohibited in sleep areas.
- Sleeping bags with fitted neck and arm holes are encouraged.
- All sleep equipment must carry safety information and warning labels, in line with mandatory standards.

Facilities

- Each child will have an individual sleep/rest space (cot, mattress, or stretcher) compliant with Australian and mandatory product standards.
- Separate bedlinen will be provided, stored individually, and washed weekly or as required.
- Sleep areas will be quiet, dimly lit, ventilated, and arranged for safe supervision.
- Calming environments may include lowered lighting, reduced noise, and optional soft music.

Comforters and Sensory Items

- Children over 7 months may bring comfort items; children under 7 months will not.
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- All items covering the child's face or neck are strictly prohibited during sleep/rest.

Relaxation

- Rooms will provide soft, calm areas for children to rest or relax.
- Mindfulness or relaxation exercises (e.g., yoga, meditation) may be included.

Compliance with Latest Reforms and Standards – February 2026

- Educators must complete mandatory child safety training via Gecco.
- Use of mobile phones or personal devices during supervision is strictly prohibited; non-compliance may result in immediate disciplinary action.
- WVELC will conduct regular risk assessments for sleep equipment and review policies to ensure alignment with Red Nose, SIDS & Kids, and mandatory product standards.

Record-Keeping

- Maintain sleep/rest logs for each child and communicate to parents/guardians.
- Document any deviations or incidents during sleep/rest periods.

Summary

WVELC ensures that safe sleep, rest, and relaxation practices comply with:

- SIDS & Kids and Red Nose safe sleep recommendations
- Mandatory infant sleep product standards (Jan 2026)
- Australian child safety regulations
- National Quality Standard requirements

These measures provide children with a safe, secure, and nurturing environment while supporting families and educators in maintaining optimal safety and wellbeing standards.

References

SIDS and Kids (SIDS) - <http://www.sidsandkids.org/>

Early Childhood Australia - <http://www.earlychildhoodaustralia.org.au/>

Sleep & rest risk assessments

Cot Room Procedure

Woden Valley Child Care Centre Association Incorporated

Supervision policy

Date Reviewed:

August 18, 2025

Regulation:

100-102; 123; 176; 168(2)(h)

Standards:

2.2.1, 2.2.2; 7.1.2

1. Aim

Woden Valley Early Learning Centre (WVELC) aims to provide a secure, stimulating, and nurturing environment in which the safety and wellbeing of all children is paramount. Supervision is both a preventive and responsive practice: it prevents accidents and injuries, supports children's learning and exploration, and ensures that educators can respond quickly to children's needs.

Every staff member has a duty of care to ensure that:

- All areas accessible to children are safe and free from hazards.
- Supervision is continuous, active, and shared across the team.
- Sufficient educators are always present to ensure the safety and wellbeing of children.

2. Implementation of Supervision

- All areas accessible to children must be actively supervised at all times.
 - Active supervision reduces the likelihood of injury, allows rapid response to needs, and ensures that play is enjoyable and learning opportunities are enhanced.
 - Educators must remain aware of the whole environment, not just their allocated area.
 - Good communication between educators is essential to maintain supervision coverage.
 - Room rosters and outdoor supervision plans guide educator positioning; educators must:
 - Arrive punctually to shifts.
 - Return promptly from breaks.
 - Be flexible in responding to changes in children's movement or activities.
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- Educators must read, understand, and implement all WVVELC policies and procedures.
- When supporting children, educators must face children whenever possible—never turn backs to unsupervised children.

3. Outdoor Supervision Plans

- Each outdoor environment has a colour-coded supervision plan to ensure clarity of coverage and accountability.
- These plans are working documents: they are reviewed and updated regularly to respond to:
 - Children's evolving interests and skills.
 - Adventurous or risky play behaviours.
 - Changes in group size, layout, or environmental factors (e.g. weather, equipment).
- Educators must familiarise themselves with the supervision plan at the start of their shift and adapt positioning as needed while ensuring coverage is maintained.

4. Two-Educator Rule

- At no point should an educator be left alone with a group of children.
- A minimum of two educators must be present at all times, both indoors and outdoors, to ensure safety, accountability, and compliance with child safe standards.
- This supports not only supervision but also protects both children and staff through transparency and shared responsibility.

5. Specific Practices

Bathrooms and Toileting

- Educators must respect children's privacy while ensuring safety.
- Children may require assistance with toileting, handwashing, rolling sleeves, or drying hands. Educators must seek the child's permission before assisting.

Nappy Changing

- Children on change benches must never be left unattended.
 - One hand must always remain on the child when reaching for items to prevent falls.
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Sleep and Rest

- Sleeping children must be continually monitored and their rest recorded.
- Babies must be checked every 10-15 minutes, and checks documented on the sleep chart.
- Educators must follow the WVELC Sleep and Rest Policy.

Mealtimes

- Educators must sit with children to encourage positive eating habits, model safe eating, and engage in conversation.

Indoor and Outdoor Play

- Educators must be aware of each child's capabilities and provide guidance to support safe exploration.
- Doors must remain closed; cleaning and toxic products securely stored; equipment checked for repair and tagged if unsafe.

Educator Practice

- Educators must come down to children's eye level whenever practical, and maintain culturally respectful eye contact.
- If uncertain, educators must immediately consult their Room Leader rather than leaving issues unresolved.

6. Safety Checks

- Daily safety checks of all areas must be conducted before children arrive, with results recorded immediately.
- Checks include (but are not limited to) hazards such as spiders, vermin, foreign objects, syringes, and broken glass.
- Educators must remain alert to hazards throughout the day.
- Damaged equipment must be removed from use, tagged RED, and recorded in the maintenance log.

7. Close Proximity to Children

- Educators must remain close enough to observe, monitor, and interact with children, ensuring they can intervene promptly if needed.
 - Closeness should balance children's independence with safety.
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8. Children's Health

- Educators must closely observe children for early signs of illness or atypical behaviour, especially those with known medical conditions.
- All educators must maintain current first aid, CPR, and anaphylaxis/asthma training to ensure rapid response.

9. Supervision at Arrival and Departure

Arrival

- Educators greet children and parents by name, checking for any updates on the child's wellbeing.
- Parents must sign children into the service.
- Educators assist families with separation and support the child in settling into activities.

Departure

- Educators ensure the person collecting the child is authorised.
- Any relevant court orders must be adhered to.
- Parents must sign children out of the service.

10. Positioning of Equipment

- Play environments must allow for clear lines of sight and easy movement for educators.
 - Equipment must be set up to minimise risks, including:
 - Safe fall zones.
 - Absence of pinch points, sharp edges, or entrapment risks.
 - Ongoing monitoring for wear, damage, or instability.
 - Spaces must balance supervision needs with opportunities for privacy and independent play.
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Woden Valley Child Care Centre Association Incorporated

Nappy change procedure

Date Reviewed:

June 11, 2025

Regulation:

77, 106

Standards:

2.3.1, 2.3.2, 2.1.2

Procedure

Preparation

1. Before changing a child's nappy, make sure you have everything you need within reach e.g.: disposable gloves, nappies, wipes, paper towel
2. Wash your hands with soap and water and dry thoroughly with paper towel
3. Place paper towel/sheet on nappy change mat
4. Put on disposable gloves on both hands

Changing

1. Lie child down on the change table (Always keep a hand on the child to prevent falling)
 2. Remove child's nappy and any other clothing with urine/faeces.
 3. Use the tabs of the nappy to fold the nappy together in order to stop leakage and put in a hands-free lidded bin
 4. Place any soiled clothes (including a cloth nappy) in a plastic bag or wet bag as provided and directed by families
 5. Using wipes, clean the child's bottom and genital area
 6. Hold child's legs up with your fingers between the ankles and gently lift the child's bottom, wiping front to back
 7. Remove the paper towel/mat and put in a hands-free lidded bin
 8. Remove your gloves turning them inside out and dispose in the bin (Do not let your skin touch the outer contaminated gloves)
 9. If nappy cream is required due to nappy rash, place on a new glove
 10. Administer child's nappy cream using your gloved finger to apply generously
 11. Dispose of glove
 12. Open a clean nappy, with fastening tabs towards the top. Lift child's ankles and slip the nappy beneath their bottom
 13. Fold the front flap up, tuck it firmly around baby's waist and secure each tab. Ensure not to make the nappy too tight.
 14. Dress the child
 15. Remove child from the change table
 16. Wash your hands and the child's hands
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Cleaning

1. After each nappy change, clean the change table with disinfectant, rubbing with paper towel
2. Dispose of paper towel
3. Wash and dry your hands thoroughly with soap and water
4. At the end of each day, thoroughly wash the nappy change mat and nappy change area with soap and water. Allow the change mat to dry, preferably in the sun.
5. Disinfect area with bleach solution in the event of spills (urine/faeces/vomit). Additional hygiene measures must be implemented to reduce spread of diseases such as gastroenteritis

IMPORTANT: Never leave a child unattended on a change table!

**** The rooms will display short easy to follow nappy change procedure.**

Policy created on:

Written by:

Review date:

New review:

January 20, 2023

Paulina Jagus

June 11, 2025

May, 2026

Nappy changing and toileting policy

Date Reviewed:

June 11, 2025

Regulations:

156, 103, 105, 106,
109, 115

Standards:

2

Aim

Woden Valley Early Learning Centre (WVELC) aims to meet the needs of all children by providing a clean, safe and hygienic place for nappy changing and toileting.

We believe that nappy changing and toileting rituals are valuable opportunities to promote children's learning, meet individual needs and to develop strong relationships with children. Having their needs met in a caring and responsive way builds trust and security which relates strongly to the Early Years Learning Framework.

Purpose

We aim to ensure best practice guidelines are adhered to for nappy changing and toileting - ensuring the area is hygienic, reducing the spread of infectious disease.

Implementation

WVELC accepts enrolments of children who have not yet been toilet trained. Nappy changes and toileting typically follow designated routine times and whenever required to meet children's individual needs. Educators will collaborate with parents/guardians to develop stability with their child's nappy change and toileting practices. Educators will be responsive to special requirements related to culture, religion or privacy needs.

For the safety and wellbeing of both children and educators, nappy changing and toileting must always occur when at least two people are present in the room. This ensures adequate supervision, promotes accountability, and supports children's emotional security.

Toileting and nappy changing will be carried out at frequent intervals throughout the day. Children also benefit from having the pleasant sensory experience of being free of a nappy and the comfort of having a fresh, dry nappy. It is also important to remember that the way that educators react to soiled or wet nappies, toileting needs and accidents give children powerful messages about themselves and their bodies.

As WVELC is not providing nappies, **families are required to provide at least 3-4 nappies per day to accommodate for children's needs.** If there is not a sufficient number of nappies for a child, WVELC may ask the parents/guardians to bring additional nappies during the day or request that the parents/guardians collect the child.

Meeting children's physical needs, nappy changing and toileting are an imperative time for educators to:

- Have one-on-one interactions with children, and give them their full attention.
- Build trusting and caring relationships with children.
- Interact with children using verbal and non-verbal communication, and respond to children's communication.
- Participate in age appropriate activities with children, such as singing.
- Build children's understanding of what is happening by inviting them to the bathroom, supporting their capability to predict what will happen next in the routine.
- Help children begin to develop and extend their self-help skills, which includes handwashing and dressing, and encouraging children to identify the feeling of accomplishment and gratification that come with this.

Should a parent/guardian be in the bathroom helping their child a staff member must accompany any other children needing to use the bathroom at the same time.

Appropriate hygiene practices will be maintained and procedures followed to minimise any risk of infection at all times. Educators will continuously promote healthy hygiene practices and hand washing procedures; encouraging the children to follow these practices.

A room leader will:

- Implement policies, procedures and training with educators to ensure nappy change procedures support children's safety, protection, relationships and learning.
- Develop systems with educators to ensure that soiled clothing and soiled nappies are disposed of or stored in a location that children cannot access.
- Ensure nappy changing and hand washing procedures are displayed visually and in the nappy change area.

Educators will:

- Ensure children's nappies are changed at scheduled intervals.
- Check nappies throughout the day to ensure children are not susceptible to nappy rash and discomfort.
- Not yell across the yard or a room or/and check the child's nappy in offensive and disrespectful or embarrassing way, these include:
 - Opening child's nappy from behind
 - Smelling child's bottom
- Not force the child for a nappy change.
- Discuss children's individual needs professionally with families to ensure practices are reflective of their home environment and are culturally sensitive.
- Provide information to families regarding children's nappy change outlines.
- Utilise nappy change times to interact with children on an individual basis.
- Organise the nappy change area to promote positive interactions and promote positive learning experiences, e.g. place pictures or mobiles to stimulate children's interactions and to encourage learning.
- Ensure physical contact and direct supervision with children throughout the nappy change experience.
- Ensure no child is left alone on a nappy change mat or bench.
- Keep nappy change areas fully stocked with all required materials at all times.
- Encourage mobile children to walk to the nappy change area and climb stairs (with assistance).

Families will:

- Ensure there is a sufficient number of nappies for the day.
 - At the arrival ensure child is wearing a clean / fresh / unsoiled nappy, especially when arriving during family grouping time.
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- Provide sufficient amount of spare clothing.
- Clearly communicate with staff about child's toileting and nappy change needs, especially during change of routine.
- Collect soiled clothing within a week (alternatively they will be disposed).

Please note that WVELC have no facilities to wash soiled clothing or reusable nappies.

Students, trainees and new staff members

All educators will carry out nappy changing (regardless of their status, qualification or gender), however at times a student, trainee or a new staff member will be required to carry out this as part of their practical requirements - they will be under constant supervision of a qualified educator. Students, trainees or a new staff member should not change children's nappies or help with toileting until they have built relationships with children (minimum of 1 week of work is required). Students from outside of the Centre are not permitted to change nappies or assist with toileting.

Nappy rash creams

WVELC will supply Sudocrem and Papaw cream. If a parent/guardian wishes to use any other nappy rash cream an ongoing medication form must be completed. WVELC does not allow Curash brand products to be used or brought into WVELC, as they contain almond oil which may cause nut-based reactions in other children.

Toilet training

Toileting occurs at any time of the day and is specific to individual needs. Educators will be aware of and consider any special requirements related to culture, religion or privacy needs.

Decisions about when to begin toilet training will be made by parents/guardians, or may occur through shared decision making between parents/guardians and early childhood professionals. This decision is based on mutual respect and open communication, which is crucial for a good outcome.

The priority of the individual child's wellbeing is paramount, and the decision to begin assisting the child to learn to use the toilet should be based on signs of readiness from the child and discussion with families.

WVELC will not begin the process of toilet training, this must be conducted by the family in family home settings.

Early signs of readiness will often start to appear when children are around 18-24 months old and may include:

- Showing interest in the toilet, including having an interest in others using the toilet;
- Indicating a need to go to the toilet either before, or while they are doing it;
- Staying dryer for longer; and
- Talking to children about using the toilet, letting them pull their pants down and up again (the latter is more difficult) and letting them sit on the toilet.

It is important to keep the process subdued and without creating unnecessary attention and pressure on the child to succeed. Acknowledging children's successes, no matter how infrequent or small is vital for their self-esteem and confidence. Parents/guardians and educators can expect accidents, which should be treated respectfully and in a supportive manner.

Educators and parents/guardians will collaborate and communicate about how the toilet learning is going, both in care and at home. This will support children to become more familiar and comfortable with the toilet training process.

Children should be given the opportunity to complete the toileting procedure, such as toileting, washing hands, flushing the toilet, and keeping the bathroom environment clean independently, while at the same time keeping in mind the importance of hygiene and providing assistance when needed.

Toilet training varies for individual children, as educators we can take advantage of the child being in a group and the many opportunities that provide for learning from each other. Educators and parents/guardians need to remember that comparing children is inappropriate and unacceptable behaviour.

Parents/guardians who wish to begin toilet training with their child must supply at least three changes of clothes, if there is not a sufficient amount of clothes provided or the child has already used all their spare clothing, WVVELC has the right to put child into a nappy until the child's departure.

DISCLAIMER:

Please note that educators will *not* force or physically make a child sit on the toilet. Our approach to toilet learning is respectful and child led. Educators will provide gentle encouragement and regular reminders to support children as they learn to recognise and respond to their toileting needs.

If a child shows little interest or awareness of the toileting process, or demonstrates signs of complete disinterest, educators will discuss this with the family. Together, we may consider pausing the toilet learning journey until the child shows more readiness and engagement. Our goal is to support each child at their own pace, creating a positive and pressure-free experience.

References

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Staying Healthy in Child Care. 5th Edition
- The NSW Work Health and Safety Act 2011
www.workcover.nsw.gov.au/newlegislation2012/Pages/default.aspx
- Raising Children Network
www.raisingchildren.net.au
- Revised National Quality Standards

Policy created on:	Written by:	Review date:	New review:
February 10, 2018	Paulina Jagus	June 11, 2025	June, 2026

Woden Valley Child Care Centre Association Incorporated

Handwashing guidelines / procedure

Date Reviewed:

June 11, 2025

Regulation:

168 (2)(e)

Standards:

2.3.1 & 2.3.2

Aim

To provide a safe environment at the Woden Valley Early Learning Centre (WVELC) through following appropriate handwashing guidelines.

Guidelines

When should hands be washed?

Staff

- Employees to wash hands upon arrival at WVELC.
- Immediately before handling food, preparing bottles, or feeding children.
- After handling food.
- Before handling clean utensils or equipment.
- After using the toilet, assisting a child in using the toilet, or changing nappies.
- After handling of body fluids (e.g., saliva, nasal secretions, vomitus, faeces, urine, blood, secretions from sores).
- After handling soiled items such as garbage, mops, cloths, and clothing.
- Whenever hands are visibly soiled.
- After removing disposable gloves.
- After handling animals or animal cages.
- After gardening or sand play.

Children

- Children shall wash hands upon arrival at WVELC.
- After each nappy change or visit to the toilet.
- Immediately before eating meals or snacks.
- Before and after water activity.
- After playing on the playground.
- After handling animals or animal cages.
- Whenever hands are visibly soiled.

Procedure

1. Always use warm, running water and a mild, preferably liquid soap;
 2. Wet hands and apply a small amount of liquid soap (10 to 20 cent coin size);
 3. Rub hands together vigorously with soap and warm water for 20 seconds;
 4. Be sure to wash all surfaces of the hands, including the backs of hands, palms, wrists, under fingernails, and between fingers;
 5. Rinse hands well for 10 seconds, leaving the water running;
-

6. Dry hands with a paper towel;
7. Turn off the tap using the paper towel.

Policy created on:	Written by:	Review date:	New review:
April, 2021	Paulina Jagus	June 11, 2025	May, 2027

Woden Valley Child Care Centre Association Incorporated

Bottle safety and preparation procedure

Date Reviewed:

June 30, 2025

Regulation:

77-78, 168

Standards:

2.1.3, 2.1.4, 2.2.1

Aim

Children are highly susceptible to food borne illnesses. This policy outlines Woden Valley Early Learning Centre's (WVELC) safe practices for handling, storing, preparing and heating breastmilk or formula to minimise risks to children under care.

Introduction

1. Food safety standards for food preparation and storage are followed at all times;
2. Any specific cultural, religious or health requirements are respected and supported; and
3. Educators will regularly consult with parents/guardians about their child/ren's needs and at all times ensure safe practices are implemented.

WVELC will provide full cream and skim milk, soy, rice or lactose free milk. **WVELC has a strict no nut policy – almond milk is not allowed on premises.** Current dietary advice recommends that children under two years of age should not be provided with skim milk.

Preparation procedure

Educators will

- Thoroughly wash hands and wear gloves when preparing bottles;
 - Prepare formula as per the instructions on the formula container and use the provided scoop for measurement:
 - Once formula is made it must be used or kept in the refrigerator. Left over formula will be discarded after 24 hours.
 - Be aware that breastmilk can be stored frozen at WVELC for up to two weeks, but must be used within 24 hours if stored in the refrigerator;
 - Not shake thawed breastmilk, but gently roll to mix separated contents;
 - Ensure that two educators check the label before a bottle is given to a child;
 - Gently heat bottles by placing them in a container of warm water. They cannot remain in the warm water for longer than 15 minutes. Alternatively, heat the bottle in specially designed bottle warmer;
 - Bottles will not be heated in a microwave.
 - Test the temperature of bottle contents by placing a few drops on the inside of the wrist before feeding the child;
 - Supervise children with bottles at all times. Children will not be placed on beds or in cots for feeding as this can be a choking hazard;
-

- Discard any leftover milk, formula or breastmilk at the completion of the feeding.
Leftover milk will not be reheated;
- Rinse all children's bottles thoroughly after use and sanitise them in the bottle sanitiser. Bottles will be air dried and returned to the bottle preparation area for collection by parents/guardians;
- Communicate regularly with parents/guardians about children's bottle and feeding requirements; and
- Communicate with parent/guardians about the amount of milk taken by a child and any changes in feeding patterns or routines at the education and care service.

Parents/guardians will be

- Informed during orientation that children's bottles must be clearly labelled with the child's name;
 - If bottles contain breast milk or formula the bottles also need to be labelled with the date of preparation or expression.
- Encouraged to supply breast milk in well- labelled, multiple small quantities to prevent wastage;
- Encouraged to keep formula powder at WVELC so that the formula can be prepared as required. Tins of formula must be clearly labelled with the child's name;
- Asked to provide a labelled bottle(s) for use at the education and service for children having regular cow's milk in their bottles; and
- Encouraged to communicate regularly with educators about children's bottle and feeding requirements.

References

- Education and Care Services National Regulations
 - Australia New Zealand Food Standards Code www.foodstandards.gov.au
 - Guide to the National Quality Standard (3) ACECQA (2011)
 - Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care - 6th Edition
 - NSW Food Authority -www.foodauthority.nsw.gov.au
 - NSW Department of Health www.health.nsw.gov.au
 - Australian Breastfeeding Association - www.breastfeeding.asn.au
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Woden Valley Child Care Centre Association Incorporated

Dressed for play policy

Date Reviewed:

June 30, 2025

Regulation:

Standards:

2, 5

Aim

Woden Valley Early Learning Centre (WVELC) wish to ensure that children are comfortably and appropriately dressed throughout the day, especially in respect to weather conditions, play activities and safe sleeping guidelines. Noting this, WVELC also encourages parents/guardians to clearly label all belongings.

The WVELC **SunSmart Policy** should be read in conjunction with this policy.

Procedures

Dressing for weather conditions

Parents/guardians are asked to provide a warm jacket and hat/beanie for child/ren to wear outside in colder weather, and summer hats - which are wide brimmed, or legionnaire style - in the warmer weather. During Spring/Autumn parents/guardians are to provide an appropriate range of clothing for their child/ren, as weather changes throughout the day may mean that educators have to remove or add a layer of clothing.

Dressing for play

Clothes and shoes that allow children to feel comfortable and which are suitable for "messy and active" play are encouraged. Children should wear shoes which enclose their feet and allow a firm grip when climbing. Thongs, clogs and moccasins are not appropriate footwear. WVELC encourages children to play freely and to get involved in messy experiences such as arts and craft, water play, sand play and digging in mud patches.

Children's clothing should allow for freedom of movement enabling children to play safely. Clothes that fit properly, without being too loose or tight, allow children to move freely and comfortably and participate freely in experiences. Parents/guardians are asked not to dress children in clothing, such as long skirts, which may catch on climbing equipment. Children

that wish to wear a dress must wear underwear or shorts, even if the child is wearing a nappy.

Parents/guardians must provide at least one - two changes of clothes (three changes of clothes are required for the children who are toilet training). WVELC reserves the right to send children home or ask for spare clothes to be supplied if spare clothing was not provided or if they were all used.

WVELC will provide protective smocks and aprons for the children to wear. If children are not comfortable wearing WVELC's protective clothing, they are encouraged to provide their own.

Please note: When weather permits, children are allowed to engage in barefoot play. WVELC recognises the benefits to child's development by being barefoot.

Dressing for safe sleeping

During rest/sleep time restrictive clothing and footwear will be removed. Educators will ensure that

- The room temperature is satisfactory for a comfortable rest;
- Children do not rest near heaters; and
- Children are dressed appropriately for rest/sleep time and checked regularly to see that they are covered.

Dressing for independence

Educators encourage children to dress and undress independently. Parents/guardians are asked to dress their child in clothes that will allow them to practice and develop their self-help skills, for example

- Elasticised waist pants or skirts;
- Velcro strap shoes;
- No overalls, zips or belts.

For children who are not yet toilet trained, disposable or cloth nappies need to be provided when attending WVELC.

Respect for children and parents/guardians/families

Educators will convey respect for children and an appreciation of their individuality by building in opportunities for them to make choices in relation to getting dressed, and the clothing they wear. However, issues relating to health, safety and the child's play and learning are the most important.

Educators will be aware of individual children's and parents/guardians/families' attitudes towards privacy and modesty when children are having their clothes changed or are dressing themselves. Older children will have access to safe comfortable and private spaces for dressing and changing. Educators will work with children and parents/guardians to ensure that individual needs and preferences are understood and catered for.

Respect is important in addressing issues about clothing with parents/guardians/families. Educators will work with parents/guardians to have a better understanding of their particular cultural traditions regarding clothing and understand that there may be a range of cultural and religious issues related to dress. Educators will be respectful and understanding of parents/guardians/families' choices.

Jewellery and head pieces

WVELC takes no responsibility for lost earrings, bracelets, hair clips or other decorative belongings. We discourage parents/guardians from bringing such pieces, to avoid possible health risks such as tearing a child's ear or/and presenting a choking hazard when dislodged.

Woden Valley Child Care Centre Association Incorporated

SunSmart policy

Date Reviewed:

May 12, 2025

Regulation:

100,113,114, 168 (2)(a)(ii)

Standards:

1, 2, 3, 4, 5, 6, 7

This SunSmart policy provides guidelines to

To provide clear guidelines ensuring all children, educators, and staff are well-protected from harmful UV radiation (UV) during exposure levels of 3 and above, while also promoting the health benefits of appropriate sunlight exposure. The policy will ensure:

- Protection from UV radiation, particularly between August and May when UV levels are high.
- A sun-safe outdoor environment with adequate shade.
- The development of independent sun protection skills for children.
- Access to sunlight for maintaining healthy vitamin D levels.
- Adherence to duty of care and regulatory requirements.
- Health and safety strategies to minimize UV risk for educators, staff, and visitors.

Background

While UV radiation is essential for the production of vitamin D, overexposure can lead to sunburn, skin damage, and an increased risk of skin cancer, particularly in childhood. Conversely, insufficient exposure to UV radiation can result in vitamin D deficiency, leading to health issues like weak bones and muscles.

- In the **Canberra** region, UV levels are typically low (under 3) from **June to July**, so sun protection is not required during these months.

*** (The Cancer Council's "Be SunSmart" guidelines provide clear advice on this matter - cancer.org.au - "Sun protection is recommended whenever UV levels reach 3 or higher. Below 3, sun protection isn't recommended unless you are outdoors for extended periods or near reflective surfaces, like snow.")*

Policy Guidelines

Healthy Physical Environment

1. Seek Shade (QA 1, 2, 3, 4, 5, 6)
 - WVELC will ensure sufficient shade in the outdoor areas, especially in high-use spaces, through trees and shelters.
 - Shade is a priority when planning outdoor activities.
 - Children are encouraged to choose shaded areas to play.
 - Children without suitable hats or sun-protective clothing will be directed to shaded areas or sun-safe spaces.
 - Shade assessments will be conducted regularly to ensure quality shade coverage.

Healthy Social Environment

1. Slip on Sun-Protective Clothing (QA 1, 2, 4, 5)
 - Children must wear loose-fitting clothing that covers as much skin as possible. Suggested items include elbow-length sleeves, knee-length shorts, and skirts made from densely woven fabrics.
 - Children without sun-safe clothing (e.g., singlets or shoestring dresses) will be provided with sun-safe clothing before outdoor play.
 2. Slap on a Hat (QA 1, 2, 4, 5)
 - All children must wear sun-protective hats, such as legionnaire, broad-brimmed, or bucket style.
 - Parents/guardians are responsible for providing hats daily. If a child does not have a hat, they will be asked to choose a shaded play area.
 3. Slop on Sunscreen (QA 1, 2, 4, 5)
 - SPF30 (or higher), broad-spectrum, water-resistant sunscreen is provided by the service.
 - Sunscreen is applied at least 20 minutes before outdoor play and reapplied every two hours.
 - For children under six months, sunscreen will not be applied. Parents/guardians of infants must provide alternative sun protection measures, such as sun-safe clothing, shade, or umbrellas.
-

- From 3 years of age, children will be encouraged to apply sunscreen independently under staff supervision to promote self-care skills.
4. Slide on Sunglasses (QA 1, 2, 4, 5)
- Children will be encouraged to wear close-fitting, wrap-around sunglasses that meet Australian Standard 1067 (Category 2, 3, or 4) when practical.

Learning and Skills Development (QA 1, 2, 4, 5, 6)

- Sun protection and vitamin D education will be incorporated into the children's learning programs, reinforcing safe sun exposure and the importance of protecting their skin and eyes.
- The SunSmart Policy will be integrated into activities, displays, and programs to continuously engage children, educators, and families.

Engaging Children, Educators, Staff, and Parents/Guardians (QA 2, 3, 4, 6, 7)

- Parents/guardians will be:
 - Informed of WVLELC's SunSmart Policy during enrollment.
 - Asked to provide suitable sun protection items: hats, sun-protective clothing, and sunscreen for their children.
 - Encouraged to model SunSmart behavior when visiting WVLELC.
- Educators and staff:
 - Role-model sun-safe practices by wearing appropriate clothing, hats, and applying sunscreen when outdoors.
 - Ensure that children are reminded of the importance of sun protection and model the behaviors.

Monitoring and Review (QA 1, 2, 4, 5, 6, 7)

- The effectiveness of the SunSmart Policy will be monitored regularly, with feedback sought from staff, families, and children to ensure the policy is working.
 - The policy will be reviewed every 3 years in line with SunSmart membership renewal and any necessary updates will be made.
 - Updates will be communicated to educators, staff, parents/guardians, and visitors, with changes implemented promptly.
-

Emergency Procedures for Heat or UV-Related Illness

- Heat Exhaustion or Sunburn: If a child exhibits symptoms of heat exhaustion or sunburn (e.g., dizziness, nausea, flushed skin), educators will immediately take the child to a shaded or cool area, offer water, and monitor for further symptoms.
- First Aid: First aid kits containing appropriate sunburn relief products (e.g., Aloe Vera gel) are available at WVELC. Educators trained in first aid will respond to any immediate incidents of sunburn or heat exhaustion.
- Parental Notification: Parents/guardians will be notified if their child suffers from heat exhaustion or sunburn while at the centre. A record of the incident will be kept in the child's file.
- Safe Work Australia: Guidance Note for the Protection of Workers from Ultraviolet Radiation in Sunlight (2008)
- SunSmart Cancer Council ACT, 1/2/2023 – as part of our SunSmart renewal registration.

Additional Notes

- Emergency Plan: The service should have a clear Heat Emergency Plan in place for days of extreme heat or very high UV levels. This plan should include procedures for keeping children indoors when necessary, providing additional hydration, and adjusting outdoor activities.
- Communication with Families: The policy could also include a reminder to families to update WVELC on any medical conditions related to sun exposure, such as skin conditions, so educators can provide additional protection.

Legislation and Standards Compliance

- Occupational Health and Safety Act 2004
- Children's Services Act 1996
- Children's Services Regulations 2009
- Child Wellbeing and Safety Act 2005 (Vic)
- Education and Care Services National Law Act 2010, Section 167: Protection from Harm and Hazards
- Education and Care Services National Regulations 2011:
 - Reg 100: Risk assessment for excursions
 - Reg 113: Outdoor space: natural environment
 - Reg 114: Outdoor space: shade
 - Reg 168 (2)(a)(ii): Policies and procedures: Sun protection

References

- National Early Years Learning Framework (EYLF)
 - Get Up & Grow: Healthy eating and physical activity for early childhood (Section 2, 2009)
 - Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation (2006)
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Woden Valley Child Care Centre Association Incorporated

Tree climbing policy and procedures

Date Reviewed:

May 12, 2025

Regulation:

100-102,168

Standards:

2, 3, 5, 7

Purpose

Woden Valley Early Learning Centre's (WVELC) ethos is built on the vision to "Nurture confident, respectful, and responsible citizens of the world." We support children by offering opportunities to succeed, develop confidence, and foster self-esteem. Educators view children as capable learners and challenge their abilities through open-ended, nature-based play experiences. Tree climbing is a key element of our curriculum and forms part of the risky play opportunities we offer.

Benefits of tree climbing

Tree climbing is an activity that children enjoy from an early age. It promotes physical strength, coordination, problem-solving, confidence, and social skills. Climbing trees gives children direct contact with nature, providing tactile experiences such as feeling different barks and leaves. As children play together in trees, they also develop social, creative, and imaginative skills.

Children naturally assess risk while climbing, learning to choose stable branches and determine the safest route.

Tree Management

Good trees for children to climb should have branches that are low enough for children to access safely. The tree should be healthy, with sturdy branches free from brittleness. The tree must also be appropriate for the children's skill and comfort levels.

WVELC will not allow children to climb trees if:

- The trees are too slippery due to wet weather conditions.
 - The tree is shedding bark or has dead wood in the canopy.
 - A child is wearing inappropriate clothing, such as flimsy footwear.
 - An educator is not within sight of the child.
-

Tree Climbing Procedure

At WVELC, we empower children to manage their own risk in a controlled environment. Tree climbing will be done independently, with educators offering support only when necessary.

Educators' Role:

- Check the surface below the tree to ensure there are no potential hazards.
- Educators may show children where to place their feet and offer verbal encouragement but will not lift the child to access the tree.
- If a child becomes distressed while climbing, educators will guide them step-by-step to help them safely descend.
- If a child is unable to get down independently, educators may assist in lifting the child down, using proper lifting techniques.
- If a child falls from the tree, WVELC will follow the usual incident or accident reporting procedures and notify parents/guardians immediately.
- At the beginning of care, parents/guardians will be informed of the tree climbing policy and, by enrolling their child, give consent for their child to engage in tree climbing.

Risk Assessment:

WVELC conducts yearly risk assessments on trees in the outdoor environment to ensure their safety. Educators will conduct a risk assessment before any tree climbing activity and will assess the conditions for hazards such as wet or slippery branches.

Tree Climbing Education Session:

An annual tree climbing education session will be held with the children. This session will be outdoors and will cover the following:

Child Agreed Rules (to be covered in the education session)

1. Tell an adult you want to climb a tree and show the tree you want to climb.
 2. Test the handhold or branch strength by lifting your weight a little before you lift your body.
 3. Climb only to a comfortable height that you feel safe with.
 4. Feel the branch with your hands and feet and only place weight on it when it feels secure.
 5. Do not fight or push other children while in the tree.
 6. Don't place objects under the tree that might cause injury if someone falls.
 7. Don't dare others to climb higher than they are comfortable with.
-

8. Wear appropriate clothing and footwear (no gumboots, flip flops, or unsuitable footwear).
9. Look after the tree. It is a living organism trying to grow, and we respect that.

Possible Hazards

Climbing trees involves significant risks, including the potential for serious injury or death. WVELC will take every precaution to minimize or eliminate risks that are beyond the children's ability to control. The following factors are recognized as increasing risk:

- Lack of awareness among staff.
- Lack of education for children on safe tree climbing practices.
- Climbing on hard surfaces or protruding objects (e.g., fences).
- Rough play or fighting at height.
- Peer pressure to climb higher than a child feels comfortable with.
- Climbing on weak or dead branches.
- Weather conditions (e.g., wet, frosty conditions).
- Inappropriate footwear and clothing.
- The child's physical ability or developmental stage.
- Movable objects (e.g., wheelbarrows, bikes) under the tree.

Tree Climbing Education Session – Topics to Be Covered

1. Respect and Care for Nature / Looking After Trees:
 - How old is the tree?
 - How should we treat it?
 - Is it okay to break branches?
 2. Risks:
 - Climbing is fun, but what could happen if you fall?
 - The importance of safe climbing and understanding limits.
 3. When is it Safe to Climb a Tree?
 - Discussing when it's safe to climb (i.e., dry weather, stable branches).
 - Demonstrating unstable branches and the importance of checking them.
 - Importance of informing an educator before climbing and only climbing with suitable clothing and footwear.
 4. Climbing Access:
 - Using stable objects to access the tree, such as solid branches.
 - Why it's unsafe to use movable objects like bikes or chairs.
 5. Goading Beyond Limits:
 - Is it okay to dare others to climb higher? Why not?
-

- Why fighting or pushing other children while up in the tree is dangerous.

Parental Consent and Notification

Parents/guardians will be informed about WVELC's tree climbing policy at the beginning of care. By enrolling their child/ren, parents give consent for their child to engage in tree climbing. Parents will be notified if a child falls or has an accident while climbing a tree.



Woden Valley Child Care Centre Association Incorporated

Fire learning opportunity procedure

Date Reviewed:

May 12, 2025

Regulation:

168 (2)

Standards:

2.3.2

Aim

To provide a clear and safe framework for the introduction and management of fire-based learning experiences for children at Woden Valley Early Learning Centre (WVELC). The policy ensures that children are exposed to safe, controlled fire activities that foster independence, respect for fire, and an understanding of traditional practices, while prioritizing their health, safety, and well-being.

Background

Fire-based learning experiences support children's understanding of the natural world, responsible practices, and the customs and traditions of First Peoples. However, these activities require careful planning, appropriate supervision, and adherence to fire safety regulations. It is critical that children learn both the value and the risks of fire in a safe environment.

Before introducing fire, or fire pits, it is mandatory that educators engage in meaningful discussions with children about fire safety, which will be documented as part of the program.

Procedure

Fire Pit Safety and Fire Management

- **Adequate Supervision:** Children will always be supervised when in or around the fire pit area.
-

- Designated Fire Tender: A staff member will be appointed as the Fire Tender to manage the fire at all times. The Fire Tender is responsible for maintaining the fire, monitoring safety, and granting permission for children to enter the safety circle.
 - The Fire Tender must be present whenever the fire is burning and wear appropriate safety gear (such as fire gloves and a shovel) to handle the fire safely.
- Safety Circle: A safety circle will be marked with sitting benches, approximately 1 meter from the fire pit. Children are expected to stay seated within this circle unless given permission to enter by the Fire Tender.
- Fire Safety Equipment: Prior to starting a fire, a container of water and/or a garden hose will be available and ready for use at all times.
- Fire Safety Briefing: Educators will engage in pre-fire discussions with children, emphasizing fire safety and the importance of following instructions. This conversation will be documented as part of the program to ensure children understand both the potential hazards and the benefits of fire-based learning.
- Fire Danger Season: The fire danger season typically runs from November to April, although these dates may change depending on seasonal conditions. Educators will comply with ACT fire safety rules and restrictions during this period, including monitoring local weather reports for fire danger levels.

Post-Fire Procedures

- Cooling Down Coals: After the fire has been extinguished, the Fire Tender must ensure that any remaining coals are safely cooled. This involves covering the coals with wet dirt and placing the fire pit lid securely over the top.
 - Emergency Procedure (Burns): In the event of a burn:
 1. The Fire Tender will remain with the fire, ensuring it is safely tended, while other staff members assist with first aid.
 2. The child will receive immediate first aid by applying cool running water to the burn for a minimum of 30 minutes.
 3. A dedicated first aid officer will assist if available.
-

4. Parents/guardians will be notified immediately, and an incident report will be completed.

Roles and Responsibilities

Educators

- Educators must ensure the fire safety procedures are followed at all times, including:
 - Maintaining appropriate supervision of children near or around the fire.
 - Ensuring that hot coals are safely extinguished and covered.
 - Ensuring that fire safety equipment (water or hose) is in place and ready for use.
 - Leading the discussions and ensuring children understand fire safety and fire management.

Fire Tender

- The Fire Tender is responsible for:
 - Supervising and managing the fire.
 - Ensuring the fire remains safe and under control.
 - Ensuring children remain within the safety circle and follow all fire safety instructions.
 - Monitoring the fire for any hazards and extinguishing the fire safely after use.
 - Providing first aid in the event of burns or injuries.

Candles and Fire-Based Activities

- Candles:
 - Educators will ensure candles are always placed in a safe, controlled environment, within arm's reach of the educator. Candles must be placed in a candle holder or lantern, and never left unattended.
-

- Children will not be allowed to handle candles or flame directly.
- While precautions will be taken to avoid accidents, minor burns from wax or candle flame can occur. In such cases, educators will immediately provide first aid, applying cool running water for at least 10 minutes and contacting parents/guardians.

Risk Assessments

- Pre-Activity Risk Assessments: A comprehensive risk assessment will be conducted for every fire-based learning activity. This includes checking weather conditions, fire danger levels, and ensuring fire safety equipment is available and in good condition.
- Ongoing Monitoring: Throughout the activity, educators will continually assess risks and respond accordingly, adjusting the learning experience as needed to maintain safety.

Emergency Procedures

- In the event of a burn or injury, the following steps must be followed:
 1. Administer first aid immediately: Apply cool running water for at least 30 minutes.
 2. Alert other staff to provide assistance, including the first aid officer if available.
 3. Contact parents/guardians to inform them of the injury.
 4. Record the incident in the child's file and the WVELC incident log.
 5. Follow up: Ensure the child receives appropriate care after the incident and is monitored for any delayed reactions.

Conclusion

WVELC acknowledges the inherent risks involved with fire-based learning experiences but recognizes the significant educational and cultural value. By implementing stringent safety procedures and providing children with the tools to learn about fire safety, WVELC offers an enriching and culturally significant learning experience. Regular staff training, risk assessments, and safety procedures will ensure that fire activities remain a safe and meaningful part of the children's educational journey.

Parental Consent and Notification

Parents/guardians will be informed about WVELC's Fire Learning opportunity procedure at the beginning of care. By enrolling their child/ren, parents give consent for their child to engage in this part of the program.

Woden Valley Child Care Centre Association Incorporated

Water safety and play policy

Date Reviewed:

May 12, 2025

Regulation:

168 (2)(e)

Standards:

2.3.1 & 2.3.2

Aim

To provide an overview of safe water play at Woden Valley Early Learning Centre (WVELC).

Policy

WVELC will:

1. Ensure water hazards are addressed: All water hazards (such as pools, ponds, and creeks) will be either fenced, repaired, or appropriately supervised.
 2. Label grey water systems: Grey water systems or water tanks will be clearly labelled with "Do Not Drink" signage. Children will be supervised in these areas to ensure they do not access this water for drinking.
 3. Maintain bathroom safety: All bathrooms will be kept in good working order. Children will never be left unattended in the bathroom.
 4. Maintain safe water temperature: Hot water accessible to children will be maintained at a safe temperature. Thermostatic valves will be tested and serviced annually by a plumber.
 5. Conduct risk assessments for excursions: Prior to any excursion, a thorough risk assessment will be conducted, particularly focusing on water safety if the excursion involves proximity to bodies of water.
 6. Ensure child-safe ratios around water: Child-safe ratios will be maintained around deep water, with adjustments made when needed, including in the following scenarios:
 - o Near creeks, ponds, and rivers.
 - o Swimming pools (1:1 ratio applies).
-

- Children with phobias, or physical or behavioral needs.
7. Ensure safe water for pets: Water for pets will be changed regularly and made accessible to children only when an adult is present.

Educators and Staff Will

1. Fill water play containers safely: Water troughs or containers used for water play will be filled to a safe level. These activities will be supervised at all times. Containers or troughs will be emptied onto garden areas or plants after use. Children will be discouraged from drinking directly from these water vessels.
2. Teach water safety: Educators will teach children about staying safe in and around water.
3. Empty cleaning buckets immediately: Buckets used for cleaning will be emptied immediately after use and will never be left accessible to children in play areas.
4. Provide clean drinking water: Clean drinking water will always be available and supervised to ensure it is safe and hygienic for consumption.
5. Ensure secure water containers: Water containers will be securely sealed. At the end of each day, the water containers will be emptied and thoroughly cleaned.

Water Conservation

WVELC is a water-conscious service. Children will be educated on the importance of water conservation, and a plan to reduce water usage will be developed and implemented.

Woden Valley Child Care Centre Association Incorporated

Minimisation of and storage of chemicals and toxic products policy

Date Reviewed:

May 12, 2025

Regulation:

168 (2)(h)

Standards:

2.3 & 3.3

Aim

- To provide a safe environment for all persons using Woden Valley Child Care Centre (WVELC).
- To promote our environmental responsibility through the use of environmentally friendly alternatives.
- To ensure all chemicals and toxic products are stored, handled and diluted correctly.
- Prominently display the **POISONS INFORMATION 13 11 26** hotline number on all phones.

WVELC will

- Where possible source environmentally friendly cleaning, creams and soaps.
 - Ensure all creams, lotions, soaps are stored in child-safe locations.
 - Ensure laundry and cleaners rooms are locked.
 - Ensure chemical awareness signs are displayed prominently in areas where chemicals are stored.
 - Educate all persons accessing the chemicals on safe handling procedures, gloves, eye protection etc.
 - Educate all persons accessing chemicals in keeping the chemical in hand during use and away from children. **NEVER** leave chemicals unattended.
-

Woden Valley Child Care Centre Association Incorporated

Dangerous item removal procedure

Date Reviewed:

June 11, 2025

Regulation:

168 (2)(h)

Standards:

2.3 & 7.1

Dangerous item removal procedure

A yard check is to be performed at the Woden Valley Early Learning Centre (WVELC) each morning before the children enter the yard. It is to determine if the yard is safe for children. Items which may present a danger include; broken glass, mushrooms, syringes, snakes, dead animals or unidentified packages (e.g. backpack). Yard check safety sheet to be signed after conducting check.

When performing a yard check, if you find a dangerous item

1. Go back inside. If children are outside take them inside to safety.
2. Close doors (latch screen doors) and advise the room leader and other educators that you have found "something" in the yard and they are not to go out.
3. Collect equipment for cleaning up item and a camera.
4. Take a photo of the item.
5. Clean up item with care.
 - Gloves, paper towels and double bags for faecal matter or vomit, wash with disinfectant.
 - Gloves, paper and double bags for dead animals, wash with disinfectant.
 - Gloves and sharps box with tongs for syringes.
 - Dustpan brush and a paper lined bag or box for glass (straight to hopper) vacuum the area, if possible, to ensure no fragments remain.
6. Inform the WVELC Director about the find and provide photo evidence.

If an unidentified, or suspicious, package/object (e.g. backpack) is found, an educator must NOT touch the package/object. The educator should inform the nominated supervisor or

certificated supervisor on the premises. WVELC may call emergency services for support and prepare for emergency evacuation or lockdown.

Safe retrieval and disposal of needles and syringes procedure

If you find a discarded needle and syringe in the playground:

1. Ensure everyone's safety **(do not send children outside)**;
2. Collect sharps container and tongs from the staff room;
3. Put on latex gloves;
4. Using the tongs place the syringe / needle in the sharps container (pick up the needle and syringe by the barrel (plastic end). Do not pick it by needle end. Make sure the needle is pointing away from you. The containers should be on a stable surface and not held by hand);
5. Secure the lid on the container;
6. Remove the gloves and put them in the plastic bag before disposing of them into a bin;
7. Wash your hands with warm soapy water; and
8. Contact OH&S officer.

Do not dispose of needles and syringes in rubbish bins, toilets or drains.

Policy created on:	Written by:	Review date:	New review:
April, 2021	Paulina Jagus	June 11, 2025	May, 2027

Managing spills of blood and other body fluids procedure

Date Reviewed:

June 11, 2025

Regulation:

Australian Guidelines for the Prevention and Control of Infection in Healthcare (NHMRC)

Standards:

2

Safe Work Australia – Model Work Health and Safety (WHS) Regulations

Reg 77, 88, 168(2)(c), 85-87

General Precautions

- Treat all blood and body fluids as potentially infectious.
- Always wear disposable gloves.
- Use eye protection and a disposable apron if there's a risk of splashing.
- Use colour-coded cleaning equipment (e.g., yellow for body fluids).
- Use detergent and warm water for cleaning, followed by disinfection when needed.
- Ensure hand hygiene is performed after each clean-up.
- Dispose of waste properly in sealed plastic bags.
- Ensure spill kits are stocked and accessible.

Steps and processes for cleaning blood

Size of spill	What to do
Spot or drop of blood less than the size of a 50-cent coin	<ul style="list-style-type: none"> - Wear gloves. - Wipe up with damp disposable cloth or paper towel. - Dispose of materials in sealed plastic bag. - Clean with warm water and detergent. - Optional disinfectant in low-risk areas. - Wash hands
Small (up to the size of the palm of your hand)	<ul style="list-style-type: none"> - Wear gloves. - Cover spill with paper towel. - Remove soaked material into a plastic bag and seal.

- Clean surface with warm water and detergent.
- Disinfect with **diluted bleach (1:10 ratio)**.
- Dispose of gloves.
- Wash hands.

Large (more than the size of the palm of your hand)

- Wear gloves, apron, eye protection.
- Cover with absorbent (e.g., kitty litter/sand).
- Scoop up using disposable scraper and pan.
- Dispose materials in sealed bag.
- Mop with warm water and detergent.
- Disinfect with diluted bleach and air dry.
- Remove PPE and dispose.
- Wash hands.

Cleaning Faeces, Vomit, or Urine Spills

1. Use **yellow mop** and **yellow bucket**.
2. Wear gloves, apron, and eye protection if splash risk.
3. Place paper towel over the spill to soak up liquid.
4. Remove solid matter, dispose of all in sealed plastic bag.
5. Clean area with warm water and detergent.
6. If person is suspected to have an infectious illness (e.g., gastro), disinfect after cleaning.
7. Remove PPE and dispose of it safely.
8. Wash hands thoroughly.

Cleaning Breast Milk Spills

Although breast milk is considered low infection risk, it is still a body fluid and should be cleaned up with care.

Procedure:

- Wear disposable gloves.
- Use paper towels or a clean disposable cloth to absorb the spilled milk.
- Dispose of the used materials in a sealed plastic bag and place in general waste.
- Clean the area thoroughly with warm water and detergent using a disposable cloth or designated cleaning equipment.
- Disinfection is not mandatory unless the spill is in a high-risk area (e.g., infant feeding area or medical room); in such cases, use diluted bleach (1:10) or a hospital-grade disinfectant.
- Remove gloves, dispose of them, and wash hands thoroughly with soap and water.
-

✓ Breast milk should never be cleaned up with bare hands or left unattended, especially in shared or childcare environments.

Final Notes for All Spill Types

- Always ensure that cleaning cloths, mops, and waste are disposed of or cleaned properly after use.
- Restock any items used from the spill kit.
- If there's potential exposure (e.g., splash to eye or broken skin), report immediately and follow incident reporting and exposure protocol.

- All staff must be trained in standard precautions and spill response procedures.

Policy created on:

June 11, 2025

Written by:

Paulina Jagus

Review date:

June, 2027

Toy Cleaning Procedure

Date Reviewed:

July 30, 2024

Regulation:

168 (2)(h)

Standards:

2.3 & 7.1

Aim

Educators aim to keep all toys & resources clean to prevent the spread of disease and prolong the life of toys. Toys/ resources in Babies and Toddler rooms are to be washed daily to help prevent the spread of disease. When toys have been sneezed on, mouthed, or soiled, they must be kept in a safe place (bucket) until they can be washed.

Cleaning Materials:

- Dishwashing liquid
- Anti-Bacterial/Alcohol Wipes
- Blue cloth, toothbrushes, or small scrubbing brushes
- Soapy water spray
- Hot water

General:

- Most toys can be washed with normal dishwashing liquid, rinsed with clean water, and dried thoroughly with towels or preferably air dried.
- Get into corners with a toothbrush.
- Leaving items such as LEGO and blocks to drain on a clean tea towel overnight is ideal.
- Plastic blocks, resources, metal pots and pens or dramatic play cups etc. can be washed in the dishwasher for efficiency

Wooden Toys:

- Wooden toys should be wiped over with a damp cloth and disinfected. They should NOT be immersed in water or soaked.
- Any wooden toys showing breakage or mould must be disposed of immediately
- Baskets must be in a good condition, If breakage appears it must be disposed of immediately

Play Dough:

- Reduce the spread of infection when playing with play dough by encouraging hand washing before and after use.
- Children with long hair are encourage to tide them back
- Store play dough in a sealed container in the refrigerator between uses.
- Make a new batch of play dough each week.
- Discard the play dough if there has been an outbreak of an infectious disease. Do not resume play dough play until the outbreak has eased.
- In the case of a gastro outbreak, all play dough or house-made slime will be disposed of.

Rattles and Baby Toys / tethers:

- Must not be immersed as water can get inside, rendering the toy useless.
- Wipe thoroughly with a damp cloth.
- If signs of mould appear, dispose the toy immediately

Ride-on and Outdoor Toys:

- Must be cleaned using hot, soapy water and a scrubbing brush.
 - Ride on toys must be kept in a good working condition and checked 2 times per year for missing or deteriorated parts or need of wheels replacement.
 - Outdoor limbing equipment is washed once at shut down
 - Outdoor mats must be in a good working condition, any tears or breakage in coverage results in depose of the mattress
-

Puzzles and Games:

- Wooden puzzles should be cleaned as per the guidelines for 'Wooden Toys' above.
- Cardboard puzzles should be wiped over with an anti-bacterial wipe and placed in the sun to dry.

Soft toys / pillow covers:

- Both are washed regularly in the washing machine and airdried

Additional Policies:

- In case of a head lice outbreak, the centre will stop using any hairdressing dramatic play items until the issue is resolved.
-

Cleaning and maintenance schedule

Date Reviewed:

May 5, 2025

Regulation:

168 (2)(h)

Standards:

2.1.3, 7.1.2

Overview

Woden Valley Early Learning Centre (WVELC) will employ professional cleaners, who will perform daily cleaning of WVELC. Windows, fans, vents, and carpets will be professionally cleaned twice per year, during long public holiday breaks and shutdown periods.

Daily and weekly cleaning schedule

	Clean daily	Clean weekly
Bathrooms <ul style="list-style-type: none"> Wash tap handles, doorknobs and toilets. Mop floor. Check the bathroom throughout the day and clean if soiled. 	✓	
Toys <ul style="list-style-type: none"> Wipe, wash or Scrub toys and mouthed objects as directed in the Toy Cleaning Procedure. 	✓	
Surfaces <ul style="list-style-type: none"> Wipe, wash or clean high traffic areas such as door handles, tables, walls, mirrors, rails. 	✓	
Floors <ul style="list-style-type: none"> Sweep, wipe or mop floors after meals or art activities. Ensure floors are safe. 	✓	
Kitchen and sink areas <ul style="list-style-type: none"> Wipe benches, sink, splash back and taps. 	✓	
Fridge and microwave <ul style="list-style-type: none"> Clean inside of fridge. 		

<ul style="list-style-type: none"> • Check for bottles or food to be disposed. • Clean Microwave inside and out. 	✓	
Linen <ul style="list-style-type: none"> • Wash linen when rostered; keep in mind children who attend part-time. 		✓
Glass <ul style="list-style-type: none"> • Wipe glass doors and windows weekly or when soiled. 		✓
Chairs <ul style="list-style-type: none"> • Wash/Scrub chairs ensuring food is not trapped in corners. 		✓
Walls – scrubbing and mark removal	2 times per year Painting every 12-18 months (during shut down December & June)	
High ceiling dusting	2 times per year (during shut down December & June)	
Carpet washing	2 times per year (during shut down December & June)	
Windows in & out + mosquito nets	2 times per year (during shut down December & June) - Spot cleaning as required	
Floor scrub & polish	2 times per year (during shut down December & June)	

Building maintenance

Electrical Tagging	1 per year - June
Fire Equipment testing	2 times per year – ACT health responsibility
Microwave testing	1 per year - May
Fire Equipment testing	2 times per year – ACT health responsibility
Fire safety measures inspection	2 times per year – ACT health responsibility
Thermostatic mixing value	1 per year – ACT health responsibility (January)
Air Conditioning	1 per year – January
Pest control	Every 3 months
First aid kits check	Every 3 months - Sanokil

Nappy changing/cleaning

Please follow the **nappy changing procedures** for cleaning change mats and nappy changing areas.

Policy created on:	Written by:	Review date:	New review:
July, 2018	Paulina Jagus	May 5, 2025	May, 2026

Woden Valley Child Care Centre Association Incorporated

Hazardous products and managing spills policy

Date Reviewed:

Regulation:

Standards:

May 12, 2025

168 (2)(h)

2

Policy:

Educators will ensure frequently used products are stored out of reach of children and in appropriately labelled containers.

Hazardous products and medications will be stored in a locked cupboard and out of children's reach. Cleaning agents will be clearly labelled for easy further identification while applying first aid.

The Woden Valley Child Care Centre and grounds will be kept free of rubbish and accumulated hazardous materials and every effort made to maintain a vermin-free environment.

Where it is necessary to remove items contaminated with bodily fluids or secretions these will be handled with extreme caution. All the necessary hygiene practices and personal protection will be applied. Please refer to **managing spills of blood and other body fluids procedure**.

Woden Valley Child Care Centre Association Incorporated

Hazardous plants

Date Reviewed:

May 12, 2025

Regulation:

168 (2)(h)

Standards:

2

Aim

To provide a safe environment for children to play and learn in, noting there are some potential risks associated with hazardous vegetation, and that many common plants may pose a health risk if consumed, or may cause various types of skin irritation.

Policy

Educators have a duty of care to ensure all areas accessible to children are safe and free from hazards.

- Where possible, any plants that are poisonous or capable of causing allergic reactions (and those with berries or hard seeds) will be identified and made inaccessible to children.
- If plants posing a protentional risk cannot be removed, WVELC will develop a risk management plan in regards to the plants on WVELC premises.

A list of poisonous plants is available from the KidSafe website. Contact the POISONS INFORMATION CENTRE: 13 11 26 to discuss the appropriate first aid if a child should ingest ANY plant or gardening product.

Food Safety Program

Date Reviewed:

July 22, 2024

Regulation:

78, 79, 80

Standards:

2.2

AIM

The Centre aims to accept store, prepare and serve food in the Centre with the utmost of care to prevent contamination. Contamination of food is a real danger to all people.

BUSINESS DETAILS

Type of business and intended customers	Early Learning Centre Customers - children
Description of food served	Hot lunch Breakfast Morning tea and afternoon tea
Scope of the food safety program	The food safety program covers food prepared and served by the centre to the children and staff of the centre. It does not cover fundraising events or special events where food is supplied by parents or others.

Trading name of licensed food business	Woden Valley Child Care Association Inc.
Company name of licensed food business	Woden Valley Early Learning Centre
Address of food business	1 Dann Close, Garran ACT 2605
Postal address	PO BOX 1300, Woden ACT 2606
Telephone	02 6282 6648
Email	WVELC@inet.net.au
Name of the local	ACT Health Department

government for the area the food business is located	
Name of food safety supervisor	Paulina Jagus (Director) Amanda Shannon (Cook)
Food safety supervisors contact phone number	Paulina – 0414 076 644 Amanda – 0403 485 978
Number of children cared for	Licensed for 98 children per day
Hours of operation	6.30 AM – 6 PM Monday to Friday
Meals provided	Breakfast, Morning Tea, Lunch, Afternoon Tea
I, Paulina Jagus, (the applicant or licensee) declare that the above premises will adhere to this food safety program and all its components.	
Signed: <i>Paulina Jagus</i> Date: 22/07/2024	

Position	Responsibilities (relative to food safety)
Director	Manages the centre's food operations and food safety program. Develop and maintain employees' food safety skills and knowledge.
Cook	Responsible for: purchasing, preparation and cooking of all meals for children and staff, cleaning and sanitizing food areas, as well as applying the operational elements of the food safety program.
Food handler(s) / Educators	Serve food and assist children with food, following good food handling practices and centre policies.

INTRODUCTION

Mandatory food safety programs are required for child care centres (centres) that provide meals that contain potentially hazardous food (defined in section 4). The requirement for mandatory food safety programs was gazetted as part of the national Food Safety Standards in October 2006.

Centres that provide potentially hazardous food are high food safety risk because children aged under five years are generally more susceptible to infection than the average healthy adult, and the symptoms and consequences of food-borne illness can be more severe for young children.

Food legislation requires

The new food safety standard, Standard 3.3.1 is now included in the Food Standards Code. The new standard identifies food businesses that are required to implement food safety programs. The requirements of a food safety program are detailed in Food Safety Standard 3.2.1

Food Safety Standard 3.2.1 requires businesses to:

- identify potential food safety hazards;
- identify where in the food handling operation the hazards can be controlled and the means of control;
- provide for monitoring of controls and corrective action if a hazard is found not to be under control;
- provide for regular review of the program to ensure its adequacy; and
- provide for record keeping that demonstrates action taken or compliance with the program.

HAZARDS

Microbiological hazards

Consumption of food poisoning microbes (bacteria, viruses and parasites), also known as pathogens, can result in food-borne illness.

Microbiological hazards are the **most significant** food safety hazards because microbes:

- are not easily detected;
- are widely present on, and transfer easily between, humans, animals, pests and raw produce;
 - may be able to grow rapidly at ambient temperatures;
 - can in some cases survive or regenerate following control steps such as cooking; and
 - can result in illness even in small numbers.

Pathogenic bacteria

Campylobacter

Salmonella

Listeria

E coli

Staphylococcus aureus

Bacillus cereus

Clostridium perfringens

Food borne viruses

Hepatitis A

Rota viruses

Children under five are vulnerable

Particular care is required when preparing food for children under five because they are considered more susceptible to microbiological infection than the average healthy adult and the symptoms and consequences of food-borne illness can be more severe for young children. Their susceptibility is a consequence of their immature immune systems and the production of less stomach acid which makes it easier for harmful germs to get through their digestive system and invade their bodies.

Some foods are not considered suitable for children under five because of their inherent microbiological risk. They are:

- Raw or undercooked meat (particularly minced meat), poultry, fish and shellfish. Food poisoning bacteria are commonly found on raw chicken; particular care is required when handling and preparing raw chicken to avoid cross contamination and thorough cooking is essential;
 - Uncooked fermented meats, such as salami. Check the label: 'cooked' products are safe. Do not feed young children 'heat treated' or 'not heat treated' products;
 - Unpasteurised milk and products made from unpasteurised milk, such as raw milk, cheese and other dairy foods made from unpasteurised milk; and
 - Raw sprouts, such as alfalfa, clover and radish.

Potentially hazardous foods

Particular care should be taken with 'potentially hazardous foods' because:

- they may contain food poisoning microbes that can cause food-borne illness if allowed to multiply to large numbers; and
- they provide a suitable environment (i.e. moist but not acidic, salty or high in sugar) to support the growth of food poisoning bacteria.

Potentially hazardous foods include:

- raw and cooked meats/poultry and products containing raw and cooked meats/poultry;
- smallgoods;
- dairy products such as custard and cheese cake;
- seafood and products containing seafood and fish stock;
- some pre-prepared processed fresh fruits and salads such as pre-prepared salad and pre-cut fruit salad;
- cooked rice and pasta;
- cooked foods containing protein-rich products such as eggs, beans and nuts; and
- foods that contain the above foods, such as pizza and sandwiches.
- Non-potentially hazardous foods include:

- any fully processed foods such as canned and bottled products, dried fruit, salted and fermented dried meats; acidic foods such as yoghurt and orange juice; shelf-stable sauces such as tomato sauce, uncooked rice, bread, dried pasta and other dried products;
- butter, margarine and similar oil based spreads;
- hard cheeses and yoghurt;
- raw whole fruit and vegetables and freshly cut fruit and vegetables; and
- uncracked eggs in their shell.

Physical hazards

- Physical objects not for consumption but found in food are of concern for two reasons:
- they may introduce microbial hazards; and
- they may result in physical harm to the consumer, for example, choking, laceration, broken teeth.
- Physical hazards may include glass, metal, plastic, dirt, adhesive dressings and rubber bands.

Chemical hazards

Chemical hazards can occur naturally in foods or be introduced through poor practices. They include pesticides, cleaning agents, heavy metals, and toxins.

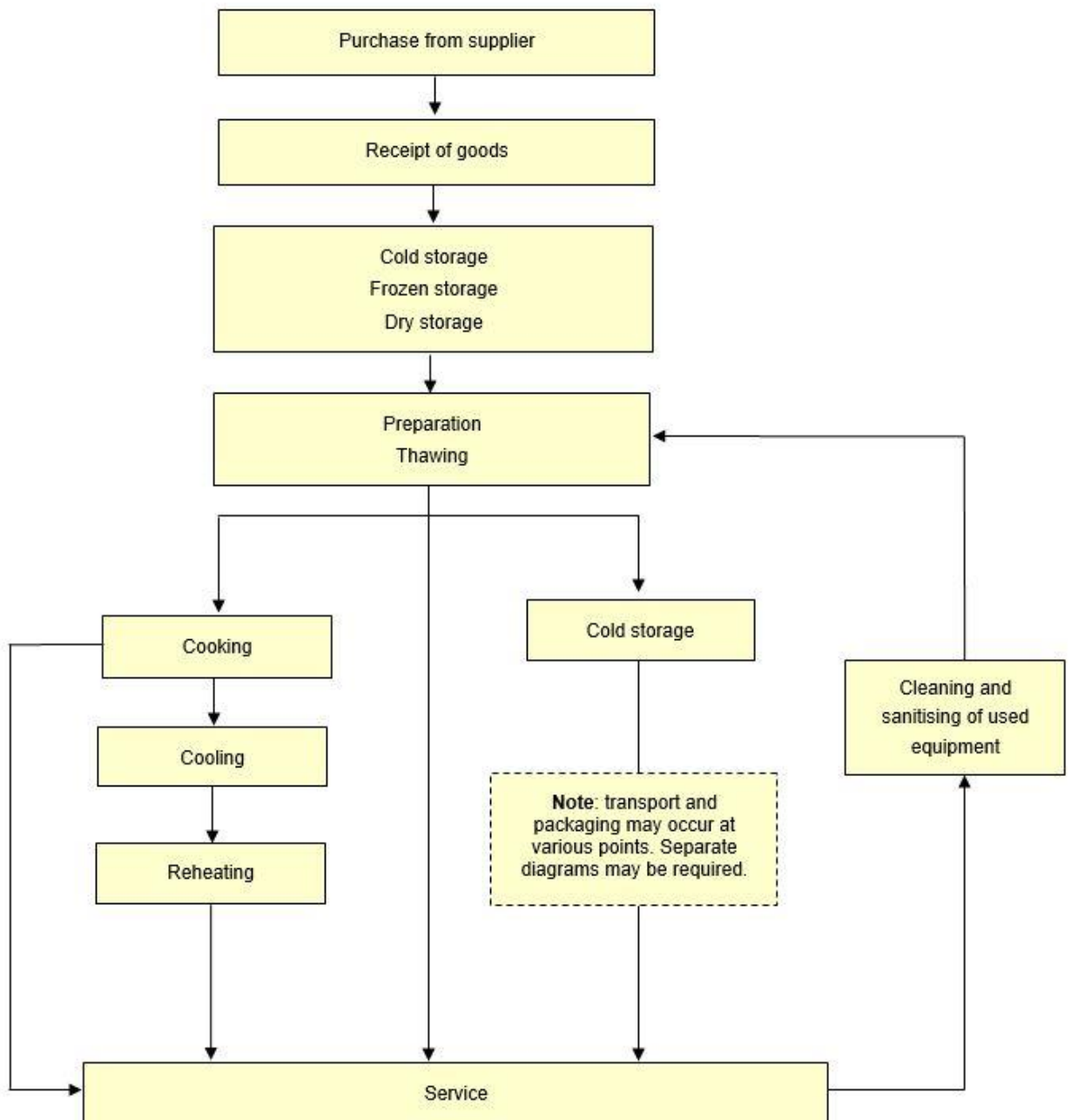
Allergens

Allergens are not considered a food safety hazard and are not managed by this food safety program. Common allergens such as milk, eggs, peanuts, tree nuts, sesame, fish, crustaceans and soy are not inherently unsafe for most people and there are no preventative steps, other than elimination, from an allergic person's diet.

Please refer to WVELC Managmnet of ongoing medical condition policy

PROCESS FLOW DIAGRAM

The process flow diagram identifies key activities in food operation.



PURCHASING

Managing the food that is brought into the food business and ensuring the food that is produced is safe and suitable. Supplies will be ordered from a reputable food suppliers.

List of currently used suppliers:

Business Name	Phone Number	Comments
Bidfood	02 6295 5600	
Coles	Online	
Hawker Village Bakery	02 6278 7166	

RECEIVING

Food businesses must take all practicable measures to ensure they only receive food that is safe and suitable for human consumption. This means that they must make sure that the food they receive:

1. Is protected from contamination.
 - check that food is covered or packaged when it arrives and that the packaging or covering is not damaged.
 - check the 'best before' or 'use by' date – if the 'use by' date has past the food may have spoilt. Food cannot be used or sold past its 'use by' date.
 - make sure someone is at the place of delivery to inspect the food when it arrives and to place it directly into the freezer, refrigerator or other appropriate storage area.
2. Can be identified while it is on the premises.
 - although most, if not all of the food you buy will be labelled with the name of the product and the name and address of the manufacturer, importer or packager of the food, you may also have unpackaged or unlabelled food on your premises and will need other ways of proving what this food is and where it came from.
 - to do this you may want to use your supplier invoices, or keep some other record of your suppliers and what you buy from them and the food you have on your premises.
3. Is it at the correct temperature when it arrives, if it is potentially hazardous.
 - if it is chilled – at a temperature of 5°C or below;
 - if it is hot – at a temperature of 60°C or above;
 - if it is frozen – frozen hard and not partly thawed;

Hazards

- potentially hazardous foods delivered, purchased or transported at temperatures between 5°C and 60°C can allow the growth of pathogenic (disease causing) bacteria or the formation of toxins;
- damaged packaging can allow pests and other contaminants into food;
- bacteria can multiply in old stock and products that have past their 'best before' and 'use by date';
- pests can carry disease and insects can eat or lay their eggs in food;
- foods that are stored near chemicals during transport can become contaminated and affect the safety of the food.

Controls and monitoring

Only purchase goods from approved suppliers.

An employee of the business needs to be present when the goods are delivered to carry out the following checks:

- check that the temperature of potentially hazardous foods received from all suppliers is 5°C or below for cold food and 60°C or above for hot food;
- check that frozen food is received frozen hard (not partially thawed);
- check that packaging isn't damaged and that food has no immediate signs of contamination;
- check that all products are within their 'best before' or 'use by' date;
- check that all products are properly labelled with the name and address of the manufacturer and a batch code or a date code. A label will help you identify the food in case it is recalled;
- ensure all deliveries are placed into designated storage areas immediately;
- ensure that when purchasing and transporting food directly (from a supplier to your business) that all the above checks are conducted and that you have referred to Activity 13
 - Transporting Food.
- all potentially hazardous foods including feeding bottles, accompanying children to the facility are to be labelled with the child's name and time of receipt, are to be placed immediately into the designated refrigerator.
- inform parents about safe food preparation and transporting practices (eg. supply brochures). Request parents to supply food in ready-to-serve containers.
- check products to see if they contain ingredients that may produce allergic reactions in children. Refer to enrolment records to determine allergy status of children and have the status of highly allergic children known by (and readily accessible to) kitchen staff.

Corrective actions

- reject potentially hazardous foods which are delivered having internal temperatures between 5°C and 60°C (unless the supplier can demonstrate that the time period at which the food has been between 5°C and 60°C will not compromise the safety of the food). Refer to Support Program 4 - Temperature control;
- reject products in damaged packaging;
- reject goods that are incorrectly labelled i.e. no name and address of the supplier, use by/best before date or batch code as a minimum (un-packaged food is exempt);
- reject deliveries if the inside of the delivery vehicle is unclean or is carrying chemicals or other matter that may contaminate food;
- reject suppliers that do not provide food in the agreed manner
- any unnamed or unrefrigerated milk or milk that has been out of the refrigerator for an unknown period of time should be discarded.

DRY STORAGE

Food must be stored in an appropriate environment to protect it from contamination and to maintain the safety and suitability of the food. Contamination can be the result of pests (cockroaches, rats, flies, weevils etc); cleaning chemicals stored above or next to foods; or from excessive humidity.

Food in dry storage areas also needs to be rotated by applying the principle of first in first out. This ensures that you are not left with old supplies of food at the back of shelves or cupboards.

Examples of dry products include cereals, flour, rice and canned products.

Hazards

- insects and animal pests can contaminate food;
- pests breed in unclean and overcrowded storage areas;
- bacteria can multiply in old stock and products that have past their 'best before' and 'use by' date;
- damaged packaging can allow pests and other contaminants into food;
- foods that are stored near chemicals can become contaminated;
- storing food on the floor can make it more difficult to keep clean and contamination may occur;
- uncovered or unprotected food can become contaminated by pests, micro-organisms and other foreign matter such as glass, hair, etc.

Controls and monitoring

- make it difficult for pests to get into storage areas by sealing all holes, cracks and crevices where pests may breed or enter;
- store opened packaged products in clean, sealed food grade containers or adequately reseal the package;
- look for signs of pest infestation where dry products are stored, for example: droppings, eggs, webs, feathers and odours;
- check that your dry storage area is cleaned regularly (for example once a week) and is not overcrowded;
- check that you use the oldest stock first and that it is still within 'best before' or 'use by' dates;
- check that packaging is not damaged;
- check that chemicals such as cleaning products are stored away from food;
- check that all food is stored off the floor;
- store food in accordance with manufacturer's specifications;
- have the premises treated regularly by a licensed Pest control operator.

Corrective actions

- discard food that has signs of pest infestation (for example droppings, eggs, webs or odours);
- discard contaminated food or food that has been identified as unsafe or unsuitable;
- discard food with damaged packaging;
- if there are signs of pest infestation contact your Pest control operator specialist and arrange a treatment;
- thoroughly clean the dry storage area if unclean.

Please refer to:

- *WVELC Cleaning and Maintenance Schedule*
- *Kitchen cleaning checklist*

COLD STORAGE

Potentially hazardous foods are foods that might contain food poisoning bacteria and are capable of making people sick if the foods are not stored at correct temperatures.

The following are examples of potentially hazardous foods:

- raw and cooked meat or foods containing meat, such as casseroles, curries and lasagne;
- dairy products, for example, milk, custard and dairy based desserts;
- seafood (excluding live seafood);
- processed fruits and vegetables, for example, salads;
- cooked rice and pasta;
- foods containing eggs, beans, nuts or other protein rich foods, such as quiche and soy products;
- foods that contain these foods, such as sandwiches and rolls.

Potentially hazardous foods need to be stored below 5°C when in cold storage.

Hazard

- potentially hazardous food must be stored at 5°C or colder to prevent bacteria from multiplying;
- potentially hazardous foods left between 5°C and 60°C allow bacteria to multiply quickly. Other foods become potentially hazardous only after they are cooked, such as rice;
- bacteria in juices from raw food can drip onto ready-to-eat food and contaminate it. This is one example of cross contamination;
- other contaminants can fall into uncovered or unprotected food.

Controls and monitoring

- store all potentially hazardous foods in cold storage areas under Temperature control;
- check and record the temperature of food inside the refrigerator using a thermometer — it should always be 5°C or colder;
- all foods need to be stored in clean and covered food grade containers or wrapped in a protective covering, such as plastic;
- make sure that the cold storage area is not overcrowded with food, as air will not be able to circulate and keep food cold;
- never store food on the floor of a cold room, it can make it difficult to clean and contamination may occur. It is also not conducive to good air flow around goods;
- make sure that raw food is separated from ready-to-eat food;
- check that water and condensation from raw foods will not drip onto ready-to-eat food;

- make sure food does not stay in refrigeration for periods of time that may render the food unsuitable. Identifying and date marking the food will allow you to use the oldest stock first;
- do not use food that is past its 'use by' date and check food that is past its 'best before' date to ensure it is not damaged or deteriorated;
- check that the inside of cold storage equipment is clean and free from mould;
- clean refrigerators and cool rooms in accordance with your cleaning schedule;
- breast milk can be stored in a refrigerator for up to 48 hours.
- When removed from the fridge, milk will be labelled with time when it was out of the fridge

Corrective actions

- if cold storage equipment is operating above 5°C, adjust the Temperature controls and recheck the temperature again within one hour;
- if cold storage equipment is found to be unable to keep food at 5°C or below, have the equipment serviced/repared;
- throw away potentially hazardous food that has been above 5°C for four (4) hours or more;
- throw away ready-to-eat food that has been 'cross contaminated' by raw food;
- throw away food that is past its 'use by' date or food that is damaged, deteriorated or perished;
- throw away contaminated food or food that has been identified as unsafe or unsuitable;
- have a refrigeration mechanic check and service refrigerators and cold rooms in accordance with manufacturer's instructions or when required.

Please refer to:

- *WVELC Cleaning and Maintenance Schedule*
- *Kitchen cleaning checklist*
- *Fridge and Freezer records*

FROZEN STORAGE

Freezing is an excellent way of keeping potentially hazardous foods for long periods. There is a danger that if frozen food is thawed to above 5°C, and then refrozen, bacteria that have multiplied when the food is thawed can also be frozen. If frozen food begins to thaw, it should be used straight away, and never refrozen.

Hazards

- frozen food that is stored for long periods of time can deteriorate, compromising the suitability of the food;
- if the temperature rises, frozen food may start to thaw and allow bacteria to multiply;
- foreign matter, chemicals or pests can contaminate food if not properly covered or protected;
- storing food on the floor can make it more difficult to keep clean and contamination may occur.

Controls and monitoring

- frozen food needs to be stored frozen hard (not partially thawed), to stop bacteria from multiplying;
- make sure food is stored and covered in clean containers. It should be clearly labelled and dated to allow for stock rotation;
- don't overcrowd frozen storage areas as air will not be able to circulate and keep food cold;
- make sure that packaging isn't damaged;
- never store food on the floor of a freezer room it can make it difficult to clean and contamination may occur. It is also not conducive to good air flow around goods;
- keep freezers clean;
- check the food in your freezer regularly (eg. weekly) to see if food is contaminated, damaged, deteriorated or perished.

Corrective actions

- have the freezer serviced if it can't keep food frozen hard;
- if the freezer stops working and food partly thaws, place the food in the refrigerator until it is completely thawed, then use as a refrigerated food;
- if food is completely thawed, but is colder than 5°C, place food in the refrigerator and use as a refrigerated food, or use straight away;
- if you're not sure how long the freezer hasn't been working properly, or you are unsure about the safety of any food, throw the food away;
- throw away contaminated, damaged, deteriorated or perished food.

THAWING

Thawing frozen potentially hazardous food may pose a food safety risk if the temperature of the food is between 5°C and 60°C during thawing, allowing food poisoning bacteria to grow. The food safety risk is much higher for frozen ready-to-eat potentially hazardous food being thawed than for frozen raw potentially hazardous foods that will be cooked or otherwise processed to make them safe before eating.

Ready-to-eat frozen potentially hazardous foods should be thawed in a refrigerator operating at 5°C or below, or alternatively in the microwave. If these foods are thawed at room temperature, food poisoning bacteria may grow in the food and as the food will not undergo any further processing (such as cooking) before it is eaten, the bacteria will not be destroyed. It is important that, if the food is thawed at room temperature the time that the food is at temperatures between 5°C and 60°C needs to be noted to ensure that safe time limits are not exceeded.

Hazards

- thawing potentially hazardous food out of refrigeration can allow bacteria to multiply (i.e. under running water or on the bench at room temperature);
- bacteria in juices from raw or thawing potentially hazardous food can drip onto ready-to-eat food, and contaminate it. This is one example of cross contamination;
- the centre of partially thawed potentially hazardous food may be frozen and may not cook properly, allowing bacteria to survive;
- food may become contaminated during thawing from foreign matter, pests or poor personal hygiene and handling.

Controls and monitoring

- plan ahead, and allow sufficient time to thaw potentially hazardous food in the refrigerator or cool room. Some food can take as long as one or two days to completely thaw;
- alternatively, thaw potentially hazardous food in the microwave. However, there may be uneven heating of the food using this method;
- remember to thaw raw frozen food on a shelf below ready-to-eat food. This will ensure that cross contamination (the juices from thawing food falling onto ready-to-eat food) does not occur;
- keep all food protected, covered, wrapped or in a food grade container while thawing;
- do not re-freeze thawed food;
- check that ready-to-eat foods are protected from cross contamination by thawing foods;

- small portions of raw frozen meat and fish may be able to be safely cooked without complete thawing, however, large portions of food should be completely thawed before cooking.

Corrective actions

- do not use potentially hazardous food until it is completely thawed;
- throw away thawed potentially hazardous food that has been left to stand at above 5°C for more than four (4) hours;
- throw away food that has been contaminated during thawing;
- throw away any food that has been frozen more than once.

PREPARATION

Even the freshest raw food contains bacteria right from the start, so it's important to follow the steps listed below to help prevent food-borne illness. Preparation means preparing food for cooking, packaging, reheating, serving or sale.

There are three possible ways that food can become unsafe to eat:

1. Biological - in the right conditions, bacteria will multiply;
2. Physical - caused by things that should not be in food, like dirt, hair, glass or stones;
3. Chemical - caused by chemicals, such as cleaning agents, detergents and fly sprays.

By preventing each of these hazards, you can break the food-borne illness chain, prevent food-borne illness and prepare safe food.

Hazards

- people who do not understand safe food preparation practices can accidentally contaminate food;
- bacteria can be transferred to food from unwashed hands and clothing;
- if potentially hazardous food is left too long out of Temperature control, bacteria can multiply and cause a food-borne illness;
- bacteria can be transferred to food from equipment and utensils;
- bacteria on raw potentially hazardous food, including food used for garnishing can contaminate ready-to-eat food;
- foreign objects may fall into uncovered food;
- cleaning chemicals that are not stored or labelled properly may be misused resulting in contamination of food;
- persons who have a food-borne illness or have the symptoms of a food-borne illness or a condition may contaminate food;
- unwashed fruit and vegetables may contain contaminants such as dirt or chemicals;
- unclean wiping cloths can spread bacteria.

Controls and monitoring

- ensure that food handlers have appropriate skills and knowledge for each food preparation task;
- check that food preparation surfaces, equipment and utensils are cleaned and sanitised before you use them;
- always wear or change into clean clothes before preparing food;
- wash your hands properly before touching food, after using the toilet or touching hair or face;

- minimise the time that potentially hazardous food is above 5°C and return food to the refrigerator during any break in preparation;
- make sure that ready-to-eat food is kept apart from raw ingredients during preparation.
- if possible, use separate utensils and cutting boards when preparing raw food and ready-to-eat food (these may be colour coded for easy recognition, but this is not essential). Alternatively, prepare ready-to-eat food and raw food separately, washing, sanitising and thoroughly drying cutting boards and utensils between use;
- wash fruit and vegetables intended for immediate consumption including those where the skin is not intended to be eaten;
- wiping cloths should be replaced frequently (eg. daily) and cleaned, rinsed and dried between uses;
- throw away single use items after one use;
- make sure that cleaning chemicals are stored in a designated area and are kept in properly sealed and labelled containers;
- when preparing formula, follow the manufacturer's instructions carefully.

Corrective actions

- throw away any food contaminated by dirty equipment;
- throw away food where there is any chance that contamination or cross contamination has occurred;
- re-train food handlers that have been found to be mishandling food;
- remind people preparing food of good hygiene practices and retrain where necessary;
- throw away food that has been between 5°C and 60°C for more than four (4) hours.

Please refer to:

- *WVELC Cleaning and Maintenance Schedule*
- *WVELC Food and Nutrition Policy*

COOKING

Where a process step is needed to reduce to safe levels any pathogens that may be present in the food, you must use a process step that is reasonably known to achieve the microbiological safety of the food. The safety of food is usually achieved through cooking and the cooking step must be adequate to achieve this.

Hazards

- potentially hazardous foods, which are not fully cooked, will not be safe to eat, as bacteria will not be killed;
- food may be contaminated after the cooking process, for example: unclean equipment or utensils may add bacteria to the food.

Controls and monitoring

- soups, sauces, gravies and casseroles that use raw ingredients should be brought to a boil, which will prevent bacteria surviving the cooking process;
- use a thermometer to check that potentially hazardous foods like rotating spits, rolled roasts and whole chickens are thoroughly cooked. The internal temperature of these foods must reach at least 74°C;
- always use clean equipment and utensils during cooking;
- using a probe thermometer, record a sample of these internal temperatures on a daily basis;
- check that all staff members know how to use a thermometer and how and where to record temperatures.

Corrective actions

- if the temperature in the centre of the potentially hazardous food does not reach at least 74°C, continue cooking until the internal temperature is achieved;
- check recipes and cooking times if the centre of the potentially hazardous food does not reach the required temperature, adjust as necessary

COOLING FOOD

If you cook potentially hazardous food that you intend to cool and use later, you need to cool the food to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria are able to grow or form toxins.

When cooling cooked potentially hazardous food, cool the food within the following timeframes:

- from 60°C to 21°C within two hours; and
- from 21°C to 5°C within a further four hours.

This means you have a maximum of six hours to cool food from 60°C to 5°C or below.

Hazards

- potentially hazardous food that is not cooled quickly enough can allow bacteria to multiply and cause a food-borne illness;
- foreign objects may fall into uncovered food;
- unclean food containers used for cooling potentially hazardous food can contaminate the food with food poisoning bacteria.

Controls and monitoring

- using a probe thermometer, check that the temperature at the centre of potentially hazardous food reduces from 60°C to 21°C within two (2) hours and from 21°C to 5°C within a further four (4) hours;
- check that the potentially hazardous food is being cooled in an appropriate clean, uncontaminated storage container;
- protect storage containers from contamination and label with the type of food and the date before placing into the coolroom, refrigerator or freezer;
- potentially hazardous food can be left at room temperature until it drops to 60°C (this temperature should be checked with your probe thermometer), the food can then be put in the refrigerator to continue cooling;
- do not put hot food straight from the oven or stove into a refrigerator, coolroom or freezer, because it can cause the refrigeration temperature to rise. A guide to when to put cooked food in the refrigerator is to let it stand for 20-30 minutes prior to placing under refrigeration;
- check that the temperature inside the refrigerator does not rise higher than 5°C while cooling food;
- divide potentially hazardous food into smaller batches and use shallow containers (for example less than 10cm deep) to help it cool quicker;
- make sure there is adequate air circulation around containers by not overloading refrigerators, coolrooms or freezers;
- never mix left-overs with a new batch of cooled food;

- separate raw and cooked foods.

Corrective actions

- throw away food if the above cooling times and temperatures have not been reached;
- if refrigerator temperatures rise above 5°C during the cooling of food, review and modify cooling practices to ensure that temperatures remain below 5°C;
- discard any potentially hazardous food that may have been contaminated during cooling

REHEATING AND HOT HOLDING

Bacteria can grow in food that is reheated too slowly. Holding food at temperatures where bacteria can multiply can also cause a food-borne illness. If you reheat previously cooked and cooled potentially hazardous food, you must reheat it rapidly to 60°C or hotter.

You should aim to reheat food to 60°C within a maximum of two hours to minimise the amount of time that food is at temperatures that favour the growth of bacteria or formation of toxins.

Hazards

- bacteria that may have survived the cooking process or bacteria that may have been introduced since the cooking process can multiply if potentially hazardous food is reheated too slowly;
- bacteria can multiply in potentially hazardous food that is not reheated or held at 60°C or above;
- bacteria from unclean equipment or utensils may contaminate reheated or hot held food;
- foreign objects can contaminate uncovered or unprotected food;
- cross contamination can occur by adding raw food or new batches of potentially hazardous food to food already in hot holding units.

Controls and monitoring

- using a thermometer, check that the temperature at the centre of potentially hazardous food being reheated reaches at least 60°C in two hours or less;
- maintain reheated potentially hazardous food at 60°C or above;
- stir or turn potentially hazardous food during reheating or when hot holding so that the heat is evenly dispersed throughout the food;
- always use clean equipment and utensils to handle reheated food;
- always use a clean utensil for taste testing and never reuse;
- hot holding equipment such as a Bain Marie should never be used to reheat food. Food should be heated to above 60°C before being placed in the Bain Marie;
- potentially hazardous food that has been cooked and cooled should only be reheated once;
- ensure the hot holding equipment is clean and pre-heat before use;
- use a temperature setting on hot holding equipment that keeps the food at or above 60°C;
- do not overload hot holding equipment;
- when re-stocking potentially hazardous food in hot holding equipment, never add new batches of food to old batches of food, remove the old batch and replace with new batch;

- hot holding equipment must protect the food from contamination from foreign objects;
- using a clean thermometer, check that the temperature of food being hot held is being maintained at 60°C or above;
- food should not be piled above the level of the trays or be held in plates above the trays;
- ensure hot holding equipment is regularly maintained;
- check that hot holding equipment is kept clean;
- food may be reheated in a microwave, but operators should be aware of the possibility of uneven heating using this technique.

Corrective actions

- discard potentially hazardous food if the temperature at the centre has not reached 60°C in two hours or less;
- use immediately any potentially hazardous food that has been held between 5°C and 60°C for more than 2 hours, but discard food that has been held between 5°C and 60°C for more than four (4) hours;
- discard reheated food if left over;
- if hot holding equipment cannot maintain food temperatures above 60°C, check whether this is because too much food is being held in the unit;
- call service agent if equipment fails to work correctly;
- discard contaminated food;
- discard any breast milk or formula not consumed

SERVING, SELF-SERVE AND DISPLAYING FOOD

Serving food safely relies on food handlers practising good personal hygiene and handling food safely, which includes avoiding cross contamination. In regard to self-service areas, staff will need to monitor the way clients or customers use the self-service equipment to check that food is not being contaminated.

Hazards

- delays in serving food can allow food poisoning bacteria to multiply;
- food poisoning bacteria can multiply if potentially hazardous food is kept between 5°C and 60°C;
- unclean serving utensils and other equipment may contaminate food;
- poor food handling by staff and/or customers may contaminate food;
- food may become contaminated by foreign objects that have fallen into uncovered or unprotected food;
- use of display decorations and garnishes can contaminate food;
- food poisoning bacteria can be transferred from an old batch of food to a new batch if they are mixed together; and
- some people can be severely allergic to certain types of food.

Controls and monitoring

- serve food as quickly as possible after preparation and take into account the requirements of the 4-hour/2-hour guide;
- don't prepare food too far in advance of serving;
- ensure that people who serve food or supervise self-service food displays have appropriate skills and knowledge for the tasks that they do;
- ensure that if staff serving food are using gloves that they understand how to use gloves safely;
- provide separate clean utensils for each food on display, or provide other methods of dispensing food that minimises food becoming contaminated;
- throw away single use items after using them, including straws, paper towels, cups and plates;
- ensure that protective barriers (for example, sneeze-guards) are installed to protect food in display cabinets;
- refresh food displays with completely fresh batches of food. Never mix old food with fresh batches;
- use a clean and sanitised thermometer to check the temperature of potentially hazardous food on display. (You do not need to check the temperature of every dish, just a representative sample);
- hot food should be held at 60°C or above. Make sure that all potentially hazardous foods are thrown out if kept between 5°C and 60°C for four hours or more;

- keep cold food at 5°C or below if holding food cold;
- if you are displaying frozen food, it must be frozen hard (not partially thawed) or as the manufacturer specifies;
- never reuse any self-serve food left over from the previous day on the following day; and
- ensure that menus highlight allergenic ingredients in dishes if not apparent from the name of the dish, and advise staff so they may be able to assist customers with queries;
- make sure children do not share food, plates or utensils. Remind them that sharing during meals can spread germs that might make them or other children sick.
- When removed from the fridge, milk will be labelled with time when it was out of the fridge
- Any food removed from their original packaging will be labelled with expiry date, date when it was open, and ingredients list from original packaging (including allergens list)

Corrective actions

- potentially hazardous food that has been kept between 5°C and 60°C for less than two hours (cumulative time) must be refrigerated or used immediately;
- potentially hazardous food that has been kept between 5°C and 60°C for longer than two hours (cumulative time) but less than four hours must be used immediately;
- potentially hazardous food that has been kept between 5°C and 60°C for longer than four hours (cumulative time) must be thrown out;
- throw away any food you suspect may be contaminated; and
- replace soiled serving utensils with clean ones if there has been any possibility of misuse.

Please refer to:

- *WVELC Food and Nutrition Policy*
- *WVELC Handwashing guidelines*

ALLERGENS, FOOD PACKAGING AND LABELLING

Certain foods can cause some people to have an allergic reaction which can vary in severity from mild upsets to severe anaphylactic reactions. It is important that you are able to identify which of your products contain allergens.

The presence of these foods either on the label (if the food is packaged) or in another way such as on a menu or verbally upon request, especially when celebration items are brought to the Service by families.

Please refer to:

- *WVELC Food and Nutrition Policy*
- *WVELC Enrolment Forms*

Hazards

- foods containing allergens may cause severe reactions in sensitive people;
- common allergens include: gluten (found in wheat, rye, barley and oats and from foods containing these products), crustacea (shellfish) and crustacea products, egg and egg products, fish and fish products, soy beans and soy bean products, peanuts and other nut products, milk and milk products, sesame seeds and sesame seed products and sulphites more than 10mg/kg;
- foods may become contaminated with allergens if processes aren't followed;
- staff who are unaware of a customer's allergies may serve food containing allergens;
- incorrect, contaminated or damaged packaging materials may not offer adequate protection for food;
- packaging material that has come into contact with chemicals may contaminate the safety or suitability of the food being packed. Unclean packaging material may contaminate food;
- some food types can react with or be contaminated by some types of packaging material, for example, some packaging material may not be appropriate for acidic foods;
- an unclean packaging area may contaminate food being packed.

Controls and monitoring

- list any allergens on the label of packaged products;
- identify foods containing allergens on menus;
- prepare special meals separately from normal meals;
- advise staff serving food of special requirements;
- check packaging for damage and use only clean uncontaminated packaging materials;
- store packaging material in a designated area, away from cleaning chemicals, and other matter that might cause contamination;

- check that materials being used for packaging are appropriate to the food being packed, for example: some packaging materials may not be appropriate for acidic foods, refrigeration, freezing or microwaving;
- make sure that the packaging material being used will not contaminate the food being packed, including physical and chemical contamination;
- make sure that the area used for packing is clean and sanitary before starting and during work;
- ensure that food packaging machinery is maintained in satisfactory working condition, including the use of appropriate lubricants and make sure these products do not contaminate food;
- food handlers need to observe high levels of personal hygiene and ensure they do not directly or indirectly contaminate food during packaging;
- unless specifically exempt, packaged food must be labelled in accordance with the Food Standards Australia New Zealand Food Standards Code;
- it is important that labels contain information about the ingredients included in the product you are packing and labelling. Ingredient labelling is particularly important for persons suffering from food allergies. Refer to the Australia New Zealand Food Standards Code and other informative material on food labelling produced by Food Standards Australia New Zealand. Contact details are included in Appendix 1 – List of resources.
- ensure that there are adequate systems/processes to deal with Customer complaints or Food recalls.

Corrective actions

- food that may contain an allergen should not be served to sensitive children. It may still be used in the generic meals;
- update menus to identify foods containing allergens;
- contact supplier or manufacturer of packaging material if packaging material is damaged or contaminated and replace;
- revise Cleaning and sanitising procedures if they are inadequate;
- throw out food that has been contaminated by packaging or during packaging process;
- recall incorrectly labelled products or possibly contaminated products that have been distributed.

TRANSPORTING FOOD

This activity covers transporting food from a supplier to your premises and from your premises to your customers or to other outlets. It is essential that vehicles and equipment used to transport food are designed and constructed to protect the food.

Hazards

- dust, dirt, chemicals, pests or other foreign objects may contaminate unprotected food;
- food poisoning bacteria can multiply if potentially hazardous food is transported between 5°C and 60°C; and
- food poisoning bacteria can be transferred from raw food to ready-to-eat food if transported incorrectly. This is called cross contamination.

Controls and monitoring

- all food for transport must be covered or packed to protect the food from becoming contaminated;
- all ready-to-eat food must be kept separate from raw food;
- ensure that the food transport vehicle can maintain the correct temperatures for the type of food it carries;
- check that cold food is transported at 5°C or colder;
- check that frozen food is transported frozen hard (not partially thawed);
- check that hot food is transported at 60°C or above;
- if food is transported between 5°C and 60°C, use the 4-hour/2-hour guide;
- if the food transport vehicle does not have a heating or cooling system, use insulated boxes to maintain food at safe temperatures;
- make sure that the food is transported away from any chemicals that might contaminate the food; and
- make sure that the delivery vehicle and transport boxes are clean and food is packaged correctly.

Corrective actions

- throw away food that has become contaminated (e.g. foreign objects, chemicals);
- throw away ready-to-eat food that has been contaminated by raw food;
- potentially hazardous food that has been kept between 5°C and 60°C for less than two hours (cumulative time) must be refrigerated or used immediately;
- potentially hazardous food that has been kept between 5°C and 60°C for longer than two hours but less than four hours (cumulative time) must be used immediately;

- potentially hazardous food that has been kept between 5°C and 60°C for longer than four hours (cumulative time) must be thrown out; and
- review the food transport and other relevant activities if potentially hazardous food is being held between 5°C and 60°C for four (4) hours or longer, including any such time prior to and after transport and before using the food

Additional note – self-transportation

Service cook and nominated supervisor pick up and deliver the meat from Calwell Quality Meats – 2 times per week.

Meat is delivered within 20minutes from pick up time, double bagged by the butcher and stored in a cooler (isolated) bag.

Food contact surfaces in parts of vehicles used to transport food must be designed and constructed to be effectively cleaned and, if necessary, sanitised. Transport vehicle is free of pets.

FOOD PREMISES AND EQUIPMENT

Facilities are required to ensure that their food premises, fixtures, fittings, equipment and transport vehicles are designed and constructed so as to allow ease of cleaning. Facilities must also ensure that the premises are provided with the necessary services of water, waste disposal, light, ventilation, cleaning and personal hygiene facilities, storage space and access to toilets. The following paragraphs outline the basic requirements for design and fit-out of a food premises.

Water supply

The premises must have an adequate supply of potable water for all activities that require water, unless it can be demonstrated that the use of non-potable water for a specific purpose, for example, firefighting will not affect the safety of the food.

Sewage and waste water disposal

The premises must have a sewage and waste water system that will effectively dispose of all sewage and waste water. This system must be constructed and located so that it will not pollute the water supply or contaminate food.

Storage of waste and recyclable matter

The premises must have capacity to hold all the garbage and recyclable matter on the food premises until collection or removal. The storage must be:

- enclosed or lidded so that pests cannot get access to the garbage or recyclable material; and
- designed and constructed from non-porous materials so that they may be easily and effectively cleaned.

Ventilation

Facilities must have sufficient natural or mechanical ventilation to effectively remove fumes, smoke, steam and vapours.

Lighting

Facilities must have a lighting system that provides sufficient natural or artificial light for the activities on the food premises.

Floors, walls and ceilings

Floors, walls and ceilings of premises must be designed and constructed so they:

- can be easily and effectively cleaned;
- are unable to absorb food particles, grease or water;
- do not allow the ponding of water; and
- are sealed to prevent the entry of dirt, dust and pests.

Note: The requirements relating to floors, walls and ceilings do not apply to dining, drinking and other areas where the public has access.

Fixtures, fittings and equipment

Fixtures, fittings and equipment must be adequate for the production of safe food and fit for their intended use. All fixtures, fittings and equipment must be designed, constructed, located and installed so that they:

- will not contaminate food;
- can be easily and effectively cleaned;
- provide easy access to floors, ceilings, and other surfaces for effective cleaning;
- are unable to provide spaces where pests may breed;
- all food contact surfaces of fixtures, fittings and equipment must be:
 - able to be effectively cleaned and/or sanitised;
 - unable to absorb food particles, grease or water;
 - constructed with material that will not contaminate food.
- all eating and drinking utensils must be:
 - able to be easily and effectively cleaned and sanitised. This includes the appropriate design of equipment used to clean utensils must be designed to ensure that effective cleaning and sanitising can be achieved;
 - must not be chipped, broken or cracked.
- hand washing facilities must be:
 - located in food preparation areas and adjacent to toilets of permanent fixtures;
 - supplied with warm running potable water;
 - of a size that allows easy and effective hand washing;
 - clearly designated for the sole purpose of washing hands, arms and face;
 - supplied with soap or other item that may be used to thoroughly clean hands; and
 - provided with single use towels or other means of effectively drying hands and a container for used towels.

Storage facilities

Facilities must have adequate storage space for the storage of items that are likely to be a source of contamination of food, including chemicals, clothing and personal belongings. Storage facilities must be located where there is no likelihood of stored items contaminating food or food contact surfaces.

Toilet facilities

Adequate toilets must be available for the use of food handlers.

Maintenance

Regular maintenance is essential to ensure the premises, fixtures, fittings and equipment are maintained in a good state of repair and working order, so as not to compromise food safety and suitability.

Food premises, fixtures, fittings and equipment and those parts of vehicles that are used to transport food need to be properly maintained to:

- prevent contamination of food from flaking plaster, paint, timber, broken glass, leaking pipes, etc.;
- enable effective cleaning and, if necessary, sanitising;
- ensure pests do not gain access to the building or vehicle from holes in ceilings, walls, etc.;
- ensure the equipment works as intended; and
- ensure any chipped, broken or cracked eating or drinking utensils are not used.

Calibrating thermometers

All facilities are required to have at least one probe thermometer accurate to $\pm 1^{\circ}\text{C}$, available for use at all times. Your thermometer does not have to be expensive, but must meet the minimum requirements.

To ensure your thermometer meets the required accuracy, you will have to calibrate it regularly. It is recommended that this is done around once every six (6) months. This frequency may vary depending on the use of the thermometer.

If you are calibrating your thermometer yourself, it is important to use both the ice point and boiling point methods to ensure the thermometer is accurate in its upper and lower ranges.

Ice point calibration

To calibrate your thermometer using the ice point calibration method, follow these steps:

1. Fill a plastic container with crushed ice;

2. Mix enough chilled water to produce slurry, but not enough to float the ice;
3. Stir the slurry vigorously, insert the probe of the thermometer into the iced slurry;
4. Wait for at least three minutes and then record the reading;
5. To ensure the readings are correct and accurate, take readings at least two minutes apart and the results should be within 1°C of each other. The reading should be 0°C (if the readings do not agree then you should have the thermometer replaced or serviced); and
6. Record your readings.

Boiling point calibration

To calibrate your thermometer using the boiling point calibration method follow these steps:

1. Heat a saucepan of water on the stove;
2. Wait for the water to come to a continuous rolling boil;
3. Insert the probe of the thermometer into the water;
4. Wait for at least three minutes and then record the reading;
5. To ensure the readings are correct and accurate, take readings at least two minutes apart and the results, should be within 1°C of each other. The reading should be 100°C (if the readings do not agree then you should have the thermometer replaced or serviced); and
6. Record your readings.

Mechanical calibration

Some more expensive thermometers come with a mechanical calibration unit. Follow the manufacturer's directions on calibrating your thermometer this way. Alternatively, you may be able to return your thermometer to the manufacturer for calibration.

Please refer to:

- *WVELC Food and Nutrition Policy*
- *WVELC Cleaning and Maintenance Policy*
- *Fridge and Freezer records*
- *Kitchen cleaning checklist*

List of currently contractors:

Business Name	Phone Number	Comments
Handyman	0434 901 089	Lee
Joe's Cleaning	0476 114 333	Joseph Paulic

CLEANING AND SANITISING

What is cleaning?

Cleaning in the food industry is a process that removes visible contamination such as food waste, dirt and grease from a surface. This process is usually achieved by the use of water and detergent. Micro-organisms (bacteria etc) will be removed, but the cleaning process is not designed to destroy micro-organisms.

What is sanitising?

Sanitising is a process that destroys micro-organisms, thereby reducing the numbers of micro-organisms present on a surface. This is usually achieved by the use of heat and chemicals or chemicals.

Cleaning and sanitising should usually be done as separate processes. A surface needs to be thoroughly cleaned before it is sanitised as sanitisers are unlikely to be effective in the presence of food residues, grease and detergents.

What needs to be cleaned and sanitised?

Anything that comes into contact with food must be cleaned and sanitised. Items which do not come into contact with food need only be cleaned.

Items to be cleaned and sanitised	Items to be cleaned
Plates and bowls	Floors
Cutlery	Walls
Glasses, cups and mugs	Ceilings
Utensils for preparing and serving food	Rubbish bins
Cutting boards	Windows
Preparation benches	Refrigerators
Storage containers and trays	Cool rooms and freezer rooms
Food display units	Light fittings
Food preparation sinks	Cupboards and shelves
Hand wash basins	Cleaning equipment (mop, buckets etc)

Processing fresh food using dirty equipment will transfer contamination and possibly harmful bacteria. Food utensils and equipment must be cleaned and sanitised before each use and between being used for raw food and ready-to-eat food. Equipment and utensils may also need to be cleaned and sanitised if they have been used for long periods to prepare or process potentially hazardous foods, eg. meat slicers. The surfaces that food may come in contact with must also be cleaned and sanitised.

Planning for cleaning

When planning your cleaning and sanitising program, remember the following points:

- start at the back and work towards the front. Start high and work your way down;
- single-use paper towels are better than cloths. If you use cloths, they must be washed in hot water and allowed to dry after every use;
- use the right size brush or cleaning tool for each task;
- use food-grade detergents and sanitisers, always following the manufacturers instructions;
- clean as you go;
- keep cleaning chemicals away from food storage areas;
- disassemble equipment such as the meat slicer before starting to clean it;
- a dishwasher will sanitise most small equipment, cutlery, plates and glasses, but drip-dry equipment or use clean tea towels where this is not possible;
- educate staff on correct cleaning and sanitising procedures;
- provide regular checks on cleaning carried out and instruct staff where required;
- make sure the containers for garbage and recycled matter are large enough for the amount of waste you produce and are capable of being easily cleaned; and
- ensure that all equipment used for cleaning (eg. mops, buckets, cloths, brooms etc) are also kept clean.

Cleaning procedures and records

A cleaning procedure is a set of written instructions that describe everything that needs to be done to keep your business clean. It sets out the tasks of cleaning and sanitising, how often each job needs to be done, how it should be done, and who should do it.

A cleaning record is a way of documenting that the cleaning tasks have been done by the responsible personnel.

Six steps to proper cleaning

1. Pre-clean: scrape, wipe or sweep away food scraps and rinse with water;

2. Wash: use hot water and detergent to take off any grease and dirt. Soak if needed;
3. Rinse: rinse off any loose dirt or detergent foam;
4. Sanitise: use a sanitiser to kill any remaining germs;
5. Final rinse: wash off sanitiser (read sanitiser's instructions to see if you need to do this); and
6. Dry: allow to drip-dry if not possible, dry with a clean tea-towel.

Sanitising

Most food poisoning bacteria are killed if they are exposed to chemical sanitisers, heat, or a combination of both.

To sanitise:

- soak items in water at 77°C for 30 seconds; or
- use a commercial sanitiser following the manufacturer's instructions; or
- soak items in water which contains bleach. The water temperature required will vary with the concentration of chlorine. The table following shows the amount of bleach required and the corresponding water temperature to make sanitising solutions.

	With household bleach (4% chlorine)			With commercial bleach (10% chlorine)		
Minimum water temperature	49°C	38°C	13°C	49°C	38°C	13°C
Concentration required	25 ppm	50 ppm	100 ppm	25 ppm	50 ppm	100 ppm
5 litres	3.12 mL	6.25 mL	12.5 mL	1.25 mL	2.5 mL	5 mL
10 litres	6.25 mL	1.5 mL	25 mL	2.5 mL	5 mL	10 mL
15 litres	31.25 mL	62.5 mL	13.5 mL	12.5 mL	25 mL	50 mL

ppm – parts per million

Please refer to:

- *WVELC Cleaning and Maintenance Policy*
- *Kitchen cleaning checklist*

PERSONAL HYGIENE AND HEALTH OF FOOD HANDLERS

Food handlers' personal hygiene practices and cleanliness must minimise the risk of food contamination.

The most important things food handlers need to know are that they must:

- do whatever is reasonable to prevent their body, anything from their body or anything they are wearing, coming into contact with food or food contact surfaces;
- do whatever is reasonable to stop unnecessary contact with ready-to-eat food;
- wear clean outer clothing, depending on the type of work they do;
- make sure bandages or dressings on any exposed parts of the body are covered with a waterproof covering;
- do not eat over unprotected food or surfaces likely to come in contact with food;
- do not sneeze, blow or cough over unprotected food or surfaces likely to come into contact with food;
- do not spit or smoke where food is handled; and
- do not urinate or defecate except in a toilet.

Hand washing

Food handlers are expected to wash their hands whenever their hands are likely to contaminate food. This includes washing their hands:

- immediately before working with ready-to-eat food or after handling raw food;
- immediately after using the toilet;
- before they start handling food or go back to handling food after other work;
- immediately after smoking, coughing, sneezing, using a handkerchief or disposable tissue, eating, drinking or using tobacco or similar substances; and
- after touching their hair, scalp or a body opening.

Please refer to:

- *WVELC Handwashing guidelines procedure*

The food safety supervisor must also oversee personal hygiene requirements that aim to prevent contamination of the food resulting from the actions of a person handling food. Preventative measures include:

- washing hands;
- wearing clean clothing;
- avoiding contact with food; and
- covering wounds.

THE HEALTH OF FOOD HANDLERS

It is very important that people who may be suffering from or carrying certain illnesses or suffering from some conditions do not handle food or food contact surfaces. This is particularly important if they are likely to contaminate food while they are working.

If a food handler has...	The food handler will...
One or any of the following symptoms of foodborne disease: <ul style="list-style-type: none"> • diarrhoea • vomiting • sore throat with fever • fever • jaundice 	<ol style="list-style-type: none"> 1. Immediately inform the food safety supervisor 2. Seek medical attention 3. Not return to work until they have been symptom free for 48 hours
Been diagnosed with any of the following foodborne diseases: <ul style="list-style-type: none"> • Hepatitis A • Norovirus • Typhoid fever • Shigellosis • Staphylococcal or Streptococcal disease 	<ol style="list-style-type: none"> 1. Cease all contact with food and food contact surfaces 2. Not return to food handling duties until medical clearance is provided
An exposed wound or cut or infected skin sore	Cover with a bandage and highly visible waterproof colouring
Any discharge from their ears, nose or eyes	Take medication to stop any nasal or other discharge that may contaminate food

The supervisor will not disclose any of the above medical information to anyone with the exception of the proprietor of the business or a food enforcement officer, without the consent of the food handler. The company will not use this information for any purpose other than to protect food from contamination.

TEMPERATURE CONTROL

Temperature control and monitoring is usually the first thing people think of and do to ensure safe food. The basis of Temperature control is to prevent the multiplication of food poisoning bacteria by either lowering or raising the temperature to a point where the bacteria either die or stop multiplying.

However, bacteria require certain environmental conditions for optimal growth. These are:

- temperature (between 5°C and 60°C – the temperature danger zone);
- time (bacteria double every twenty (20) minutes in optimal conditions);
- pH (around 7 or neutral);
- water; and
- protein (food source).

By controlling, one or more of these elements, you can control bacterial growth. Water and pH are controlled in manufactured products such as tinned, pickled or dried foods. You can easily manage time and temperature of your food.

PEST CONTROL

A pest is any animal that could contaminate food, either directly or indirectly. It includes, but is not limited to, birds, rodents, insects and arachnids (spiders).

Preventing pests

Service must prevent pests, to the extent that it is practicable, from entering your premises and eradicate any pests that do enter. Excluding pests reduces the opportunities for contamination of food. Pests transmit spoilage and food poisoning micro-organisms, damage food and food packaging and might contaminate food with their bodies, faeces, urine and hair. In addition to contaminating food, rats and mice might nest in roof spaces and damage cables and pipes by gnawing.

The type of pest-proofing measures required will vary across Queensland. However, there are many well-known measures that will limit access by pests, such as:

- pest-proof doors and entrances into the building with flyscreen doors or self-closing doors;
- install mesh screens at opening windows or other ventilation openings;
- ensure drains, grease traps and ventilation pipes are sealed;
- seal openings where pipes pass through external walls to prevent pests such as rats and mice entering food handling areas; and
- install appropriate flashing to the base of wooden doors if there is a problem with mice gaining access through doorways.

It is not intended that premises be pest-proofed when there is no likelihood of pests gaining access. In some instances the exclusion measures may be more appropriate to the whole complex, as in the case of a shopping mall containing a food hall.

Please refer to:

- *WVELC Cleaning and Maintenance Policy*

List of currently contractor:

Business Name	Phone Number	Comments
AMC	0487 979 117	Michael

Pest control conducted every 3 months. Records held on file in the office.

WASTE MANAGEMENT

Storage of garbage and recyclable matter

Storage facilities are intended to include all the areas and equipment used in connection with garbage and recyclable material storage. It includes:

- outside storage areas where bins are stored;
- garbage rooms or refrigerated garbage rooms;
- garbage chutes;
- bins, hoppers and other storage containers whether used outside the buildings or in food handling areas; and
- compactor systems and the rooms in which they are kept.

'Garbage and recyclable matter' includes food waste, paper, cardboard, glass, metal (whether recycled or not) and any other waste material produced by the business that has to be stored before it is removed.

The areas and bins where garbage and recyclable matter is stored must be able to be easily and effectively cleaned. Your food safety program should cover the process of storage and removal of garbage and recyclable matter, along with the process and frequency for cleaning storage area and bins.

A food business must maintain the food premises to a standard of cleanliness where there is no accumulation of garbage, except in garbage containers; recycled matter, except in containers; food waste; dirt; grease; or other visible matter.

Waste food must be separated from other foods so that it cannot be used for human consumption. Waste food can include:

- food which has been left over by a customer;
- food which may have been contaminated and unsafe to consume;
- food that may be contaminated by pests, dirt or dust;
- food that may be contaminated by chemicals;
- food which is past its "use by" date;
- food that has been outside temperature control; and
- recalled food.

PRODUCT RECALL SCHEDULE

Food manufacturers, wholesalers, distributors and importers are required to have a written Food recall plan. While your catering or retail premises may not operate as one of the above business types, they may be part of another business' recall plan and therefore are likely to play an important part in the retrieval of recalled food.

If you are required to remove recalled stock from sale, you must ensure the food is:

- removed from sale immediately;
- clearly identified as recalled food; and
- held and kept separate from all other foods until it is disposed of in accordance with the instructions provided as part of the recall. Instructions will be provided by either the supplier of the food, or directly from the government enforcing the recall process.

Please refer to:

- *WVELC Food recall list*

CUSTOMER COMPLAINTS

It is important to determine the cause of a customer complaint so that you can prevent the problem from re-occurring.

If a complaint is received, the following actions should be taken:

- record when the complaint was reported, the person who reported the complaint and the product the complaint is related to;
- record details such as pack size, weight and batch number if appropriate or a general description of a menu item, ingredient or dish;
- when these details have been recorded you will need to check the other records, such as food receipt and storage to determine if there were any problems detected; and
- if you find that the complaint may have resulted from lack of knowledge by staff, limited storage space, cross contamination, pests or as a result of products supplied by your supplier, then you will need to record what steps you followed to prevent the problem from re-occurring. This may also include amending your food safety program to prevent recurrence of the problem.

Examples of possible actions to take to prevent complaints from reoccurring are:

- re-training staff in the proper implementation of the food safety program;
- improve or update the maintenance of buildings or equipment; and
- if the supplier provided a poor quality product, you will need to inform the supplier and note the action taken by the supplier to prevent this problem happening again. If you have continuous problems with a supplier you should change to a supplier who can provide you with a constant quality product.

Please refer to:

- *WVELC Grievance Policy*

SKILLS AND KNOWLEDGE

Staff responsibilities

An employee schedule allows you to record relevant information about the duties of employees involved in the handling of food. Assigning duties required by the food safety program to an individual or a position ensures that the duties are completed.

Food handlers in your premises are required to comply with your food safety program. The form may be used as a guide to recording employee's duties.

Food handler skills and knowledge

Food handlers are required to have skills and knowledge in food safety and food hygiene that is appropriate to the activities they perform.

Food handlers are only required to acquire the skills and knowledge they need to perform their activities.

All food handlers and supervisors of food handling operations are required to have an adequate level of skills and knowledge of food safety for the work they do.

Strategies to ensure food handlers have the skills and knowledge required

- staff, supervisors and managers should attend food safety courses conducted by local government or industry bodies;
- in-house training by business employees or the proprietor;
- distribution of relevant documentation to employees;
- having operating procedures in place that clarify the responsibilities of food handlers and supervisors;
- hiring a consultant to present a course to business employees; and
- formal training courses.

Staff training

Developing and maintaining staff training will enable staff to meet the skills and knowledge requirements of the Food Safety Standards and comply with the food safety program. These standards require anyone undertaking or supervising food handling to have skills and knowledge of food safety and food hygiene matters, appropriate to their work activities.

Formal training is not necessarily required by all staff. Training can be defined as anything that increases the skills and knowledge of food handlers. There are many different things you can do and factors you should take into account to ensure that food handlers have the skills and knowledge they need for their work.

Examples:

- 'in house' training by other staff, the owner of the business or using a suitable training kit;
- giving staff food safety and food hygiene information from reliable sources to read

Woden Valley Child Care Centre Association Incorporated

Food and nutrition policy

Date Reviewed:

May 12, 2025

Regulation:

78, 79, 80

Standards:

2.2

Woden Valley Early Learning Centre (WVELC) is a nut-free centre

Aim

WVELC aims to provide safe, appetising and nutritious food and drink and to ensure that at least 50 per cent of a child's daily dietary requirements are offered.

Please note: Storage, preparation and cooking of food is in line with the current food safety program and one educator will hold a Food Safety Supervisors Certificate.

The environment

WVELC will provide the following meals for children

- breakfast (prior to 7.15am);
- morning tea;
- lunch; and
- afternoon tea.

Mealtimes will be relaxed, and educators will sit with children to encourage good food habits. Good eating habits that are formed during early years can lead to healthier adults.

Educators will provide opportunities for children to be involved in food preparation and will engage children in discussions on foods being served.

Menu

Menus will be displayed in the foyer. Menus will be planned with careful consideration to the Australian Dietary Standards and be validated by a qualified nutritionist. WVELC aims to accommodate dietary requirements (e.g. medical, cultural, lifestyle choices) in our menu choices.

If WVELC is unable to cater for particular needs, families may need to provide child/ren's food. Parents/guardians are responsible for ensuring that their child/ren's educators are kept

up to date with their child/ren's current dietary requirements. Each child's photograph and their special dietary requirements will be placed in the kitchen and the child's room.

Mothers who are breastfeeding their babies are encouraged to continue this practice. Mothers may supply expressed milk for their babies, or attend WVELC for feeding. Solids will only be introduced when parents/guardians advise educators.

Centre provided food

All food provided by WVELC is required to meet the requirements set out in the Food Safety Program. Educators will ensure all food served at WVELC is purchased, stored and prepared in a hygienic and safe manner in accordance with relevant legislation and the Food Safety Program. Fresh fruit and vegetables, meat, pantry items, milk and other food items will be provided and purchased from a reputable supplier.

Children will have access to drinking water throughout the day.

Mealtimes

Educators will role model healthy eating practices, by sitting with children during mealtimes.

Children are to sit at the table or on the picnic mat for all meals. To avoid choking, children are to be seated for all meals.

Children's self-help skills are to be encouraged through the appropriate opportunities to serve and feed themselves.

Children are encouraged to drink water at the completion of each meal to assist clearing their mouth of excess food.

Information on the quantity of food children have consumed during the day will be communicated to families at the end of the day.

Food Preparation and Cleaning

All meals will be prepared following the Food Safety Program guidelines. Meals will be prepared as close to serving time as possible. Foods cooked in advance will be kept hot until served or immediately refrigerated.

Educators will follow best practice hygiene standards, as kitchen and personal cleanliness is of utmost importance for the prevention of food contamination.

Celebrations and Events

Children are encouraged to celebrate important dates and events in their lives (e.g. birthdays). Families are welcome to bring birthday cakes and cupcakes. **Any food brought into WVELC must be nut-free.**

Items brought to the Centre must be discussed with the team leaders, pedagogical leaders or the WVELC director. On the day, the family is to inform the team member if the food item brought and its storage. Home baked products or store-bought goods must be clearly labeled with the child's name and detailed list of ingredients in English.

Woden Valley Child Care Centre Association Incorporated

Drug, alcohol, tobacco, vaping & e-cigarettes policy

Date Reviewed:

May 12, 2025

Regulation:

168 (2)(h), 168 (2)(a)(ii)

Standards:

2, 4, 6, 7

Aim

Woden Valley Early Learning Centre (WVELC) is committed to providing a safe, healthy, and nurturing environment that is free from tobacco, alcohol, illegal and illicit drugs, and other mind-altering substances. This policy outlines the expectations regarding substance use and aims to protect the well-being of children, educators, parents/guardians, and visitors at the Centre.

Policy

General Guidelines

1. Alcohol: No alcohol is permitted on WVELC premises. Under no circumstances may alcohol be consumed on the Centre's grounds during operating hours or at any events held at the Centre while children are in attendance.
 2. Tobacco and Smoking:
 - o As WVELC is located on hospital grounds, smoking is strictly prohibited on the entire campus, including near the Centre or in the presence of children. This policy applies to all educators, parents/guardians, and visitors.
 - o WVELC management will ensure that all families and visitors are informed that WVELC is a tobacco, drug, and alcohol-free environment.
 3. Illegal and Illicit Drugs:
 - o The use or presence of illegal drugs or other mind-altering substances (including recreational drugs) is strictly prohibited at WVELC.
 - o No person under the influence of drugs or alcohol is allowed on the premises while children are in care, including during drop-off or pick-up times.
-

4. Educators and Staff:

- Educators and staff are prohibited from being under the influence of alcohol, illegal drugs, or prescription drugs that impair their ability to provide care and education to children. Educators must be in a clear and focused state to meet the health and safety needs of children at all times.
- If it is suspected that an educator is under the influence of drugs or alcohol during working hours, WVELC has the right to request an immediate randomized drug test.
 - Failure to comply with this request may result in immediate termination of employment, with no grievance procedure applying.

5. Vaping and E-Cigarettes:

- The use of e-cigarettes or vaping devices is treated the same as tobacco smoking. Woden Valley Early Learning Centre strictly prohibits the use of vaping devices, e-cigarettes, and related substances within our service premises, including outdoor play areas, car parks, and any service-related events. This policy extends to all staff, families, visitors, contractors, and volunteers. This measure reflects our commitment to maintaining a safe, healthy, and smoke-free environment for all children and adults
- As with tobacco, the use of vaping products is prohibited on the entire ACT Health campus.

6. Exposure to Substances:

- Educators will use their best efforts to ensure that children are never exposed to tobacco smoke, alcohol, illegal drugs, or any mind-altering substances, including during excursions or off-site activities. This includes ensuring that children are not exposed to second-hand smoke or any form of substance use in the vicinity of the Centre.

7. Parents/Guardians and Pick-Up Procedures:

- If WVELC suspects that a parent/guardian is under the influence of drugs or alcohol during the pick-up of a child, WVELC will encourage that individual to arrange for an alternative, authorized person to collect the child.
- Emergency Services: If the safety of the child or other children is at risk, WVELC reserves the right to contact emergency services to uphold its duty of care.

Breaches of Policy

- Educators: Any educator found in breach of this policy will be required to cease work immediately. Breaches of this policy will lead to immediate termination of employment, and no grievance procedure outlined in the service's policy manual will apply.
- Visitors and Parents/Guardians: Any visitor or parent/guardian found violating this policy (e.g., smoking, drinking alcohol, using drugs, or vaping on the premises) will be asked to leave the Centre immediately. If the violation involves a parent/guardian attempting to pick up a child while under the influence, the Centre reserves the right to seek alternate pick-up arrangements.

ACT Health Campus Smoking Rules

- As WVELC is situated on hospital grounds, we must adhere to the strict non-smoking regulations of the ACT Health campus. This includes not only tobacco but also vaping and the use of e-cigarettes.
- No staff, parent/guardian, or visitor may smoke or use vaping devices anywhere on the campus. WVELC staff will inform all individuals of these regulations and ensure compliance at all times.

Conclusion

WVELC is dedicated to providing a safe, healthy, and supportive environment for children and staff. By enforcing a tobacco, alcohol, and drug-free policy, WVELC ensures that all individuals on the premises are committed to the health and safety of children. We also acknowledge the importance of being located on hospital grounds and adhering to campus-specific regulations to maintain a healthy and secure learning environment.

Work health and safety policy

Date Reviewed:

June 11, 2025

Regulation:

Work Health and Safety Act 2011 (Cth)

Work Health and Safety Regulation 2011 (Cth)

Regulation 77, 89, 97, 90-91, 168(2)(a)(ii)

Standards:

2.2, 3.1, 7.1

Aim

To provide a safe and healthy work environment for all persons in attendance at Woden Valley Early Learning Centre (WVELC), including staff, volunteers, parents/guardians/families, children, and visitors.

Policy

1. Induction of a New Employee

- The WVELC Director will follow the WVELC's formal induction process for all new employees.
- New employees will be emailed the Staff Handbook and WVELC policies and procedures to read prior to commencing work.
- This process ensures employees are informed of Work Health and Safety (WHS) expectations, procedures, and guidelines.

2. Implementing Daily Duties

- All staff must be familiar with the WVELC WHS policy and other relevant procedures.
- Staff are required to abide by these guidelines throughout each working day.
- WVELC will appoint a WHS Representative, elected in accordance with WHS Regulation 21–22, who will conduct monthly evaluations and coordinate the management of identified hazards.
- Educators and staff are responsible for identifying and reporting hazards to the WHS Representative or Director for prompt action and resolution.
- Manual handling tasks (e.g. lifting, pushing, carrying) must be performed according to the latest **Safe Work Australia Code of Practice: Hazardous Manual Tasks** to minimise injury risk.
- All externally sourced products or chemicals (e.g. sprays, soaps) must be reviewed for safety before use in the centre.

3. Consultation, Cooperation and Coordination

WVELC is committed to ongoing consultation with staff on all WHS matters, in line with sections 47–49 of the WHS Act.

WVELC will consult with staff when:

- Identifying hazards and assessing risks;
- Proposing changes affecting health and safety;
- Conducting activities as per WHS Regulations.

WVELC will involve staff in decisions about:

- Eliminating or minimising risks;

- Evaluating the adequacy of facilities;
- Resolving WHS issues;
- Monitoring safety conditions and staff wellbeing;
- Providing WHS training and information.

Consultation ensures staff:

- Receive relevant WHS information;
- Can express their views and contribute to decision-making;
- Have their views considered;
- Are informed of outcomes in a timely manner.

4. WHS Representation

- Staff may elect a WHS Representative (WHSR) or the Director may call for nominations.
- WHSR duties include inspecting the workplace, conducting evaluations, and identifying unsafe conditions.
- The WHSR may:
 - Accompany a WHS inspector during inspections;
 - Attend meetings between workers and the Director (with worker consent);
 - Represent staff in WHS matters;
 - Investigate WHS complaints;
 - Alert the Director of serious risks to staff or children.

5. Evaluating WVELC Practices

- WHS will be a standing item on all staff meeting agendas, led by the Director.
- The WHSR will conduct formal monthly inspections using the WVELC WHS Checklist to monitor compliance and identify improvements.
- The WHS policy will be **reviewed annually** or sooner if legislative or operational changes occur.

6. Safety Data Sheets (SDS)

- All hazardous materials must have current **Safety Data Sheets (SDS)** displayed at storage locations.
- SDS documents must be reviewed annually and stored in the WHS folder located in the office.

7. Incident, Injury and Return to Work

- All accidents, injuries, and near-miss incidents must be recorded by educators, staff, contractors, or visitors and kept in the relevant files.
- Any incident requiring medical attention and/or resulting in absence from work must be reported to the workers' compensation insurer **within 48 hours**, along with all supporting documentation.
- WVELC will, where possible, offer a structured **Return to Work Program** to support injured employees in their transition back to full duties.

8. Educators' Responsibilities

- Understand and implement WVELC WHS policies, procedures, and practices.
 - Adhere to safe work practices with due diligence.
 - Engage in WHS-related professional development.
 - Participate in risk assessments, workplace inspections, and hazard reduction.
 - Immediately report and record incidents or near misses, and notify the WHSR and Director.
 - Complete risk assessments prior to any excursions or off-site activities.
 - Maintain vigilance to identify and manage hazards throughout the day.
 - Actively support return-to-work processes following injury or illness.
-

9. Emergency Preparedness

- WVELC will ensure all staff are trained in emergency procedures.
- Evacuation drills will be conducted regularly in line with WHS Regulation 43.
- Emergency plans will be reviewed and updated at least annually or after any incident.

Policy created on:

Written by:

Review date:

New review:

April, 2021

Paulina Jagus

June 11, 2025

May, 2027
