Studley Park Kindergarten
Parents’ Association Incorporated
Policy and Procedures
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General Introduction and Summary Status Operating Policies

Summary of Policies
A summary table of the operating policies effective at Studley Park Kindergarten is attached.

Authorisation
These policy documents have been authorised by the Management Committee of the Studley Park Kindergarten Parents’ Association Inc. The date of implementation and the status of individual policies is summarised in the attached table.

Policy Review
It is the intention of the Management Committee that all policies are reviewed every 3 years or updated as required. The latest revision as indicated in the summary table attached is the current version of an individual policy.

Scope
The operational policies apply to all staff, children, parents on duty and attending siblings, visiting children, students, volunteers, and participants in the preschool program. Any exceptions in scope will be as stated on individual policies.

Aims and Objectives
Studley Park Kindergarten aims to provide a safe, secure environment where children learn through direct contact with the environment, a curriculum based on play, meaningful first-hand activities, and a wide variety of individual, small, and large-group experiences.

Studley Park Kindergarten works within the curriculum outlined in the National Early Years Learning Framework. Including working towards the 5 learning outcomes within; children have a strong sense of identity, children are connected with and contribute to their world, children have a strong sense of wellbeing, children are confident and involved learners, and children are effective communicators.

The trained staff plan the program collaboratively with the children, based on their emerging interests. Children are given ownership and responsibility of their learning and once these ideas and interests are communicated, staff respond immediately by providing the resources for learning and opportunities for exploration and investigation. We use a Program Reflection Book to document and evaluate the learning, activities, experiences and interests of the children throughout the year which is updated regularly and provides a visual record of the group’s progress.

Staff keep individual records and developmental profiles of all children through the use of Individual Portfolios which are available for viewing each session and which are supplemented with samples of work, photographs and family contributions. We recognise that all children are unique individuals and the rate at which they develop differs.

Our daily routine, permanent learning areas and goals for the year are available for viewing also. General communication takes place through our notice boards and regular newsletters and staff are available each day to discuss individual children’s progress informally. More formal discussions can be arranged on request.

Purpose of Operational Policies
The purpose of individual policies is to ensure that the kindergarten operates in a smooth and efficient manner to achieve its aims and objectives (as stated above) and that the kindergarten operates in a manner which complies with legislative, regulatory and funding requirements.

The policies document states what is important for the children, parents and staff associated with the kindergarten and provides a means for parents to understand the rules and procedures associated with
operating the kindergarten. Where Studley Park Kindergarten policy is silent on an issue the Kindergarten Parents Victoria Inc. model policy will apply.

**Implementation**

Procedure for introduction of a new policy or updating an existing policy:

- All parents are welcome to submit written comments and suggestions to the Management Committee for development of new policies or to update existing or proposed policies.

- It is the role of the Management Committee to decide on policy issues. A new policy may be developed or an existing policy updated when considered necessary by the Management Committee.

- If a new policy is required or an existing policy should be updated then a Sub-Committee will be established to develop/update the policy.

- The Policy Sub-Committee will then submit the new/updated policy to a Management Committee Meeting for approval to issue for parent review.

- The proposed new/updated policy will be displayed at the kindergarten and parents will be requested to read the proposed policy and endorse it. Any suggestions concerning the proposed policy should be put in writing to the Policy Sub-Committee.

- Following the parent review stage, the Policy Sub-Committee will incorporate any changes as appropriate and the final document is submitted at a Management Committee Meeting for final approval.

- The Policy Sub-committee will organise printing and distribution of the policy according to the distribution list below.

**Circulation**

A proposed new/updated policy will be displayed within the kindergarten for parent review and comment for a period of one month. The newsletter will remind parents to read and endorse the proposed policy.

The distribution list for issue of a new policy or update of an existing copy is as follows:

*Display copy*

Kindergarten Operating Policies Manual (2 copies)

*Staff manuals:*

- Kindergarten Director
- Kindergarten Assistant Teacher
- Kindergarten Assistants (2 copies)
- Extra staff (1 copy)

*Management Committee Manuals:*

- President
- Vice – President
- Treasurer
- Secretary
- Committee members (7 copies) or as applicable and in line with the constitution
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1. Fees

1.1. Authorisation
This policy was adopted by the Management Committee of the Studley Park Kindergarten at the Committee meeting on 12 October 2010.

1.2. Definitions
The following definitions are provided to avoid any unfamiliarity or misinterpretation.

Enrolment Fee A Non Refundable Fee paid to Kew PreSchool Association to secure a place for a child at a Kindergarten in Kew in the future.

Term Fees A payment for a child to attend the nominated program(s) at the Kindergarten.

Fundraising Fee A one-off payment in lieu of fundraising activities.

Late Payment Fee A fine associated with the late payment of fees due under this policy.

Late Pickup Fee A fine associated with the late collection of children (see "Late Collection of Children" Policy).

Working Bee Opt Out Fee A payment associated with the requirement to adequately maintain the building and surrounding grounds at centre. The fee is payable at the beginning of each term and carried forward upon the completion of the specified tasks (see "Working Bee" Policy).

1.3. Statement of Policy

1.3.1. Fee Setting
The kindergarten is a non profit organisation.

Fees shall be set on an annual basis or as is required by the Management Committee and will take into account:

- the running cost of the centre
- affordability to the parents
- extra charges such as excursion levies, maintenance levies, fundraising levies etc

All parents will be notified that the kindergarten is not a free service and relies on fee collection to cover a percentage of running costs. Queries regarding fees should be directed to the Fees Officer.

1.3.2. Non Payment of Fees

- Fee collection is mandatory and the Management Committee has the discretion to withdraw service for non-payment of fees.

- Parents should approach the Fees Officer, President or Treasurer if they are having difficulty with payment of fees.

- Any costs associated with the collection of fees are to be paid by the parent concerned, e.g. Bank Fees for dishonoured cheques.
1.3.3. Special Cases

- The kindergarten has a policy of non-discrimination; however fees are structured to recognise the difficulty for parents under certain circumstances.

- A second year of 4 year old kindergarten must be financial and authorised by DHS or full fee must be paid by the parent, which includes the cost of the per capita grant which would normally be received from the DHS.

- Health Care cardholders / Pensioner Health Benefit cardholders / Workcare Certificate holders, may be eligible to receive the appropriate DHS fee subsidy and/or KPSA enrolment fee rebate. The Director must sight the Original Card / Certificate and the holder must provide a photocopy of the Card / Certificate to the Kindergarten. The DHS annual fee subsidy is divided by four, and this amount is deducted each term from the full fee. The KPSA enrolment fee rebate is deducted in total from the Term 1 fees.

- Triplets or quadruplets who are attending the 4 year old program are each entitled to receive an additional kindergarten fee subsidy. This subsidy provides financial assistance to offset the costs of kindergarten fees for families that have three or more four-year-old children attending a kindergarten program in one year. This additional subsidy is paid regardless of whether the family is also entitled to receive the DHS kindergarten fee subsidy outlined above. Some families may be eligible for the DHS subsidy and the subsidy for triplets/ quadruplets. To be eligible for the triplets/ quadruplets subsidy the child must be eligible to attend the kindergarten and; is identified on their birth certificate as a triplet/ quadruplet and; the other two/three children on the certificate are attending a funded kindergarten program.

1.3.4. Pro Rata Fees

Any child who commences a program at the Kindergarten part way through a term may be charged a pro rata rate calculated on the base rate for the service provided.

Any child who withdraws from the Kindergarten program part way through the Kindergarten year may be charged a pro rata rate calculated on the base rate for the service provided until that child’s position is filled by a new child enrolling.

1.4. Procedures

1.4.1. How fees are set and when?

The policies of the kindergarten provide for the fees to be set and varied by the Management Committee.

The Management Committee will prepare a budget and fix the fees for the following year.

Fees are calculated based on the per capita grant, the pre-school budget and the number of children enrolled.

1.5. Procedure for Fee Collection

1.5.1. Invoicing

A fees notice will be issued by the Fees Officer four weeks before the end of Term 4 in the year prior to commencement of the service, with fees due and payable by the end of the term. Payment will secure the child’s position in the three or four year old program for the following year.

Thereafter, fees notices will be issued four weeks before the term ends and fees are due and payable by the end of the term, in preparation for the following term.
1.5.2. Method of Payment
Payment with a completed fees notice shall be placed in the locked fees box at the kindergarten. Payment by cheque or online bank transfer is preferred.

1.5.3. Late Payment
Any fees outstanding after the due date for payment are subject to a per week late penalty of $5 or part thereof which is due and payable in that term.

If the late fees are not paid in that term, the amount due will be added to the next terms fees.

1.5.4. Procedure for non payment of fees
The Management Committee will nominate a person to deal with non-payment of fees.

- The committee will decide criteria which will assist the nominated representative to decide whether the basis for non-payment of fees is unwillingness or inability.

- It is the responsibility of the nominated representative to carry out the negotiating process with any parents identified by the Fees Officer as not having met the fee payment dates.

- The nominated representative will operate to protect the parent's confidentiality and be aware of the degree of financial flexibility for negotiating as advised by the Management Committee.

- The nominated representative must report back to the committee before a final decision is made. Confidentiality is of the utmost importance.

- Non-payment of fees may result in the cancellation of child's kindergarten place.

1.6. References / Resources
Studley Park Kindergarten offers the following learning programs for children:

- 4 Year Old Group - 4 x 3 hr sessions/week/term
- 3 Year Old Group - 2 x 3 hr sessions/week/term
- Extended Kindergarten - 1 x 3.25 hr session/week/term (In terms 3 & 4 subject to numbers for 3 year Old Yellow Group)
- Extended Kindergarten - 3 x 3.25 hr session/week/term (Monday, Wednesday, Friday for 4 year Old Blue Groups)
- Extended Kindergarten - per session - occasional basis

1.6.1. Working Bee Opt Out Fee
To keep down the cost of maintenance of the Kindergarten premises, the Management Committee will provide opportunities for all members to contribute to the upkeep of the Kindergarten through either:

- participation in Working Bees organised by the Maintenance Officer; or,
- payment of the Working Bee Opt Out Fee.

A redeemable Working Bee Opt Out Fee is levied per child in each term and is payable with term fees. On completion of one Working Bee each term, the fee will be refunded / credited onto the next term’s fees.
The Working Bee Opt Out Fee is set annually as part of the fee setting process by the Management Committee.

1.6.2. Fundraising Fee

Fundraising activities are decided on annual basis by the Management Committee. The Management Committee seeks to find suitable activities that are profitable but not onerous for parents.

The Management Committee may, in lieu of undertaking any fundraising activities, set a one-off fee to cover funds otherwise raised through fundraising activities. This will be determined at the beginning of the kindergarten year and incorporated in term one fees if required.

Funds collected as "fundraising fees" are spent on specified items/ equipment to directly benefit the children. Funds collected as "fundraising fees" are not spent on general or routine maintenance of the kindergarten.
2. **Hours of Operation**

2.1. **Authorisation**
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

2.2. **Statement of Policy**
The term dates for each year shall follow the published Victorian Public School terms.

The hours for operation of the various programs offered at Studley Park Kindergarten are as follows:

- Four Year Old Kindergarten Sessions (Blue Group)
  - 8.45am - 11.45am Monday, Wednesday & Friday
  - 12.45pm - 3.45pm Tuesday
- Three Year Old Kindergarten Sessions (Yellow Group)
  - 8.45am - 11.45am Tuesday & Thursday

Note that the hours for session times during first term for the three year old sessions may be reduced according to the Kew Pre-School Association Enrolment Policy to allow for settling children into the kindergarten schedule.

2.3. **Additional Care Program (Extended Hours Program)**
11.45am - 3.00pm Monday, Wednesday & Friday for 4 year old program (Blue Group)

11:45am – 3.00pm Thursday (Term 3 and 4 only) for 3 year old program (Yellow Group)
3. Late Collection of Children

3.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

3.2. Statement of Policy
The following procedure shall be used in the event of late collection of children.

3.3. Procedures
The Teacher will record the parents/carers who arrive late to collect a child in a late pick up book. The President or a Committee member will make contact with the relevant family via e-mail or telephone in the event of a second infringement. If the parent/carer is late for a third time, a letter will be issued to the family (see draft letter attached). Further infringements will result in a fine.

The fine amount is set by the Management Committee and is as follows;

- Up to 5 minutes late  No fine
- 5 to 10 minutes late  $5
- 10 minutes plus  $1 per minute late.

Note: if the parent / carer is more than 15 minutes late in collecting a child, a fine will apply immediately.

The fines may be waived at the discretion of the Management Committee depending on the circumstances of the late collection.

In the event of a child being left at the Kindergarten for longer than 10 minutes, the Kindergarten Director will try contacting the parents. If contact cannot be made with the parents then the Director will phone the emergency contacts after 20 minutes. If the child is not collected after 30 minutes, the following procedure will be acted upon:

- A Committee member will be contacted (President, Vice President, Secretary, Treasurer, Accounts Officer).
- This Committee member will report to the Kindergarten and assume joint responsibility for the child with a staff member or Committee members.
- The Director should also contact DHS representative, and advise of the situation.
- If no one has collected the child from the Kindergarten by 5pm, the Police will be called to take responsibility.
- The parents may be responsible for paying any costs incurred by the Kindergarten depending on the circumstances (which will be assessed by the Management Committee).
Dear

It has been noted that you have been late on a number of occasions to collect your child, or it has been noted that you were more than 15 minutes late in collecting your child on <the said date>.

A copy of the “Late Collection of Children” policy for Studley Park Kindergarten is attached. As a parent with a child attending Studley Park Kindergarten you have agreed to abide by the policies of the Association.

The policy states that further infringements will result in a fine of $5.00 if you are 5 to 10 minutes late or $5.00 plus $1.00 per minute if you are more than 10 minutes late. Note: in the instance where the lateness exceeds 15 minutes, an immediate fine will apply.

Every effort to collect your child on time in future would be greatly appreciated.

If you feel there are extenuating circumstances in your case, please contact the Director or myself to discuss.

Thank you for your co-operation.

Yours sincerely

President

Studley Park Kindergarten Parents’ Association Incorporated no. A15396J
4. Enrolments

4.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on December, 2006.

4.2. Statement of Policy
Studley Park Kindergarten participates in a central enrolment system administered by the Kew Pre School Association (KPSA). The kindergarten adheres to the enrolment policy as specified by KPSA for 3 year old and 4 year old enrolments.

A representative of Studley Park Kindergarten attends regular meetings convened by KPSA and acts as the KPSA Representative for the kindergarten.

4.3. References / Resources
KPSA Enrolment Policies
5. **Integration of Children with Additional Needs**

5.1. **Authorisation**
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

5.2. **Definitions**
*Additional/Special Needs* - children whose development, in one or more of the following areas, needs specialist support - mobility, expressive and/or receptive communication, social behaviour, safe behaviours, fine motor skills, vision, hearing, self care, cognitive skills.

Inclusion/integration is the incorporation of children with additional needs into the preschool program to ensure that they have equal opportunities to achieve their maximum potential.

*Preschool Field Advisor* – representative of the City of Boroondara.

5.3. **Statement of Policy**
The Federal Disability Discrimination Act states that "It is unlawful for an Educational authority to discriminate against a person on the grounds of a person’s disability or a disability of any of the person’s associates”.

Children with additional needs who are enrolled in the kindergarten will have the opportunity to interact with other children and participate in the program, at their developmental level, taking into account their functional needs.

The program for the child will be planned and implemented by the teacher within the day to day activities for all children in the group, in consultation with the parents/caregivers of the child, the Pre-School Field Advisor and other relevant professionals involved with the child.

Immediate issues which need to be discussed before the child is placed include the number of children in the group, the availability of funding and support staff that is required and the possible need for additional resources. It is most important that the teacher of the child is satisfied that the support provided in terms of an aide and the resources is adequate.

5.4. **Procedures**
The Management Committee is responsible for:

- Providing clearly defined enrolment procedures in their enrolment policy, which facilitates access for all children.
- Regularly reviewing with staff, the planning and resourcing provided for children with additional needs participating in the program.
- Being available to participate in identified child support groups.
- Providing assistance as required to child support group(s) in identifying and applying for additional resources available through the Kindergarten Inclusion Support Services for supplementary funding (funded kindergarten programs only).
- Providing assistance as required to child support group(s) in identifying and applying for additional resources/support for children and families available through the Early Childhood Intervention Services (birth to school entry).
- Working with the staff and families to identify and apply for additional resources/support for children with additional needs (where a separate child support group is not required).
Providing appropriate physical and staffing resources within the budget constraints of the centre. In providing these resources:

- Consultation will be sought with the staff, the parents/guardians of the child, and other professionals and/or agencies working with the family to determine additional resources required to meet the functional and developmental needs of the child. (Usually the child’s support group as outlined on following pages).

- Supporting staff to gain the appropriate knowledge and skills for the implementation of this policy.

The qualified staff are responsible for:

- Reviewing enrolment applications to identify children with additional needs.

- Identifying, if additional support is required, the type of support required and consulting with families and liaising with the committee/board in order to access this.

- Establishing a support group for children with high support needs, which may include:
  
  - Parents or guardians
  - Carer of the child (if applicable)
  - Kindergarten teacher
  - Specialist staff from an early childhood intervention service (if the child is receiving a service)
  - Additional staff
  - Preschool Field Officer (if no other early intervention specialist is involved with the family), or
  - Parent/guardian advocate (if applicable)
  - Others as appropriate.

(Note: It is a requirement of the Kindergarten Inclusion Support Services Program to establish a support group before an application is submitted for support, enrolment or attendance at the centre).

- Organising for the child’s support group to meet. Generally this would involve a number of meetings prior to the child’s commencement at the centre and at least one meeting per term.

- Ensuring that any support or resources available for a child are accessed in consultation with the parents/guardians, for example through the Preschool Field Officer Program and the Kindergarten Inclusion Support Service.

- Ensuring that the parents/guardians are fully informed about the program planned and provided for their child and have given written consent for any action, support or intervention for their child.

- To plan and implement a program which incorporates the individual goals for the child with additional needs.

- Ensuring the program provides opportunities for participation and interaction with other children.

- Responding to parents/guardians needs and providing support and guidance, where appropriate.

- Providing support and guidance to other staff.

- Encouraging a collaborative family-centred approach in implementing the program at the centre.
- Ensuring that, in consultation with persons involved in the care and education of the child, any specialised medical and nutritional needs of the child are catered for in the day-to-day program.
- Ensuring that the program incorporates opportunities for regular review and evaluation, in consultation with all persons involved in the child’s care and education.

All staff are responsible for:
- Working collaboratively with staff/parents/guardians/other professionals to implement the program provided for the children.
- Reporting and discussing any concerns regarding a child’s behaviour with other staff.
- Ensuring the Privacy Policy is complied with at all times.

The parents/guardians will:
- Share information about their child and their child’s needs within the centre, whilst maintaining the right to decide who will receive information about their child.
- Have the right to retain information that they do not wish to divulge.
- Raise any issues/concerns they have about their child’s participation in the program.
- Participate in the child support group meetings.
- Be involved in, and fully informed about, any intervention or support proposed for their child.
- Be given the opportunity to consent to any assessments or reports on their child and have a right to copies of such documents.

The members of the child’s support group are responsible for:
- Attending support group meetings, which will generally occur at least once a term once the child commences at the kindergarten.
- Facilitating the successful inclusion of the child into the centre.
- Planning for the needs and requirements of the child in the centre.
- Deciding together whether an application for support is required.
- Seeking the committee/board’s support for any application that would involve the committee/board in the provision of that support, for example employing staff.
- Assisting the kindergarten teacher to complete the application form.
- Monitoring and evaluating the child’s progress and setting appropriate planning objectives in an individual education program plan.
6. Behaviour Guidance

6.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

6.2. Definitions

Adequate supervision: Every child at the kindergarten is supervised constantly, actively and diligently.

Challenging behaviour: Behaviour that disrupts others or causes dispute between children, but which is part of normal social development.

Considerate behaviour: Behaviour that demonstrates self-discipline, appropriate expression of feelings, cooperation, integrity, empathy and thought about the effect of the behaviour on others.

Difficult/unacceptable behaviour: Behaviour that violates others’ rights, hurts, frightens or harms others or the environment, or interrupts the group and prevents group members from functioning. It could be:

- Normal behaviour that occurs too often or when a child could be developmentally expected to have learned more appropriate behaviour.
- Combination of normal behaviours that present management problems.

Supervision: Observing and interacting with individual children and groups of children.

DHS: Department of Human Services

6.3. Statement of Policy
Studley Park Kindergarten is committed to:

- Providing children with a safe and secure environment and the opportunity for positive and respectful interactions with adults and children.
- Recognising that children’s behaviour reflects their level of development and is influenced by a range of factors, including family and culture.
- Providing a learning environment that supports the growth and development of each child’s self-concept and self-esteem.
- Providing a physical and learning environment that aims to prevent behavioural difficulties.
- Helping children learn the consequences of their behaviour and thus develop an understanding of how their actions affect others.
- Working in partnership with parents/guardians and other professionals in issues relating to the guidance of a child’s behaviour.
- Helping children to learn to interact effectively, and in doing so to learn to balance their own rights, needs, and feelings with those of others.
- Engaging only in practices which are respectful of, and provide security for, children and in no way degrade, endanger, exploit, intimidate, or harm them psychologically or physically.
- Complying with regulatory and legislative requirements.
6.4. Scope
This policy applies to all staff, volunteers, parents/guardians, children, the Management Committee and any other persons involved in the care and education of the child.

6.5. Relevant Legislation
- Children’s Services Act 1996.
  
  Section 28(1) The proprietor of a children’s service must ensure that no child being cared for or educated by the service is subjected to:
  
  (a) any form of corporal punishment; or
  
  (b) any discipline which is unreasonable in the circumstances.
  
  Section 28(2) A staff member of a children’s service must not subject any child being cared for or educated by the service to:
  
  (a) any form of corporal punishment; or
  
  (b) any discipline which is unreasonable in the circumstances.

- Children’s Services Regulations 2009
  
  Regulation 20(2)(e) requires a Behaviour Management/Guidance policy be available for inspection at the centre at all times the centre is operating.
  
  Regulation 32 – The proprietor must ensure that the care provided to every child at the kindergarten by all members of the staff is active, adequate and efficient
  
  Regulation 41 – The proprietor must ensure that no child is subjected to any form of corporal punishment, immobilisation or any other humiliating or frightening techniques.

- Federal Disability Discrimination Act 1992
  
  22(1) - It is unlawful for an educational authority to discriminate against a person on the grounds of disability by refusing to accept the application of a student, by denying the student access, or limiting the student’s access to any benefit (provided by the educational authority), expelling a student or by subjecting a student to any other detriment.


- Children, Youth and Families Act 2005

- Child Wellbeing and Safety Act 2005 Department of Human Services Funding agreement:

  'No eligible child is to be discriminated against on the basis of race, gender, disability, religious or ethnic background in gaining access to a preschool program.'

6.6. Procedures
The Management Committee are responsible for:

- Providing staff with guidelines on the kindergarten’s expectations of their behaviour, responses and reactions when working with children and their families.

- Supporting staff to gain appropriate knowledge and develop appropriate skills for the implementation of this policy.

- Ensuring that all staff, parents/guardians, children and volunteers are aware of this policy and that it is implemented within the centre.
• Approving any changes to the policy.

• Approving any additional expenditure or resources.

Qualified staff are responsible for:

• The day-to-day implementation of this policy and, where possible, resolving behavioural issues directly with the parents/guardians and children concerned.

• Deciding when ongoing inappropriate behaviours require a behavioural guidance plan (to be implemented in collaboration with the parents/guardians of the child)

• Working collaboratively with other staff in implementing this policy and informing staff of the implementation requirements of behavioural guidance plans.

• Using their professional knowledge and experience to develop, in consultation with other kindergarten staff, attitudes and practices that are based on realistic expectations of children’s needs and abilities.

• Ensuring procedures are in place for effective daily communication with parents/guardians to understand issues outside the kindergarten that may impact on a child’s behaviour.

• Providing a program that is age appropriate and based on the individual needs and interests of each child.

• Providing a program that supports the use of positive techniques of guidance, redirection and reinforcement, as opposed to comparison, competition or criticism.

• Working cooperatively with parents/guardians on issues relating to the guidance of their child’s behaviour, keeping them informed of the techniques and methods used.

• Providing a set of basic developmentally appropriate behavioural guidelines which:
  - Emphasise positive actions
  - Give children reasons for the limits
  - Are implemented in a consistent manner
  - Are reinforced regularly
  - Are reviewed regularly for age and cultural appropriateness

• Interacting with children as outlined in Schedule 1.

All staff are responsible for:

• Working collaboratively with other staff in implementing this policy and behavioural guidance plans.

• Discussing behaviours that cause concern with other staff.

• Providing a physical environment with adequate equipment, variety and challenges for the children.

• Respecting the confidentiality of both the parents/guardians and child when dealing with issues of behaviour guidance concerning an individual child.

• Ensuring that children are not put in a position where they feel frightened, ashamed, embarrassed, insecure, or isolated.

• Recognising that from time to time they will need assistance, advice and/or support and seeking that whenever necessary.
• Interacting with children as outlined in Schedule 1.

The parents/guardians are responsible for:

• Engaging in communication with staff about their child.

• Informing staff of any events in the child’s life outside the kindergarten which may impact on their behaviour (for example, moving house, relationship issues, new sibling).

• Informing staff of any concerns they have regarding the behaviour of their child or the impact of other children’s behaviour on their child.

• Working collaboratively with staff and/or the Management Committee to develop a behaviour guidance plan if required.

6.6.1. Procedures for the guidance of ongoing unacceptable behaviour

When dealing with ongoing unacceptable behaviour, the qualified staff will:

• Enter into collaborative problem solving with the parents/guardians. Invite parents/guardians to help solve the problem through discussing:
  
  o The ongoing unacceptable behaviour displayed by the child.
  
  o The parent’s/guardian’s and the kindergarten’s overall aspirations for the child.
  
  o The types of solutions (strategies) possible in the circumstances.
  
  o What has worked or failed in the past, whether at home or in the centre.
  
  o The child’s personal characteristics, such as his/her interests, temperament, age or size.
  
  o Resources/changes required for the individual child’s and group program to be implemented (for example changes to routines, transitions)
  
  o Other resources available such as Preschool Field Officers, referral for specialist assessment, additional adult support. (Written consent from parents/guardians must be given before any intervention/assessment is obtained.)

• The qualified staff member will develop a behaviour guidance plan which is:

  o based on the observations of the child. This may include broader observations of the culture of the room and the interactions of the whole group, including other staff working with the child. Items to consider may include:

    ▪ Who the child plays well with

    ▪ Known triggers to unacceptable behaviours

    ▪ How the child gain entry into play

    ▪ What resources are used in the child’s play

    ▪ How the staff in the room interact with the child.

  o Acceptable to the parents/guardians and any other professionals involved in the care and education of the child.

  o Clear and easily followed by all staff, parents/guardians and/or volunteers working with the child.
• A date is set to review, reflect, evaluate and replan. This initially should be within a two-week time frame.

The Management Committee will become involved when:

• The staff member is concerned that the child’s behaviour may put themselves, other children, staff, or others at risk.

• The consultation with the parents/guardians and other professionals and the development of a behavioural guidance plan has not resolved the problem.

• A complaint is received concerning a child’s behaviour, for example, the safety of other children is threatened.

• Additional resources are required.

The Management Committee will attempt to resolve the issue as soon as possible.

In the event that the Management Committee becomes involved, the staff will:

• Not divulge confidential information provided by the parents/guardians without first obtaining their written consent.

• Provide only relevant information to the Management Committee in order to assist with the resolution of the issue.

Please refer to Schedule 2 for the process for resolution where the Management Committee becomes involved.

6.7. References / Resources


• DHS, Victorian Kindergarten policy, procedures and funding criteria 2004-2006

• Studley Park Kindergarten policies including:
  o Complaints
  o Integration of Children with Additional Needs
  o Privacy
6.8. **SCHEDULE 1 - Staff practices**

- Understand the needs of individual children and those in the group and acknowledge that most children’s behaviour is influenced by their developmental stage, the environment, the time of day, actions (modelling) of staff and other children, family experiences and the family cultural background.

- Recognise that some causes of inappropriate behaviour include anger, frustration, boredom, desire for attention, imitation, tiredness, excitement, jealousy, social clumsiness, high activity levels and too much choice or lack of choice.

- Support children to learn to think for themselves and to be considerate. Help them to think about the effects of their behaviour on other children and look for solutions together. This could involve speaking with the child about the effect of their behaviour on others and then ask the child “What do you think we could do to make sure it doesn’t happen again?”

- Teach children to recognise when their behaviour is successful. For example, instead of saying “Good boy for packing up the toys” we can say “Thank you, I appreciate that you packed up the toys”.

- Instead of using phrases such as “that’s wonderful”, “good boy/girl”; “you’re great”, acknowledge the child and use descriptive words that the child will understand, for example, “You’ve done very well indeed, I hope you’re pleased with yourself”.

- Foster a positive self-esteem through acknowledging children, for example, “Wow, look at you, did you know you could do that”, “I appreciate you doing that”. Instead of saying “What a beautiful painting” you could say “What do you think of that?”. This encourages children to notice their behaviour.

- Give children information about the things they have achieved that you appreciate and respect and impress you rather than an evaluation or a judgement of them as a person or their work.

- Assist and encourage children to talk about and manage their feelings; encourage children to think about how others might feel (empathy).

- Anticipate potentially unacceptable behaviours and eliminate situations and physical arrangements that may encourage inappropriate behaviour.

- Encourage children to resolve potential conflicts for themselves, but step in with strategies and suggestions when needed.

- Acknowledge a child’s good intentions (even if they were carried out inappropriately).

- Acknowledge that it is the behaviour that is inappropriate and not the child.

- Acknowledge and accept the child’s feelings of anger, frustration or jealousy, even if the reaction seems out of proportion to the cause. Distinguish feelings from the response the child has to those feelings. Encourage the child to talk about their feelings. For example, make it clear that the feelings are not bad, only the response (action) to those feelings is unacceptable.

- Use language that does not label the child but labels the behaviour.

- Role model considerate and respectful behaviour in all interactions with peers, children and adults.

- Allow appropriate choices in decision-making and be prepared to accept the child’s decision.

- Give attention to all children involved. Comfort a child who may be hurt or upset and talk to the aggressor. Empower the child who has been hurt to express to the other child how they feel.

- Always respond to a situation in a calm manner.
6.9. **SCHEDULE 2 - Process for resolution where the Management Committee becomes involved**

**Step 1: Consultation and investigation phase**

The Management Committee is responsible for:

- If a complaint has been received, in addition to the procedures outlined below, following the procedures outlined in the *Complaints Policy* to ensure compliance with kindergarten policy and regulatory and legislative requirements.

- Asking staff for their professional evaluation of the situation and what they believe needs to be done in relation to strategies to be implemented and resources needed.

- Meeting with the parents/guardians of the child displaying the behaviour.

- Meeting with any support agencies involved with the child, if appropriate.

- Assessment of staff skills in the area of guidance.

- Identifying additional training needs for staff in the area of guidance.

- Investigating the availability of extra assistance, financial support, or training, by contacting the regional Preschool Field Officer or Specialist Children’s Services Officers at the Department of Human Services, or agencies involved with the child.

**Step 2: Resolution phase**

The Management Committee, following consultation and investigation, will seek to put in place a behavioural guidance plan that has been developed by all parties and is mutually acceptable to all parties and implemented by the staff.

This behaviour guidance plan could include:

- Behavioural assessment of the child and utilising behaviour intervention programs or specialists (if not already undertaken).

- Incorporation of the identified strategies into the qualified staff member’s program at the kindergarten.

- Consultation with other staff responsible for the care and education of the child in regard to the implementation of the behaviour guidance plan.

- Maintaining ongoing consultation with parents/guardians. This may be a joint responsibility of the qualified staff member and the kindergarten.

- Reducing the amount of time the child attends the kindergarten, or requesting the parent/guardian to remain with the child.

- Additional staff for the room (depending on the availability of funds).

- A behavioural and/or developmental assessment of the child (if not already undertaken).

- A behavioural intervention program or obtaining specialist advice (for example, from a Preschool Field Officer).

- A referral to a parent support program to obtain assistance or other support services for the family.

- Reporting process to the Management Committee.

- Maintaining confidentiality in relation to information gained about the child and their family.
• Clear timeframes for review and evaluation.

In situations where a suitable and mutually agreeable behavioural guidance plan has not been achieved, the Management Committee will seek appropriate advice, for example, from DHS, KPV.
7. Food

7.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

7.2. Statement of Policy
The kindergarten encourages healthy eating habits.

For snack time, only send along something small. Recommended foods are fruit, vegetables, cheese, dry biscuits, bread and filling. A choice of two is normally ample. Lollies, chips, chocolate etc are not recommended. For safety reasons do not send nuts or any products that may contain nuts.

Water is provided for the children to drink.

7.3. Special Occasions
As birthdays are a special time for children, parents are welcome to send a birthday cake (patty cakes, chocolate crackles etc.) to kindergarten to help your child celebrate his/her birthday. These must not contain nuts in line with our nut aware policy. Children who have nut or other allergies should keep a separate supply of food at kinder for birthdays and other special occasions.
8. **Hygiene**

8.1. **Authorisation**
This policy was adopted by the Studley Park Kindergarten Management Committee at the Committee meeting on 12 October 2010.

8.2. **Statement of Policy**
A copy of this procedure should be displayed in the kitchen, and or other appropriate areas for reference.

Food handling by people preparing and cleaning up

- Food handling will be done according to the food handling procedures listed within this policy.
- All people handling food will make themselves familiar with the food handling procedures.

Kitchen practices

- The kitchen will be kept clean and tidy at all times.
- Clean up will commence as soon as practicable after preparation.
- Children will be encouraged at all times to learn to deal with food in ways which minimise the risk of illness.

Children’s contact with one another

- Children will be encouraged at all times to interact in ways which minimise the risk of illness.
- To reduce the risk of infection of other children, children who are ill should not attend the kindergarten. If a child becomes ill whilst at the kindergarten, parents will be contacted. Refer “Illness and Injury” Policy.

Toileting of children

- Children will be encouraged to practice hygienic processes for managing toileting.

Indoor and outdoor environments

- Indoor and outdoor environments will be kept as clean as possible.
- Smoking is not permitted at the kindergarten, both indoors and outdoors at any time.

8.3. **Procedures**

8.3.1. **Food handling**

- All people will wash their hands with soap before preparing or serving food.

8.3.2. **Kitchen practices**

- Particular attention will be paid to the cleanliness of kitchen wipers. Wipers for food areas will not be used for other purposes and will be replaced frequently.
- Plates, bowls and cups used by children should be washed in hot water and detergent and rinsed.
- Plastic plates, bowls and cups with deep scratches will be discarded.
The kitchen floor is to be swept and mopped and the rubbish bins emptied daily.
All kitchen cupboards are to be cleaned at least twice yearly.
Appliances (fridge, stove, etc.) are to be cleaned frequently.
The rubbish bin is to be washed and disinfected frequently.

8.3.3. Children and eating
Staff will:
- check that children's hands are washed before they eat or drink
- teach children to turn away from food when they cough or sneeze
- discourage walking around with food
- ensure that dropped food is not eaten
- ensure that dropped utensils are not used until they have been washed
- discourage children from sharing food they have brought for snack/lunch
- discourage children from sharing utensils
- encourage children to wash their hands and face after eating (especially where hands are used instead of utensils)

Staff will explain to children the reasons why.

8.3.4. Children's contact with one another
Staff will encourage children:
- to cover their mouth and nose or turn away from each other if they cough or sneeze, wipe or blow noses and wash hands afterwards
- not to touch each other where they are cut or bleeding
- not to spit
- to dispose of used tissues promptly and appropriately and not to lend them to each other

Staff will explain to the children the reasons why.

Staff will encourage parents to keep unwell children at home to prevent the spread of germs and disease.

8.3.5. Toileting of children
Staff will encourage children to:
- learn behaviours to manage toileting including appropriate bottom wiping
- wash hands after using the toilet
- flush the toilet after using it
- report 'accidents' to staff.
8.3.6. **Indoor and outdoor environment**

- Dropped food or food rubbish, and/or dropped drinks, indoor or outdoors, will be promptly disposed of in the garbage bin.
- Food serving implements will be cleared away as soon as possible.
- Blood, urine or faeces, either indoors or out, will be promptly removed.
- The sand pit will be covered when not in use to prevent animals from contaminating it.
- Any animal faeces will be promptly removed.
- Dead creatures will be disposed of.
- Outdoors – sand, tanbark, paths and lawns will be regularly maintained as a preventive measure.
- Indoors – floors and surfaces, equipment and toilet areas will be regularly cleaned.

8.4. **References / Resources**

Refer “Illness and Injury” Policy

Department of Human Services (Infectious Diseases Schedule)
9. **Illness and Injury**

9.1. **Authorisation**
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

9.2. **Scope**
This policy applies to the Management Committee, staff, parents/guardians, children, volunteers and students involved with the service.

9.3. **Relevant Legislation**
- Children’s Services Regulations 2009. (This requires services to put procedures in place for dealing with illness and emergency care.)
- Children’s Services Act 1996.
- School Exclusion Table, which is based on Schedule 5 of the Health (Infectious Diseases) Regulations 1990 (Referred to in regulation 39 of the Children’s Services Regulations 2009).

9.4. **Definitions**

*Exclusion:* Unable to attend or participate in the program.

*DHS:* Department of Human Services.

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

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

*Infectious diseases:* A disease that could be spread by air, water, interpersonal contact etc.

*Injury:* Any harm or damage to a person.

*Medication:* Any substance that is administered for the treatment of an illness or condition.

*Minor accidents:* Accidents where a cut, scratch, bruise is small, does not require medical attention and does not affect the consciousness of the child.

*Serious medical emergency situations or accidents:* Accidents or situations where the child requires medical attention, and/or which affects the consciousness of the child.
9.5. Statement of Policy

9.5.1. Values
This service is committed to:

- The safety and wellbeing of all children
- Providing a safe and healthy environment for children while at the service
- Responding to the needs of the child if the child is injured, becomes ill, or is traumatised while attending the service
- Providing information regarding immunisation and the protection of all children from infectious diseases
- Complying with all legislative requirements
- Complying with the exclusion requirements for infectious diseases set out in the DHS School Exclusion Table. (See Appendix 2 of this policy)

9.5.2. Purpose
This policy will clearly define:

- Procedures to be followed if a child is sick or injured.
- Responsibilities of staff, parent/guardians and Committee.

9.6. Procedures

9.6.1. Administrative and operational procedures
The Management Committee will:

- Provide and maintain a suitably equipped First Aid Kit.
- Ensure that at least one staff member on duty with the children has the required first aid qualification.
- Develop, in consultation with staff, emergency evacuation procedures. This will be printed in the parent information handbook and displayed at the service.
- Provide appropriate equipment and materials for the implementation of the step by step infection control procedure.

The staff will:

- Maintain children’s enrolment records regarding their current immunisation status.
- Monitor the First Aid Kit and arrange with the Committee for it to be replenished when needed.
- Ensure emergency evacuation procedures are displayed in a prominent position and practice the emergency evacuation procedures with the children once a term.
- Ensure that the step-by-step procedure for infection control is displayed in a prominent position within the service and implemented at all times.
- Display the current Local Government immunisation dates, times and locations at the service.
The Parent/guardian will:

- Give authorisation for an ambulance and/or medical/hospital facility to be sought by the service in the case of a medical emergency, prior to their child commencing at the service.
- Be responsible for all costs associated with an ambulance service called to attend their child at the service.
- Provide all information required on the children’s enrolment records.
- Notify the service of any special medical treatment required for their child.
- When assisting at the service, practice the service’s step by step infection control procedures.

**9.6.2. Procedures for handling infectious diseases**

The staff will:

- Ensure that the DHS School Exclusion Table (Appendix 2 of this policy) is displayed in a prominent position within the service.
- Adhere to the exclusion requirements for infectious diseases, as set out in the DHS School Exclusion Table.
- Notify parent/guardians of any outbreak of an infectious disease within the service.
- Request parent/guardians to notify the service if their child has an infectious disease.
- Keep children’s enrolment records up-to-date, including the immunisation status of each child.

The parents/guardians will:

- Notify the service if their child has an infectious disease.
- Provide accurate and current information regarding the immunisation status of their child/children when they enrol and any subsequent changes to this while they are attending the service.

**9.6.3. Procedure relating to children who are not immunised**

The staff will advise the parent on enrolment, that during an outbreak of any of the infectious disease listed in the Immunisation Calendar attached as Appendix 1, that children who are not immunised against this disease will not be able to attend.

**9.6.4. Procedures for administering medicine**

The staff will:

- Administer all medication in accordance with the Children’s Services Regulations 2009.
- Make available, at all times the service is operating, the medication book for parent/guardians to record their authorisation for the administration of any medication while the child is attending the service.
- Display in a prominent position all requirements concerning the signing of the medication book.

The parents/guardians will:

- Ensure they record any medications to be administered at the service in the medication book.
• Provide medications that are to be administered at the service in their original container bearing the original label, instructions and the expiry date.

• Notify staff of the appropriate storage for medication provided.

9.6.5. Procedures for handling minor accidents
Staff will:

• Provide first aid as required.

• Record all details, including the treatment given, in the accident, injury and illness book.

• Notify the parent/guardian either immediately after the accident, or when they collect their child from the service, depending on the severity of the accident and the emotional state of the child.

9.6.6. Procedures for handling emergency medical situations or accidents
Staff will:

• Notify parents/guardians immediately of any serious medical emergency situation or accident concerning their child, and make arrangements for the child to be collected from the service as soon as possible.

• Carry out all possible medical assistance for the child, prior to the parent or ambulance arriving.

• If required, and in accordance with regulation 32 of the Children’s Services Regulation 1998, remove a child requiring medical, hospital or ambulance care from the premises without the parents/guardians consent.

• Accompany the child in an ambulance, where an ambulance is required and the parent/guardian is not present to accompany the child. The qualified staff member will remain at the service and a Management Committee licensee representative will be called in to assist them.

• Record relevant information in the accident, injury and illness book.

• Notify a representative of the Management Committee of any accident as soon as practicable. This representative and a staff member will complete the claim form in the most recent DHS publication Insurance Guide for Non-Government Organisations.

The representative of the Management Committee will:

• Notify their regional DHS office of the death of a child or an accident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital.

• Complete the Accident, Injury and Illness Record (Appendix 6, Children’s Services Licensee’s Handbook) and forward this as soon as practicable to the relevant regional DHS office.

9.6.7. Procedures when ill children are sent to the service, or become ill at the service
To reduce the risk of spreading infection, children will not be accepted or will be sent home if they are displaying the symptoms of:

• Gastroenteritis.

• Respiratory infection (more than just the common cold).

• Hand, foot and mouth disease (when weeping blisters are present).
• Any of the Infectious diseases listed in the DHS School Exclusion Table (Appendix 2 in this policy).

Parents/guardians will be requested by staff to collect their child, if the child shows any of the symptoms of the illnesses or infectious diseases listed above.

An ill child will be kept comfortable and under observation until the parent/guardian or person authorised to collect the child from the service arrives to collect the child.

Information relating to the accident/symptoms shown by the child will be recorded by staff in the accident, injury and illness book.

The staff will notify a representative of the Management Committee of any illness that requires treatment by a medical practitioner or an admission to hospital. The nominated representative will notify the regional DHS office as soon as practicable and will complete the Accident, Injury and Illness Record (Appendix 6 Children’s Services Licensees Handbook) and forward this to the relevant regional DHS office as soon as practicable.

9.7. Key Responsibilities and Authorities

The Management Committee is responsible for:

• Implementation of the policy within the service.

• Rostering at least one staff member with the required first aid qualification on duty whenever children are being cared for or educated by the service.

• Developing emergency evacuation procedures in consultation with staff and ensuring that these are practiced at least once per term.

• Approving any changes to the policy.

The staff is responsible for:

• Day-to-day implementation of the policy.

• Practicing the emergency evacuation procedures with the children each term.

• Displaying at the service:
  
  o Current Local Government immunisation dates, times and locations.
  
  o DHS School Exclusion Table.
  
  o Emergency Evacuation Plan.
  
  o Monitoring the First Aid Kit and reporting requirements regarding this to the Committee.

9.8. References / Resources

9.8.1. Training

Staff will inform the Management Committee six months prior to the expiration of their first aid qualifications.

All staff will be trained in infection control procedures, either on the job or through an external agency.
9.8.2. Related Documents

- DHS School Exclusion Table (Appendix 2 of this policy)
- DHS Insurance Guide for Non-government Organisations (These are generally revised annually).
- DHS Children’s Services Licensing Operational Guide.
- DHS Children’s Services Licensees Handbook.
- Staying Healthy in Child Care (Commonwealth Department of Health and Family Services).
- Emergency Procedures, Guidelines for Kindergartens and Child Care Centres (DHS, Metropolitan Fire Brigade, and the Country Fire Authority).

9.8.3. Phone Numbers to be displayed

- Representatives of the Management Committee
- DHS Regional Office
- Ambulance
- Local Fire Brigade
- Police
- Poisons Information Centre
- Asthma Victoria

9.9. Evaluation

In order to assess the effectiveness of the policy, the Management Committee will:

- Use a quality assessment tool, for example the Preschool Quality Assessment Checklist.
- Assess whether a satisfactory resolution of issues relating to accidents and illness of children at the service.
- If appropriate, conduct a survey in relation to this policy or incorporate relevant questions within the general parent/guardian survey.
- Take into account reports from staff regarding the policy.
- Monitor complaints and incidents regarding accidents and illness of children attending the service.
9.10. **Appendix 1: Immunisation Calendar**
Based on the National Health and Medical Research Council (NHMRC) Australian Standard Vaccination Schedule.

**Funded Immunisation Schedule (0-4 years)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Disease Immunised Against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>• Hepatitis B</td>
</tr>
<tr>
<td>2 Months</td>
<td>• Diptheria-Tetanus-Whooping Cough</td>
</tr>
<tr>
<td></td>
<td>• Hepatitis B</td>
</tr>
<tr>
<td></td>
<td>• <em>Haemophilus Influenza</em> type b (Hib)</td>
</tr>
<tr>
<td></td>
<td>• Polio</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal disease</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus</td>
</tr>
<tr>
<td>4 Months</td>
<td>• Diptheria-Tetanus-Whooping Cough</td>
</tr>
<tr>
<td></td>
<td>• Hepatitis B</td>
</tr>
<tr>
<td></td>
<td>• <em>Haemophilus Influenza</em> type b (Hib)</td>
</tr>
<tr>
<td></td>
<td>• Polio</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal disease</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus</td>
</tr>
<tr>
<td>6 Months</td>
<td>• Diptheria-Tetanus-Whooping Cough</td>
</tr>
<tr>
<td></td>
<td>• Hepatitis B – or at 12 months</td>
</tr>
<tr>
<td></td>
<td>• <em>Haemophilus Influenza</em> type b (Hib)</td>
</tr>
<tr>
<td></td>
<td>(may be given depending on vaccine type)</td>
</tr>
<tr>
<td></td>
<td>• Polio</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal disease</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus</td>
</tr>
<tr>
<td>12 Months</td>
<td>• Hepatitis B – or at 6 months</td>
</tr>
<tr>
<td></td>
<td>• <em>Haemophilus Influenza</em> type b (Hib)</td>
</tr>
<tr>
<td></td>
<td>• Measles-Mumps-Rubella</td>
</tr>
<tr>
<td></td>
<td>• Meningococcal C disease</td>
</tr>
<tr>
<td>18 Months</td>
<td>• Chickenpox</td>
</tr>
<tr>
<td>4 Years</td>
<td>• Diptheria-Tetanus-Whooping Cough</td>
</tr>
<tr>
<td></td>
<td>• Measles-Mumps-Rubella</td>
</tr>
<tr>
<td></td>
<td>• Polio</td>
</tr>
</tbody>
</table>

For more information about immunisation visit the Immunise Australia website at [http://immunise.health.gov.au](http://immunise.health.gov.au) or call the Immunise Australia Information Line on 1800 671 811.
### 9.11. Appendix 2: DHS School Exclusion Table


<table>
<thead>
<tr>
<th>Disease or Condition</th>
<th>Exclusion of Cases</th>
<th>Exclusion of Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoebiasis (Entamoeba Histolytica)</td>
<td>Excluded until diarrhoea has ceased</td>
<td>No excluded</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>Excluded until diarrhoea has ceased</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>Excluded until fully recovered or for at least 5 days after the eruption first appears. Note that some remaining scabs are not a reason for continued exclusion</td>
<td>Any child with an immune deficiency (for example Leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.</td>
</tr>
<tr>
<td>Conjunctivitis (acute infections)</td>
<td>Until discharge from eyes has stopped</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Excluded until medical certificate of recovery is received following at least 2 negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later</td>
<td>Excluded family/household contacts until cleared to return by the Secretary</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Excluded until diarrhoea has ceased or until medical certificate of recovery is produced</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Haemophilus Type B (Hib)</td>
<td>Excluded until medical certificate of recovery is received</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hand, Foot and Mouth disease</td>
<td>Until all blisters have dried</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Excluded until medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Herpes (cold sores)</td>
<td>Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressings where possible.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Human Immuno-deficiency Virus infection (HIV/AIDS)</td>
<td>Exclusion not necessary unless the child has a secondary infection</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Excluded until appropriate treatment has commenced. Sores on exposes surfaces must be covered with watertight dressings</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Influenza and Influenza like symptoms</td>
<td>Excluded until well</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Leprosy</td>
<td>Excluded until approval to return has been</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Illness/Infection</td>
<td>Exclusion Period</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Measles</td>
<td>Excluded until at least 4 days after the onset of rash</td>
<td>Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case they may return to school.</td>
</tr>
<tr>
<td>Meningitis (bacteria)</td>
<td>Excluded until well</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Meningococcal Infection</td>
<td>Excluded until adequate carrier eradication therapy has been completed</td>
<td>Not excluded if received carrier eradication therapy</td>
</tr>
<tr>
<td>Mumps</td>
<td>Excluded for 9 days or until swelling goes down (whichever is sooner)</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>Excluded for at least 14 days from onset. Re-admit after receiving medical certificate of recovery</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Ringworm, scabies, Pediculosis (head lice)</td>
<td>Re-admit the day after appropriate treatment has commenced</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>Excluded until fully recovered or for at least four days after the onset of rash</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Salmonella Shigella</td>
<td>Excluded until diarrhoea ceases</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
<td>Excluded until medical certificate of recovery is produced</td>
<td>Not excluded unless considered necessary by the Secretary</td>
</tr>
<tr>
<td>Streptococcal infection (inc Scarlet Fever)</td>
<td>Excluded until the child received antibiotic treatment for at least 24 hours and the child feels well.</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Trachoma</td>
<td>Re-admit the day after appropriate treatment has commenced</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Excluded until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Typhoid (including Paratyphoid fever)</td>
<td>Excluded until approval to return has been given by the Secretary</td>
<td>Not excluded unless considered necessary by the Secretary</td>
</tr>
<tr>
<td>Verotoxin producing Escherichia Coli (VTEC)</td>
<td>Excluded if required by the Secretary and only for the period specific by the Secretary</td>
<td>Not excluded</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>Exclude the child for 5 days after starting antibiotic treatment</td>
<td>Excluded unimmunised household contacts aged less than 7 years and close child care contacts for 14 days after the last exposure to infection or until they have taken 5 days of a 10 day course of antibiotics</td>
</tr>
<tr>
<td>Worms (intestinal)</td>
<td>Excluded if diarrhoea is present</td>
<td>Not excluded</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>

Exclusions of cases and contacts is not required for Cytomegalovirus Infection, Glandular fever (mononucleosis), Hepatitis B or C, Hookworm, Molluscum contagiosum, or Parvovirus (erythema infectiousum fifth disease).
10. HIV/AIDS and Hepatitis B

10.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

10.2. Scope
This policy applies to the Committee, staff and families who use the service, and volunteers and students involved with the service.

10.3. Background
Viruses such as HIV/AIDS and hepatitis are health issues which concern everyone. HIV/AIDS has aroused community anxiety, often because of misinformation and ignorance.

The service, by providing this policy is:

- Endorsing a caring and supportive approach to this issue
- Helping to inform parents and staff about the facts of HIV/AIDS and hepatitis
- Assuring users of the service, that the service is aware of its responsibilities of providing a safe environment for staff, children and parents
- Assuring the community that the service is carrying out its responsibilities in relation to government legislation concerning HIV/AIDS, the Occupational Health and Safety Act and the Health Act. This includes protecting against discrimination and ensuring confidentiality for staff and users in relation to the HIV/AIDS and hepatitis status of persons concerned
- Fulfilling obligations under all relevant State and Commonwealth legislation

10.4. Relevant Legislation
- Occupational Health and Safety Act 1985
- Health Act 1958

10.5. Definitions
AIDS: Acquired Immuno Deficiency Syndrome.

DHS: Department of Human Services

HIV: The virus that causes AIDS, which is known as Human Immuno Deficiency Virus.

Hepatitis: This is a general term for inflammation of the liver, which can be caused by alcohol, drugs (including prescribed medications) or viral infections. There are several types of viral hepatitis namely A, B, C, D, E and G.

Infection Control: The name given to a combination of basic hygiene measures to prevent the spread of infection.
10.6. Statement of Policy

10.6.1. Anti Discrimination

- No employee, prospective employee, parent/guardian or child will be discriminated against or harassed on the grounds of having, or being assumed to have, a HIV or hepatitis infection.

- Being infected with HIV is not grounds for exclusion of a child, parent/guardian or staff member.

- The Management Committee will ensure that all employees and agents (such as members of the Management Committee) understand the concepts of discrimination and harassment, and will implement comprehensive grievance procedures that provide effective processes for resolving grievances, at all levels of the organisation.

10.6.2. Confidentiality

Information regarding HIV/AIDS and the hepatitis status of any child, parent/guardian, or staff member will remain confidential and all reasonable steps will be taken to develop and implement systems to protect the privacy of that person.

10.7. Infection control and the provision of a safe work place

The Management Committee will provide all staff with information on their responsibilities towards service users and people in their care in relation to this policy.

The service shall at all times follow proper infection control procedures to minimise the risk of the transmission of blood borne viruses such as HIV and hepatitis.

No child, staff member or parent/guardian will be denied First Aid at any time.

The service will ensure that First Aid equipment for protection against the risk of infection from blood borne viruses will be available and used at all times.

The Management Committee will provide, as far as practicable, a healthy and safe environment.

Staff are required to take reasonable care to protect their own health and safety and that of others in the workplace at all times.

Information and education

The Committee will provide access to information for all staff, Committee members and users of the service about:

- The basic facts on preventative measures for HIV/AIDS and hepatitis
- Where they may access further information
- Support services as required

10.8. Procedures

All body fluid spills and abrasions are a potential hazard. Therefore infection control procedures will be used when dealing with these in order to provide maximum protection from the potential hazard.

The following statements are based on the principle that all people are potentially infectious and that infection control procedures will be practised at all times:

- Staff and users will have access to materials as required that will enable them to implement infection control procedures [this will include bleach, latex gloves etc. Disposable latex gloves will be available in the First Aid cabinet at all times].
• A step-by-step procedure on infection control (see Appendix 1 to this policy) will be displayed and complied with at the service. Both existing staff and new staff as part of their induction will be made aware of this procedure.

• The service will have available a booklet/publication on infection control. (Information on publications on infection control is contained in Appendix 2 attached to this policy.)

10.9. Responding to Exposure
Full details of any exposure to a body fluid spill and abrasion must be recorded in the Accident, Injury and Illness Book for children and the Incident/Injury Register for staff, students and volunteers.

Following any incident which a staff member believes may have resulted in exposure to HIV/AIDS or hepatitis, the staff member should seek the advice of a qualified medical practitioner immediately, to assess the need for testing and report this to the President who will treat this information as confidential.

10.10. Exclusion of Children with Hepatitis
As the DHS School Exclusion Table requires the exclusion of children and staff with acute hepatitis A or B, parents/guardians and staff must inform the Management Committee if their child attending the service or the staff member has contracted either of these diseases.

10.11. Confidentiality
There is no obligation, legal or otherwise for anyone to inform an employer, service provider, or service of their own or their child’s HIV/AIDS, hepatitis C or other blood borne virus status, consequently:

• Such information must not be disclosed without informed consent of the individual [or guardian for a person under the age of 18 years].

• The only reason a parent would inform the teacher of the child’s blood-borne disease status would be for the benefit of the child.

• Any employee or Committee member, in receipt of verbal or written information relating to the HIV/AIDS or blood borne disease status and condition of any child or staff member, must take all reasonable precautions to protect the child or staff member’s privacy.

• All such information must be kept securely [under lock and key] within the service; access to this information must only be by the person who has been informed. Information relating to the blood borne status will be destroyed once the person leaves the employment of, or ceases to attend, the service.

• No routine or mandatory blood borne disease testing may be carried out on service users or staff.

• No testing may be carried out without the informed consent of the individual and provision of pre and post-test counselling, by an accredited counsellor or qualified medical practitioner.

10.12. Complaints
Any grievances or complaints relating to this policy will be addressed through the service’s “Complaints” Policy.

10.13. Key Responsibilities and Authorities
The Management Committee is responsible for implementing the policy.

The staff are responsible for:

• Implementing infection control procedures at all times.
• Recording any exposure to a body fluid spill or abrasion in the appropriate book or register.
• Notifying the President if they believe they have been exposed to HIV/AIDS or hepatitis at the service.

The Committee and staff are responsible for keeping confidential any information which is received in relation to the HIV/AIDS or hepatitis status of a child, family or staff member.

10.14. Training
All staff will receive infection control training at induction.

Staff in conjunction with the Management Committee, will review their training needs in relation to infection control on an annual basis.

Organisations offering training for staff are provided in Appendix 2.

10.15. Publications
A list of relevant publications is listed in Appendix 2.

10.16. Evaluation
In order to assess the effectiveness of the policy the Management Committee will:

• In consultation with staff, review the infection control procedures and adherence to them at least annually.
• If appropriate, conduct a survey in relation to aspects of the policy or incorporate relevant questions within the general parent/guardian survey.
• Take into consideration feedback, regarding infection control and the policy, from staff, parents/guardians and Committee members and adjust infection control procedures, or provide additional information on the subject, if appropriate.

10.17. Appendix 1: Step by Step Procedure for Infection Control Relating to Blood-Borne Viruses

10.17.1. Blood spills
Equipment and procedures for managing blood spills and providing first aid for patients who are bleeding are detailed below.

• Anyone working with children, who may need to respond to an incident involving blood, needs to cover cuts, sores or abrasions they may have on their hands and arms with waterproof dressings, while at the service.

Cleaning and removal of blood spills - Equipment

• Disposable gloves
• Disposable plastic bags
• Warm water and detergent
• Disposable towels
• Bleach. Strength should be 10,000 parts per million, approximately to one quarter of a cup of Household bleach to one cup of water. Ensure that bleach has not passed its use by date and that it is mixed fresh on each occasion.
**Procedure**

- Put on disposable gloves.
- Saturate disposable towel in bleach solution.
- Cover the spill with the towel.
- Leave the towel in place for 10 minutes.
- Place towel in disposable plastic bag.
- Wash area with warm water and detergent.
- Place gloves into disposable plastic bag.
- Seal bag and dispose of it appropriately taking into consideration health and safety issues.
- Wash hands in warm soapy water.
- Soak any utensils used in bleach solution for 30 minutes, then wash in warm to hot soapy water and rinse.
- Care needs to be taken to ensure that children do not have access to the bleach saturated towel.

**10.17.2. Providing first aid for children who are bleeding**

**Equipment**

- Antiseptic
- Disposable plastic bags
- Disposable gloves
- Waterproof dressings
- Disposable towels
- Warm water and detergent

**Procedure**

Adult treating child to cover any uncovered cuts, sores or abrasions on arms and hands with waterproof dressings.

- Put on disposable gloves.
- Wash wound under warm running water and apply antiseptic to wound.
- Apply waterproof dressing to the wound if necessary.
- Remove gloves and place in disposable plastic bag, tie securely.
- Seal bag and dispose of it appropriately taking into consideration health and safety issues.
- Wash hands in warm soapy water.
- Contaminated clothing or sick room linen should be removed and stored in leak-proof disposable plastic bags until they can be washed as follows using gloves:
  - Rinse in cold water.
10.17.3. **Safe disposal of discarded needles/syringes**
Equipment and procedures for the safe disposal of discarded needles and syringes are detailed below.

**Equipment**
- Disposable gloves.
- Long handled tongs.
- Disposable plastic bags.
- ‘Sharps’ syringe disposal container or plastic container with a screw-top lid.

**Procedure**
- Put on disposable gloves.
- Do not try to recap the needle.
- Place the disposal container on the ground next to the syringe.
- Pick up the syringe as far from the needle end as possible, using tongs if not easily accessible.
- Place the syringe, needle point down, in the disposal container and screw the lid back on firmly.
- Repeat this procedure to pick up all syringes and/or unattached needles.
- Remove gloves and place in disposable plastic bag.
- Seal and dispose of the plastic bag.
- If tongs are used, soak in bleach solution for 30 minutes, then wash in hot soapy water and rinse.
- Wash hands in warm, soapy water.
- Under no circumstances should work experience students or children be asked or encouraged to pick up needles/syringes.
- Syringe disposal containers or syringes must not be put in normal waste disposal bins.
- Syringe disposal containers may be disposed of by telephoning the Disposal Help Line on 1800 552355 for the location of the nearest needle exchange outlet or public disposal bin.
- Contacting the local hospital.
- Contacting the Risk Reduction Unit at the Department of Human Services on 03 9637 4000.
- Contacting the environmental officer (health surveyor) at the local municipal/council offices; also for any further concerns about syringe disposal.

**Needle stick injuries**
The Department of Human Services has indicated that the risk of infection from needle stick injury is low and should not cause alarm.
The following procedures should be observed in case of needle stick injury:

- Flush the affected part with running water and detergent.
- Wash in warm, soapy water.
- Dry area, apply antiseptic to the wound and cover with a waterproof dressing if necessary.
- Report the injury to the President.
- See a doctor as soon as possible and report the circumstances of the injury.

This procedure is based on advice provided by the Department of Education, Employment and Training and the Department of Human Services.

10.18. Appendix 2: Relevant Publications and Training Providers

10.18.1. Publications

*Department of Human Services*

Health Protection Section (03) 9637 4184, GPO Box 1670N Melbourne 3000
- AIDS Your Questions Answered
- Public Health – Hepatitis A
- Hepatitis B – the facts
- Hepatitis C – the facts

*Youth Family and Community Services*

- DHS Children’s Services Licensing Operational Guide (Chapter 4 Health and Welfare of Children)

*Government Info Shop* (03) 9670 4224
(This is the Victorian outlet for AUSINFO)
190 Queen Street Melbourne.
- HIV & Hepatitis B in the Workplace

*Information Victoria* 1300 366 356
356 Collins Street Melbourne.
- Health (General Amendment) Act 1988.

*Equal Opportunity Commission Victoria* (03) 9281 7111 1800 134 142
380 Lonsdale Street Melbourne.
- HIV, AIDS & Hepatitis C Discrimination
- Discrimination against people living with HIV or AIDS
- Hepatitis C Discrimination.

*Lady Gowrie Child Centre* (03) 9347 6388
36 Newry Street North Carlton 3054
- Staying Healthy in Child Care
- HIV/AIDS and Child Care
• Managing the Risks in Children’s Services.

Community Child Care Co Op Ltd (NSW)  (02) 9557 5599
Locked Bag 19 Newtown 2042
• HIV/AIDS and Child Care

AECA -Victorian Branch  (03) 9427 8474
9-11 Stewart Street Richmond 3121
• Guidelines for Prevention and Control of Infection in Child Care Settings

10.18.2. Training for Staff

Red Cross  1800 246 850
23-47 Villiers Street, North Melbourne
• In services held across Victoria
• First Aid Course level 2
• Essential First Aid

St John’s Ambulance  8588 8588
170 Foster Road, Mt Waverley
• In services held across Victoria
• Emergency First Aid, level 2
• Basic Life Support.

10.18.3. Accredited Counsellors

Contact Coordinator, HIV Service  (03) 9342 2600
Victorian Infectious Diseases Service
Royal Melbourne Hospital
Grattan Street Parkville
Postal Address: VIDS, 9 North C/- PO RMH 3050
Victorian AIDS Council  1800 134840
6 Claremont Street South Yarra 3141
11. Asthma

11.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on April, 2007.

11.2. Statement of Policy

11.2.1. Values
This Kindergarten is committed to:

- Providing a safe and healthy environment for all children enrolled at the Kindergarten
- Providing a safe and healthy environment in which all children with asthma can participate in order to realise their full potential
- Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma

11.2.2. Purpose
The aim of this policy is:

- For all children with asthma enrolled at the Kindergarten to receive appropriate attention as required
- To respond to the needs of children who have not been diagnosed with asthma and who have an attack at the Kindergarten, i.e. shortness of breath or difficulty with breathing

11.2.3. Procedures
The Management Committee will:

- Where appropriate, organise Emergency Asthma Management training for staff
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child’s asthma
- Ensure that the Kindergarten has asthma reliever medication and a spacer device for the First Aid Kit, as required
- Ensure that at least one staff member has completed an accredited emergency asthma management training course and holds a current bronchodilator accreditation number (BAN).

The Staff will:

- Ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the Kindergarten, whether the child has diagnosed asthma and document this information on the child’s enrolment record
- Provide families whose child has asthma with an Asthma Action Plan to complete in consultation with their doctor. On completion, this will be attached to the child’s enrolment record and a copy stored with the First Aid Kit
- Compile a list of children with asthma and place it in a secure but readily accessible location, which is known to all staff. The list will also be included in the Relievers’ Handbook together with the location of the Asthma Action Plans
Regularly maintain all asthma components of the First Aid Kit, to ensure all medications are current and any asthma devices are clean and ready for use.

Ensure that asthma components are included in the First Aid Kit taken on any activities outside the Kindergarten.

Consult with the parent/guardians of children with asthma, in relation to the health and safety of the child and the supervised management of the child’s asthma.

Identify and, where possible, minimise asthma triggers as defined in the definition section of the policy or in children’s Asthma Action Plans.

Promptly communicate any concerns to parents if it is considered that a child’s asthma is limiting his/her ability to participate fully in all activities.

Where necessary, modify activities for the child with asthma in accordance with their current needs and abilities.

Administer all regular prescribed asthma medication in accordance with the Medication Book and/or individual child’s Asthma Action Plan.

Discuss with the parent/guardian the requirements of the Medication Book and what is needed for their child.

Parents/guardians of a child with asthma will:

- Inform staff, either on enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child’s asthma via the Asthma Action Plan.
- Notify the staff, in writing, of any changes to the information they entered on the Asthma Action Plan during the year, if this occurs.
- Provide an adequate supply of appropriate asthma medication and equipment (e.g. reliever/spacer) for their child at all times.
- Enter the required information in the Medication Book at the beginning of the term or when necessary.
- Communicate all relevant information and concerns to staff as the need arises (e.g. if asthma symptoms were present the previous night).
- Consult with the staff, in relation to the health and safety of their child and the supervised management of the child’s asthma.

Plan of action for a child with diagnosed asthma:

- The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the 4 Step Asthma First Aid Plan. This plan will be included on, and attached to, the child’s Asthma Action Plan and enrolment record.
- This plan should include action to be taken where the parent/guardian has provided asthma medication, and in situations where this medication may not be available.
- As part of developing a particular plan of action, it may be appropriate to consider staff receiving Emergency Asthma Management training.

Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack!

**Children with a known asthma condition:** Staff will follow the agreed plan of action for the child for the emergency treatment of an asthma attack as detailed in the Asthma Action Plan.
Children who staff are not aware have a pre-existing asthma and are having breathing difficulties: Staff will:

Step 1: Call an ambulance and state that the child is having “breathing difficulties”.

Step 2: Sit the child upright and remain calm to reassure them

Step 3: Without delay shake a blue reliever puffer (inhaler) and give 4 separate puffs through a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff

Continuously repeat steps 2 and 3 whilst waiting for the ambulance

- In an emergency the reliever puffer used may be the child’s own, from the First Aid Kit or borrowed from another child. Only staff that have completed a course in emergency asthma management may access the reliever puffer for first aid purposes from the First Aid Kit.

- This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse was not due to asthma.

11.3. Cleaning of devices

Devices (puffers and spacers) from the First Aid Kit must be thoroughly cleaned after each use to prevent cross infection. In most cases a child will use their own puffer and spacer. Devices can be easily cleaned by following these steps (NHMRC Infection Control Guidelines 2003):

- Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.

- Wash devices thoroughly in hot water and kitchen detergent.

- Do not rinse.

- Allow devices to “air dry”. Do not rub dry.

- When dry, wipe with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies), Paying particular attention to the inside and outside of the mouthpiece of the devices.

- When completely dry, ensure the canisters is replaced into the puffer container and check the device is working correctly by firing one or two ‘puffs’ into the air. A mist should be visible upon firing.

If any device is contaminated by blood, dispose of it safely and replace the device.

11.4. References / Resources

- Asthma Foundation of Victoria on (03) 9326 7088 or 1800 645 130

- 4 Step Asthma First Aid Plan

- Asthma Action Plan pro-forma
12. Incursions and Excursions

12.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

12.2. Statement of Policy
Excursions and incursions are arranged by the teachers as a valuable adjunct to their programs. The nature of excursions and incursions needs to take into account the developmental needs and interests of the children.

Permission/Indemnity forms must be signed by parents of the children attending the excursion and this should also indicate the consent of parents for their children to participate.

The kindergarten will maintain public liability insurance to cover children leaving the kindergarten for excursions.

Where transport is required, then transport will normally be by public transport or hired bus. Where possible a bus with seat belts will be chartered. The use of private cars for excursions is only acceptable when private arrangements are made between families.

Staff will arrange for parental participation in accordance with the Department of Human Services Children’s Services Regulations approved adult/child ratios.

Parents are requested that toddlers do not accompany adult supervisors on excursions unless it is specifically allowed.

If parents do not wish their child to participate in an excursion or incursion because of medical needs, cultural beliefs or general concern for the well-being of their child, they can choose not to bring the child on the day of the excursion or incursion. The director or a member of staff must be notified beforehand.

12.3. Procedures

12.3.1. Planning procedures
Staff and the Management Committee are responsible for ensuring the thorough organisation of each excursion including:

- Investigating and booking of transport requirements
- Determining the total cost prior to the event
- Establishing the availability of facilities required throughout the excursion, (places to eat, toilets, hand washing facilities, access to drinking water, shade in hot weather, safe crossings for busy roads etc.)
- Determining what the child staff ratio will be for this particular event (in accordance with Department of Human Services Children’s Services Regulations approved adult/child ratios)
- Ensuring sufficient staff and volunteers to meet the adult/child ratio regulation on the excursion day.
- Training volunteers in supervisory procedures and emergency procedures
- Preparatory talks to children about what will happen, who they will be with, what to do if there is a problem
Talking to both adults and children about particular activities that require special supervision, e.g. going to the toilet, having lunch, boarding and leaving transport.

Ensuring staff are advised of any changes to their usual working arrangements in accordance with the VECTAA.

12.3.2. Consent form and notification procedures

The Director will be responsible for this procedure.

Parents will be notified in advance of any excursion and any costs involved. The consent form will list:

- The date and time of the event
- The location
- The cost (if applicable)
- The departure and collection times for children
- The form of transport

Attached will be a covering letter:

- Giving the objectives for the excursion, explaining how it fits with the program and what the expected outcomes are
- Informing parents of the activities children will undertake on the excursion and of any special clothing or equipment required
- Asking for parental / volunteer assistance
- Informing all parents of any change to session times either during the excursion or as a result of the excursion
- Requesting that any child not attending the excursion not attend kindergarten on that day
- Reiterating where and when parents will pick up their children
- Advising of the cost and due date for the return of permission slip and money (if applicable)

Parents must be advised of any incident or required change to an itinerary, on the day of the excursion.

12.3.3. Procedure for collecting payment

The appropriate fee must be given in a clearly labelled envelope (stating child's name, excursion and amount enclosed) and deposited in the fees box. Costs for excursions may be included within the Term Fees Notice and collected at the beginning of the term, with the term fees.

12.3.4. Supervision Procedures

The teacher will have the responsibility for this procedure.

- The teacher will be the person in charge for each excursion. The person in charge will have the responsibility for decisions taken during the excursion. All decisions by accompanying adults should be in line with approaches and procedures rehearsed beforehand.
- Children must wear an identification badge indicating the name and the contact number of the kindergarten.
- Supervising adults will be responsible for the care and control of designated children.
- Ensuring adequate adult/child ratio.

- Children will be encouraged to hold hands with their supervising adult as appropriate. Partners are essential when walking along the street or in crowded places.

- When it is not possible for the whole group to move together, small groups will be organised including at least two adults. Before small groups disperse, a meeting place and time will be organised.

- In the event that small groups have an unplanned separation, adults are to meet back at the separation point as soon as possible.

- All staff are to be aware of the total number of children on the excursion and assist in counting the larger group at regular intervals.

**Clothing**

- Children should be dressed in appropriate clothing considering the weather and the nature of the activity.

- Sturdy footwear should be worn.

- A change of clothing per child should be taken in case of a change in the weather or a toileting mishap.

- Hats must be worn in accordance with the Sunsmart Policy.

**Food, drink and toileting**

- Sufficient food and drink must be provided on each outing allowing children to eat and/or drink every two hours.

- Toilet stops should be organised for about every two hours.

- Children should be accompanied by an adult to the toilet.

**First Aid and Emergencies**

Staff are to take a small first aid kit including:

- an antiseptic cream

- a cream for bites and stings

- a small bandage and fasteners, clean gauze

- Band-Aids

- a topical anaesthetic (e.g. Paxyl)

- sunscreen, in accordance with the Sunsmart policy

A 'clean-up kit' should also be taken including:

- Wet-ones

- tissues

- spare clothing

- a towel
• plastic bags for wet clothes

Staff should carry sufficient petty cash to cover the cost of the excursion and extra for emergencies.

A mobile phone should be carried in case of an emergency.

If an emergency occurs, the person in charge of the excursion is responsible for making alternative arrangements for the safety and well being of the children.

A copy of the children's medical records will be carried on the excursion.

12.3.5. Transport Procedures

• The teacher will be responsible for this procedure.

• Staff should be fully aware of transport timetables and carry current schedules to avoid unnecessary waiting with children.

• The group will not move onto or off transport until signalled by the person in charge that it is safe to do so.

• When getting on and off transport, one staff member shall be first on/off and one last on/off to ensure no child is left behind.

• The teacher or person in charge will check that seat belts where available and/or required are suitably adjusted for size and weight.
13. Complaints

13.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

13.2. Definitions
Complaint – any written grievance from a parent, or Management Committee member
Resolution Process – the method used to resolve complaints, disputes or matters of concern through an agreed resolution process.

13.3. Statement of Policy
Parents who use the kindergarten have the right to expect that any concerns or complaints about any aspects of the kindergarten service will be listened to and dealt with through the agreed resolutions process set out in this policy. The Management Committee will give any complaint immediate attention. Every effort will be made to resolve the issue in a fair and informed way without prejudice.

Information regarding a complaint will remain confidential and all reasonable steps will be taken to develop and implement systems to protect the privacy of the people involved.

The Management Committee will ensure that a set of procedures for dealing with every aspect of the grievance is maintained and is available to all staff and users of the kindergarten.

The Management Committee will ensure that it is carrying out its responsibilities in relation to any statutory requirements when dealing with a complaint and is aware of the legal implications of its actions and decisions.

13.4. Procedures
Initially complaints should be directed to the teacher or the Management Committee President, depending on the nature of the complaint, preferably in writing.

The President will make arrangements to deal with the complaint, by directly addressing the matter or setting up a Complaints Sub-Committee to investigate the complaint.

13.4.1. Procedures For Confidentiality
The Management Committee is responsible for ensuring that any complaint is handled in a discrete and professional manner.

The Complaints Sub-Committee will act under a mandate of confidentiality not to reveal the contents of any complaints, except to the Management Committee and that the Management Committee itself will also respect that confidentiality. All parties must sign a confidentiality agreement in order to access the information unless the information is presented in the public domain.

All written information relating to a complaint must be kept in the possession of the Management Committee, or if one has been established, the Complaints Sub-Committee, which will ensure that it is kept in a secure place.
13.4.2. Procedures for Legal Implications

The Management Committee needs to be aware that:

- As “proprietor” of the kindergarten it is their responsibility to ensure that the complaint is followed up and dealt with through the agreed resolution process set out in this policy.

- As there may be legal implications arising from such complaints, all complaints should be asked for in writing.

- Incorporation of the kindergarten does not protect an individual from being sued for defamation.

- Written reports, requested by the Management Committee from staff, a parents or committee member, may not be deemed to be “privileged” information and therefore the Management Committee should expect that such reports may need to be disclosed if the complaint subsequently ends up in court.

- Confidentiality is required at all times.

- The Complaints Sub-Committee must ensure that relevant statutory documents such as The Kindergarten Teacher’s and Kindergarten Assistant’s Award, federal Awards from time to time, Children’s Services Regulations 2009, and the Studley Park Kindergarten Parents’ Association Inc Constitution are consulted and complied with in event of a complaint being lodged.

13.4.3. Procedures for dealing with different types of complaints

Different types of complaints will warrant different responses and procedures. In general complaints can be classified into four main areas as follows:

For parents and Management Committee: This area deals with complaints about the Management Committee, a parent or a child. The stages of resolution need to be followed. If serious misconduct of a parent or Management Committee Member is shown, the Management Committee may follow the steps outlined in the Constitution to expel or suspend that Member.

For program: This area relates to the program-grievances which may relate to the teacher’s performance or a difference in values and expectations of the parents/parent concerning the way the program is run. Advice will be sought from KPV and/or the DHS Children’s Services Adviser to deal with program issues to ensure that the integrity of the program is maintained. The Sub-Committee may then proceed with the Complaint Resolution Procedure.

For staff: This area relates to staff and staff performance. The procedure for dealing with complaints about staff are laid out in the terms and conditions of the relevant teachers’ and assistant’s awards. Advice will be sought from KPV before proceeding with this type of complaint. This information should be used in conjunction with the Complaints Resolution Procedure. If the complaint proceeds to the stage that requires disciplinary action then the Sub-Committee will be referred to the full Management Committee for approval.

For children: Where the conduct of any person within the centre causes a complaint to be made to the Management Committee or teacher concerning the care, health, safety, wellbeing, care or protection of any child within the kindergarten, the Management Committee or teacher must notify the Secretary to the Department of Education and Early Childhood Development (Secretary) of that complaint within 48 hours. These complaints do not need to be lodged in writing. These complaints are then investigated by the Secretary. Action taken, if any, by the Management Committee is therefore subject to and controlled by the processes set out in the Children’s Services Regulations 2009. Advice should also be sought from KPV on these matters (see Regulation 105 Children’s Services Regulations 2009).
13.4.4. Procedure for Complaint Resolution

Stage One - Information and data collection stage

All complaints are to be lodged with the President. The President will explain to the complainant the procedure for dealing with the complaint and supply them with a copy of the Complaints Policy. Note: if the complaint is against the President her/himself then the complaint may be lodged with another member of the Management Committee, who will follow the outlined procedures.

The President will then call a meeting of the Complaints Sub-Committee to deal with the complaint as soon as possible (within seven days).

The Sub-Committee may need to speak to a range of people including the person/s lodging the complaint or any witnesses to gather more information.

The Sub-Committee will decide the severity of the problem based on the collected information. If the complaint is deemed unjust or if the severity of the complaint relates to areas outside the Sub-committee’s range of expertise, the Children’s Services Advisor and/or KPV should be consulted for advice or direction.

The Sub-Committee will set down an Action Plan to deal with the complaint and where necessary will gain Management Committee approval for action.

At the next full Management Committee meeting, or at an extraordinary meeting if the severity of the complaint warrants it, the Management Committee should be informed that a complaint has been made, and a brief description of the nature of the complaint. A brief outline of the steps being taken to resolve the issue should also be given. At each committee meeting thereafter a review of events needs to be made.

Minuted records of all meetings and counselling sessions must be kept.

Stage Two - Resolution Phase

Note that at this stage the Sub-Committee will implement the action plan. This may involve a resolution session.

A time will be arranged with the party/s involved to formally discuss the matter (within a week of the Sub-committee meeting). The Complaints Sub-Committee will decide beforehand who will attend the resolution session and how it will be conducted and what the desired outcome is.

The Complaints Sub-Committee will discuss and decide upon what will be said and not said and a written record of the meeting will be taken.

Any further written information required from the party/s involved to address the complaint will be requested.

At this stage the Sub-Committee will speak to the party/s to which the complaint relates to discuss the problem and possible solutions. During this stage all parties should listen to and carefully consider the views, reasoning and explanations provided to them.

After this resolution session, the Complaints Sub-Committee will reconvene to assess the outcome of the discussions. If at this stage the matter has not been resolved, then further advice may need to be sought from KPV and/or a Pre school adviser. The matter must be reviewed in a fair and transparent process. The parties will be notified in writing of the outcome. The outcome will be reported to the next Management Committee meeting.
Stage Three - Post Resolution Phase

The Sub-Committee must monitor the progress of the action they have taken and ensure that there is feedback to the person/s who lodged the complaint and any other person involved if necessary.

If the complaint has been "common knowledge" the Management Committee may decide to issue a carefully worded statement to parents regarding the outcome, paying particular attention to the rights of those concerned.
14. Sunsmart

14.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

14.2. Statement of Policy
Hats are required to provide shade to the face, back of the neck and ears.

Minimum clothing required is a T-shirt with sleeves or equivalent.

Skin protection is at minimum SPF 30+ broad spectrum water resistant sunscreen.

The Kindergarten endorses a "No hat, No play" policy and children will not be allowed to play outside without a hat on days of risk of ultraviolet exposure. This predominantly applies to Term 1 and Term 4, in particular from the beginning of September until the end of April and when the UV index reaches 3 and above.

Each child and staff member will be required to have an appropriate hat at the kindergarten. Hats need to be clearly marked and named. A Foreign Legion style hat is preferred.

By wearing hats the staff will provide a role model for the children and they will encourage parents and others to also provide appropriate role models for the children.

Children should have sunscreen applied before being dropped off at kindergarten. Staff will reapply sunscreen as needed to children, throughout the day. Sunscreen will be applied at least 20 minutes before going outdoors and reapplied every two hours when outdoors.

The parent will be required to give authority to the staff to assist with administration of sunscreen on their child as appropriate i.e. notify staff if the child has a particular sensitivity.

The kindergarten will ensure a supply of minimum SPF 30+ broad spectrum, water resistant sunscreen for use as directed by the staff.

If any child has particular sensitivity to the sunscreen provided by the kindergarten, the parent must provide an alternative, labelled and at their own cost, to be left at the kindergarten and used under staff discretion.

The kindergarten program will reflect the Sunsmart policy and outdoor activities will, where possible, be planned to take place before 11.00 am or after 3.00 pm throughout summer to avoid prolonged exposure to the sun's ultraviolet rays during the most harmful part of the day. When necessary, children are encouraged to use available areas of shade when outside.

14.3. Procedures
Educative information about the Sunsmart requirements and the harmful effects of exposure to ultraviolet rays will be reinforced in a positive way during the times of greatest risk - Terms 1 and 4. Families are informed through newsletters and notices on the message board.

At relevant times the teacher will include Sunsmart education in the program planned for the children.

The staff will ensure that children, staff and participants within the program wear a hat outdoors at all times during which there is a risk from ultraviolet rays.

The staff will ensure all children's exposed skin is protected with a minimum of SPF 30+ broad spectrum water resistant sunscreen at all times during which there is a risk from harmful ultraviolet rays.
The Committee and staff will monitor and review the effectiveness of the Sunsmart policy every two years and revise the policy when required. The next policy review will be in October 2012.
15. Extended Kindergarten

15.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

15.2. Definitions
Permanent Extended Kindergarten user - a child who has had payment of full term fees within two weeks of the beginning of a term and who attends regularly during the term. If sessions are not attended on a regular basis permanent status will not be given.

15.3. Statement of Policy
Extended Kindergarten is offered at Studley Park Kindergarten for children between the ages of 3 years to school age, if there is sufficient demand to support these programs. A minimum of eleven (11) children are required for each session in order to ensure the extended hours program is viable. The Committee will have the discretion to run the program if the minimum number is not achieved.

The care will be made available each term with payment per term guaranteeing the child a place on the designated day so fees will not be calculated on a pro-rata basis.

Preference will be given to children who are permanent extended kindergarten users (see definition above).

There will be no make up sessions for days missed due to:

- Public holidays
- Family holidays
- Days off through choice.

In the event of illness, make up sessions can be arranged with the Director and will be subject to availability and should extend no longer than a two week period.

Make up days are not interchangeable from term to term.

15.4. Procedures
A maximum number of twenty-five (25) places will be made available for each session on Monday, Wednesday & Friday from 11.45am to 3pm during each term. A maximum number of twenty (20) places will be made available for each session on Thursday from 11.45am to 3pm during term 3 and 4.

Bookings for Extended Kindergarten should be made directly with the staff when required. Occasional users are subject to availability of places, but can be booked prior to the session. The staff should be notified as soon as possible if the child will not be attending a particular session. Days being made up due to illness will be at the discretion of the Director and be subject to availability.

15.5. Fees
Payment for utilising Extended Kindergarten will be due at the same time as Kindergarten fees within two weeks of the beginning of a term.

Those who are occasional users should place the fees for that session in the box provided at the Kindergarten.

Fees for Extended Kindergarten are stipulated on both the notice board and in the Kinder Handbook.
16. **Maintenance of Buildings, Surroundings and Working Bees**

16.1. **Authorisation**
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

16.2. **Definitions**
Working Bee - is an activity organised by the Maintenance / Working Bee Coordinator [or a task assigned by the Director] involving the maintenance and/or repair of equipment, buildings or the surrounds of the Kindergarten.

16.3. **Statement of Policy**
The responsibility of the Management Committee of the Studley Park Kindergarten Parents' Association Inc. for the repairs and maintenance of the buildings, equipment and surroundings of the Kindergarten is set out in Schedule A of the Lease Agreement between the Studley Park Kindergarten Parents' Association Inc and the Boroondara City Council.

In order to meet its commitments under the lease, each year the Management Committee will nominate one of its members as the Maintenance / Working Bee Coordinator who will have the overall responsibility to the Committee for the maintenance and upkeep of the kindergarten.

To keep down the cost of maintenance of the Kindergarten premises, the Management Committee will provide opportunities for all members of the Association to contribute to the upkeep of the Kindergarten and playing areas through either

- participation in Working Bees organised by the Maintenance / Working Bee Coordinator, or
- payment of a Working Bee Opt Out Fee.

A redeemable Working Bee Opt Out Fee is levied per child (see policy OP01 – Fees) in each term of the year. The Working Bee Opt Out Fee is payable within 2 weeks from the start of term.

The Working Bee Opt Out Fee is set annually as part of the fee setting process by the Management Committee. Only on completion of one Working Bee each term will the fee be refunded / credited onto the next term’s fees.

The Maintenance/Working Bee Coordinator will organise at least one Working Bee per term and at least four Working Bees per year. At least two weeks notice will be given of any organised Working Bee. If parents are unable to attend Working Bees then the Maintenance / Working Bee Coordinator or Director may be able to allocate jobs for completion at other times e.g. ‘take home’ jobs.
17. Employment of Qualified Staff

17.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

17.2. Statement of Policy
Studley Park Kindergarten will only employ qualified staff who meet the requirements of the Children’s Services Regulations 2009 and Children’s Services Act 1996.

Studley Park Kindergarten will require all staff to hold a current Working With Children (WWC) and Police Record Checks, as outlined in the Children’s Services Regulations 2009.

Studley Park Kindergarten will appoint new staff on a probationary period, if it deems this to be of benefit to the kindergarten.

Studley Park Kindergarten has a commitment to the employment of early childhood qualified staff compliant with the Regulations and the Act. This service will only employ qualified staff who meet the requirements set out in the Act and the Regulations.

To be considered qualified for the purpose of the Regulations, a staff member must either:

- Hold one of the qualifications approved by the Secretary of the Department of Human Services and included in the List of Early Childhood Qualifications for Children’s Services OR
- Hold a qualification assessed as equivalent to those included in the List of Early Childhood Qualifications for Children’s Services OR
- Hold a qualification recognised under special provisions in the Regulations for existing staff employed in a children’s service as of 1st June 1998.

The service will employ qualified Early Childhood trained teachers within funded kindergarten programs and in accordance with the requirements contained in the Funding and Service Agreement (Children's Services in Victoria, Policy and Procedures, Preschool Program Supplement, Department of Human Services).

A list of the qualifications can be found in the Appendix of the Staffing Chapter in the Children’s Services Licensing Operational Guide (Department of Human Services).
18. Privacy

18.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

18.2. Scope
This policy applies to the Committee, employees employed by the Committee, contractors, and parents/guardians.

18.3. Relevant Legislation
The Victorian government introduced two privacy statutes, which came into force in 2002. These are:

- The **Health Records Act 2001** which regulates privacy of health information handled by the public and private sector bodies in Victoria, and is operable from 1 July 2002;

- The **Information Privacy Act 2000** which protects personal information held by Victorian government agencies, statutory bodies and local councils, and some of the companies/organisations contracted to provide services to government, e.g. preschool services. This Act becomes operable on 1 September 2002, but does not cover health information.

All children’s services need to comply with the Victorian Health Records Act 2001 because a large percentage of the information they collect on children could be considered as “health information”.

Preschool services which receive funding from the Department of Human Services (DHS) to provide preschool services, will be required to meet the requirements of the Victorian Information Privacy Act 2000, and this requirement will appear in future service agreements.

In summary, we are bound by the Health Records Act 2001 whenever we deal with health information. We are only bound by the Information Privacy Act 2000 when we are contracted to the DHS or state government to provide services, and we are only bound to follow the Act in relation to those contracted services e.g. funded preschool services.

18.4. Definitions

*Personal information* is defined as information or an opinion recorded in any form, (including information or an opinion forming part of a database) and whether true or not, which identifies a person or describes them in a way that their identity be determined is apparent or can reasonably be ascertained. This includes paper and electronic records, photographs, video recordings etc and includes both facts and opinion, if it is about an identifiable person.

*Health information* is as defined in the Health Records Act 2001, which defines “Health information” as including information or opinion about a person’s physical, mental or psychological health or disability that is also classified as personal information. This includes information or opinion about a person’s health status, medical history, fitness levels and vital statistics, such as weight and height.

*Sensitive information* applies under the Information Privacy Act 2000 and is defined as Information relating to a person’s racial or ethnic origin, political opinions, membership of a political association, religion, philosophical beliefs, trade union or other professional or trade association membership, sexual preferences or practices or criminal record that is also classified as personal information about an individual.

In this policy we refer to personal information as including health information and sensitive information, unless we specify otherwise.
18.5. **Policy Statement**

We believe privacy is important. This policy states our personal information handling practices, as required by the applicable legislation, Information Privacy Principle (IPP) 5 and Health Privacy Principle (HPP) 5.

18.6. **Procedures**

18.6.1. **Distribution of this policy**

This policy will be:

- Displayed at the service
- Made available on request to anyone who asks for it
- Provided to all Management Committee members, employees and anyone who handles personal information at the service

18.6.2. **Type of personal and health information to be collected**

The Management Committee will only collect the information we need, and for which there is a purpose that is legitimate and related to one of the Kindergarten’s functions or obligations.

The type of information collected and held includes (but is not limited to) personal information, including health information, regarding:

- Children and parents/guardians before and during the child's attendance at a service (this information is collected in order to provide and/or administer our services to children and parents/guardians).
- Job applicants, employees members, volunteers and contractors (the information is collected in order to manage the relationship and fulfil our legal obligations),
- Contact details of other parties with which the service deals.

The Management Committee will collect information on the following identifiers:

- Health Care Card for children attending preschool in order for them to receive the State Government Fee Subsidy. Failure to provide this would result in the parents/guardian not obtaining the Fee Subsidy.
- Tax File Number for all employees related to the deduction and forwarding of tax to the Australian Tax Office. Failure to provide this would result in maximum tax being deducted.

*Personal information provided by individuals either in relation to themselves or their children using the service.* The Management Committee will generally collect personal information about an individual by way of forms filled out by parents/guardians or job applicants, face to face interviews and telephone calls.

When collecting personal information the Management Committee will provide individuals, from whom information is collected, with a copy of our Collection Statement (Appendix 1). If the reason for collecting the information varies from the Collection Statement, the Collection Statement will be amended to cover the area required while still meeting the privacy principle requirements of HPP 1.4 (Health Records Act 2001) and IPP 1.3 (Information Privacy Act 2000).
18.6.3. What happens when we receive personal information from a source other than the individual or the parent/guardian?

The person receiving the information, will notify the individual or the parent/guardian of the child to whom the information relates, of the receipt of this information and as part of the notification, will advise that they have a right to request access to the information.

Access will be granted in accordance with the relevant legislation. Please note that the legislation allows us to deny access, in accordance with the limited reasons for denial that are contained in the legislation.

18.6.4. Use of personal information

We will use the personal information we collect for the primary purpose of collection. We may also use the information for such secondary purposes that are related to the primary purpose of collection and can be reasonably expected, or to which the individual concerned has consented.

The personal information collected in relation to:

- Children and parents/guardians
- Committee members
- Job applicants, employees, contractors, volunteers and students,

will be used as set out below:

<table>
<thead>
<tr>
<th>Personal information and health information collected in relation to:</th>
<th>Primary purpose of collection</th>
<th>Examples of how the service will use personal information, including sensitive and health information include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and parents/guardians</td>
<td>To enable us to provide for the education and care of the child attending the service</td>
<td>Day to day administration; Provision of a place for their child in the service; Duty rosters; Looking after children’s educational, care and safety needs; For correspondence with parents/guardians relating to their child’s attendance; To satisfy the service’s legal obligations and to allow it to discharge its duty of care.</td>
</tr>
<tr>
<td>Committee members</td>
<td>For the management of the service by the Management Committee.</td>
<td>For communication with and between Committee members, employees and members of the association; To satisfy the service’s legal obligations.</td>
</tr>
<tr>
<td>Job applicants, employees, contractors, volunteers and students</td>
<td>To assess and (if necessary) to engage the applicant, employees, contractor, volunteers or students, as the case may be</td>
<td>Administering the individual’s employment, contract, or placement, as the case may be; Health and safety; Insurance purposes;</td>
</tr>
</tbody>
</table>
### 18.6.5. Disclosure of personal information, including health information?

We may disclose some personal information held about an individual to:

- Government departments or agencies as part of their legal and funding obligations
- Local Government in relation to enrolment details for planning purposes
- Organisations providing services related to staff entitlements and employment
- Insurance providers in relation to specific claims
- Law enforcement agencies
- Health organisations and/or family in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- Anyone to whom the individual authorises the service to disclose information

### 18.6.6. Treatment of sensitive information

Sensitive information will be used and disclosed only for the purpose for which it was collected or a directly related secondary purpose, unless the individual agrees otherwise, or the use or disclosure of the sensitive information is allowed by law.

### 18.6.7. Management and security of information

In order to protect the personal information from misuse, loss, unauthorised access, modification or disclosure, the Committee and staff will ensure that in relation to personal information:

- Access will be limited to staff who require this information in order to do their jobs
- It will not be left in areas that allow for unauthorised access
- The physical storage of all materials will be in a secure cabinet or area
- Computerised records containing personal or health information will require password access
- There is security in transmission:
  - Emails will only be sent to a person authorised to receive this material
  - Faxes will only be sent to a secure fax, which does not allow unauthorised access
  - Telephone. Only limited personal information will be provided over the telephone to persons authorised to receive that information
18.7. Data quality
We will endeavour to ensure that the personal information we hold is accurate, complete, up to date and relevant to our functions or activities.

18.8. Access to information and updating personal information
Individuals have the right to ask for access to personal information we hold about them without providing a reason for requesting access.

Under the privacy legislation, an individual has the right to:

- ask for access to personal information that the service holds about them
- access this information; and,
- make corrections if they consider the data is not accurate, complete or up to date.

There are some exceptions set out in the Act where access may be denied in part or in total. An example of some of the exemptions is where:

- The request is frivolous or vexatious
- Providing access would have an unreasonable impact on the privacy of other individuals
- Providing access would pose a serious threat to the life or health of any person
- The service is involved in the detection, investigation or remedying of serious improper conduct and providing access would prejudice that

18.8.1. Process for considering access requests
A person may seek access, to view or update their personal/health information:

- If it relates to action on behalf of their child, by contacting the Director
- For all other requests, by contacting the President or Secretary

Personal information may be accessed in the following way:

- View and inspect information
- Take notes
- Obtain a copy.

Requests for access or to update personal information should nominate the type of access required, and specifying where possible, what information is sought. No reason is required in relation to why the request is made. The person seeking information, if the employee or Committee member does not know them, must provide a visible form of identification.

The employee or Management Committee member receiving the request will record the request and the date received. Each request will be acknowledged within 14 days, but preferably within 2 working days. Requests will be complied with within 30 days. However there could be a delay in responding if the timeline occurs over a period when the service is closed.
Committee and employees will provide access in line with the Privacy Acts. If the requested information is not given, the reasons for denied access will be given in writing to the person requesting the information.

In accordance with the legislation we reserve the right to charge for information provided, in order to cover the costs involved in providing the information.

18.9. **Anonymity**
Wherever it is lawful and practicable, individuals will have the option of not identifying themselves when entering transactions with our service.

18.10. **Disposal of information**
We will not store personal information longer than necessary, for use in providing the service unless required by law.

In disposing of personal information we will ensure that it is either shredded or destroyed in such a way that no one can access the information.

18.11. **Key Responsibilities and Authorities**
The Management Committee is responsible for implementing this policy.

Both the Management Committee and employees are responsible for the collection, use, disclosure, access, storage and disposal of information in line with this policy and the Privacy Principles set out in the Victorian Health Records Act 2001 and the Information Privacy Act 2000.

18.12. **References / Resources**
Further information can be obtained from:

- Health Services Commissioner (03) 8601 5200 or 1800 136066 or www.health.vic.gov.au/hsc/
- Victorian Privacy Commissioner 1300 666444 or www.privacy.vic.gov.au

18.13. **Appendix 1**
Studley Park Kindergarten and your privacy
19. Information Technology

19.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee, at the Committee meeting on 12 October 2010.

19.2. Scope
This policy applies to all employees, employer, students, volunteers and any others using the Information Technology resources at the centre.

This policy governs access to the Internet via the World Wide Web (www), electronic mail (email) or other electronic means available at the centre. It is intended to encourage responsible action and to reflect a respect for the ability of its adherents to exercise good judgement and to behave in a professional and ethical manner.

This policy is intended to operate within, and be consistent with, the existing constitution and policies. Use of any of the centre’s computers or online resources constitutes acceptance of this policy.

19.3. Background and Relevant Legislation

19.3.1. Background
The Internet is a wonderful resource for research, communication and for conducting business. The centre seeks to provide its employees, Management Committee and parents with online information resources and communication tools, to support them in the education of their children and operation of the centre.

19.3.2. Legislation and documents relevant to the policy
This may include, but is not limited to: the following legislation and documents (or their replacements/updated versions from time to time):

- Children’s Services Act 1996
- Children’s Services Regulations 2009
- Health Records Act 2001 (Vic)
- Information Privacy Act 2000 (Vic)
- Equal Opportunity Act 1995 (Vic)
- Sex Discrimination Act 1984 (Cth)
- Disability Discrimination Act 1992 (Cth)
- Racial Discrimination Act 1984 (Cth)
- Human Rights and Equal Opportunity Act 1986 (Cth)
- The Occupational Health & Safety Act (Vic) 1985
- Centre’s policies and constitution.
19.4. Policy Statement

19.4.1. Values
We are committed to:

- Providing clear guidelines on the appropriate use of the centre’s computers.
- Limiting the use of the centre’s computers for centre business and activities only.
- Preventing inappropriate use.
- Providing a safe work place for employees, the employer and others using the centre’s computers or online resources.
- Maximising the protections needed to safeguard the privacy and confidentiality of matters transmitted or stored electronically.
- Ensuring the use of the centre’s computers and online resources complies with all its policies and other relevant legislation.

19.4.2. Purpose
The aim of this policy is to:

- Provide clear guidelines for users of the centre’s computers.
- Protect confidential and sensitive information.
- Provide users of the computer with a safe working environment.
- Restrict use for centre business only.
- Prevent inappropriate use.

19.5. Disclaimer
Although the Internet and email are valuable resources it is often open to hazardous programs including but not limited to virus, ad aware, spy ware and foreign intrusion by outside sources (Hackers).

For this reason the centre cannot guarantee the privacy and confidentiality of matters transmitted or stored electronically.

19.6. Procedures

19.6.1. Online resources
Users of the centre’s computers and online resources:

- Must comply with all relevant legislation and policies.
- Are not to attempt to access or transmit at any time, via email or any other medium, material (language and images), which a reasonable person could consider indecent, offensive, obscene, profane, sexually explicit or objectionable.
- Must not harass, slander, intimidate, embarrass, defame, vilify, seek to offend or make threats against another person, group of people or organisation via electronic mail or other medium.
- Are not to make copies of, or transmit, commercial software illegally in breach of copyright.
• Are not to participate in spamming or sending mass unsolicited email.

• Are not to transmit confidential information inappropriately.

• Must not attempt to access or transmit at any time, via email or any other medium material that is illegal.

19.6.2. Information Stored On Computer/s

• Records containing personal, sensitive, health information or photographs of children will be stored securely so that the privacy and confidentiality of all information is maintained. For example, password protected or transferred to remote storage device, that is, floppy disk, CD-Rom, memory stick, etc and kept in a secure location.

• Users of the computers are not to view or interfere with other users’ files or directories or knowingly obtain unauthorised access to information or damage, delete, insert or otherwise alter data without permission.

19.6.3. Breaches of this Policy

• Users who fail to adhere to the procedures set out in this policy may be liable to personal civil liability or criminal prosecution.

• Parents or other users failing to adhere to this policy may be expelled from the association in line with the centre’s constitution.

• Employees failing to adhere to this policy may be liable to counselling or disciplinary action.

• Volunteers and/or students failing to adhere to the policy may have access to the centre’s computers denied.

19.7. Key Responsibilities and Authorities

• The Management Committee is responsible for implementing, enforcing and evaluating the policy.

• Employees are responsible for complying with this policy.

• All users are responsible for their personal adherence to the policy.

• Use of any of the centre’s computers or online resources constitutes acceptance of this policy.

19.8. References / Resources

Vicnet

• Help Desk 8664 7001 or 1800 629 835 (When answered press 1 for DHS Kindergarten Project).

• Email address – support@vicnet.net.au
20. Code of Conduct of Parents and Volunteers

20.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Management Committee at the meeting on 12 October 2010.

20.2. Statement of Policy
The Studley Park Kindergarten provides an open, welcoming and safe environment. Parents and volunteers play a crucial and valuable role in the effective operation of the preschool and in enriching the children’s program. Without parent support, participation and contribution Studley Park Kindergarten could not operate.

This policy details the type of practice required of all adults working at the Kindergarten to follow. It will assist in ensuring the safety and well being of children, families and staff.

20.3. Scope
This policy applies to all adults, including parents, volunteers, extended family, visitors and other adults while involved in any activities related to the Kindergarten.

20.4. Implementation
- All parents of children attending and volunteers involved with the Kindergarten will be issued with the Code of Conduct to formally acknowledge that they understand what is acceptable behaviour from adults in a preschool environment
- Breaches of the Code of Conduct will be dealt with by the Management Committee

20.5. Principles of Standards of Conduct
Studley Park Kindergarten is a place of learning for young children and therefore the rights of the child must be always considered first and foremost.

Interactions with children and adults will be respectful, honest, courteous, sensitive, tactful and considerate.

All adults are expected to follow the principles of:
- Safety - Comply with all policies and procedures of the Kindergarten. These are displayed on the kitchen notice board
- Ethical Conduct - Always act in the best interests of children, their families and users of the service
- Support - Work in a cooperative and positive manner
- Communication - Use courteous and acceptable verbal and nonverbal language. Refrain from the use of profane, insulting, harassing, aggressive or otherwise offensive language
- Respect - Value diversity and refrain from all actions and behaviour that constitute harassment or discrimination
- Confidentiality - Keep information relating to the children, families and Kindergarten confidential
20.6. Behavioural Practices to follow

In relation to children:

- Be a positive role model at all times
- Always speak in an encouraging and positive manner
- Listen actively to children and offer empathy, support and guidance where needed
- Regard all children equally and with respect and dignity
- Physical contact with children other than your own should be avoided unless directed by staff or if the safety of the child is compromised (this should be reported immediately to staff)
- Inform the child if physical contact is required for an activity and ask if they are happy to proceed
- All interactions with children should be undertaken in full view of other adults
- Never do things of a personal nature for a child that they can do themselves e.g. assisting them going to the toilet or changing their clothes.

In relation to other adults (including staff):

- Use respectful, encouraging and accepting language
- Respect the rights of others as individuals
- Give encouraging and constructive feedback rather than negative criticism
- Accept staff decisions and follow their directions at all times. Speak with a staff member if you have a problem with complying with any directions
- Be aware of routines and guidelines for children's play within the Kindergarten, abide by them and seek advice when unsure
- Be aware of emergency evacuation procedures
- Discipline of children is the responsibility of staff and therefore any matters or concerns related to children’s behaviour should be referred to staff immediately
- Avoid approaching staff to discuss a child during a session. Seek an alternative time when staff are free from contact duties with children
- Refrain from public criticism of children and adults at the centre
- Any issues or grievances should be directed to the Management Committee as outlined in the Complaints Policy
- Under NO circumstances should a child, parent or member of staff be approached directly in a confrontational manner
- Smoking is prohibited on Kindergarten property at all times

In general:

- The Kindergarten and staff are responsible for the children that are enrolled and signed in, that is those children attending their kindergarten session
- When parents bring other children to the Kindergarten the staff are not responsible for these children and will not supervise them
• Adults are responsible for all children who accompany them while on duty, drop off and pick up time, ensuring they do not inhibit or disrupt the program in any way

• Parents must clean up after their children and leave the Kindergarten as it was found

• Staff may ask parents to remove their children if they are disturbing the program

• Parents will be responsible for children’s behaviour when attending other activities and the child is not signed into the program e.g. Working bees

20.7. Procedure for dealing with a breach of this policy
• The Management Committee will nominate a sub-committee to deal with the alleged breach (3-4 people)

• The Sub-committees role will be to investigate the alleged breach – interviewing individually all relevant parties about the incident (those involved or who witnessed the incident)

• The Sub-committee will recommend a course of action to the Management Committee if a breach of this policy is determined to have taken place. This action must be approved by the Management Committee and may include, but is not limited to:
  o A first and final warning meeting/letter being issued to the relevant person/s that the Management Committee will not tolerate another breach of this policy
  o An intervention order (via the legal system) being sought against the relevant person
  o The withdrawal of the child’s place in the program due to the parent/guardians serious breach of this policy

• In an emergency situation, where the Management Committee or the Kindergarten teacher believes that staff, children or parents are at immediate risk (for example violence has been threatened or perpetrated) the Management Committee may delegate decision making authority to individual Committee representatives to ensure action can be taken quickly and decisively. These actions may include, but not be limited to:
  o Contacting the local police to advise them of the situation
  o Apply immediately for an intervention order (via the legal system)
  o Suspending the relevant person/s from attending the Kindergarten until the Management Committee has investigated and decided on an appropriate course of action
  o Suspension of a child’s place in the program due to the parent/guardians serious breach of this policy.
21. Anaphylaxis

21.1. Authorisation
This policy was adopted by the Studley Park Kindergarten Committee of Management on 12 October 2010.

21.2. Statement of Policy

21.2.1. Values
The Kindergarten believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The Kindergarten is committed to:

- Providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children’s program and experiences.
- Raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each staff member and other relevant adults has adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

21.2.2. Purpose
The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the centre.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an Anapen®.
- To raise the service community’s awareness of anaphylaxis and its management through education and policy implementation.

21.3. Scope
This policy applies when a child diagnosed as being at risk of anaphylaxis is enrolled at the centre. It applies to children enrolled at the Kindergarten, their parents/guardians, staff and licensee. It also applies to other relevant members of the service community, such as volunteers and visiting specialists.

21.4. Background and Relevant Legislation
Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an Anapen®.
The licensee recognizes the importance of staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimize the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an Anapen®.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any centre that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognizes the need to adopt a range of procedures and risk minimization strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimize the presence of the allergen in the centre.

**Legislation**

*Children’s Services Act 1996*

*Children’s Services Regulations 2009*

*Health Act 1958*

*Health Records Act 2001*

*Occupational Health and Safety Act 2004*

### 21.5. Definitions

**Allergen:** A substance that can cause an allergic reaction.

**Allergy:** An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

**Ambulance contact card:** A card that the Kindergarten has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the centre it should be kept by the telephone from which the 000 phone call will be made.

**Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

**Anaphylaxis action plan:** a medical management plan prepared and signed by a Doctor providing the child’s name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

**Anaphylaxis management training:** Comprehensive training provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practice with an Anapen® trainer, and is reinforced at yearly intervals.

**Children at risk of anaphylaxis:** those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.
Anapen®: Anapen® is an emergency device that can inject adrenaline. It is used to treat severe allergic reactions (anaphylaxis). Adrenaline, a naturally occurring hormone, reverses the severe allergic reaction and can be lifesaving. Two strengths are available: Anapen® Jr for children between 10 and 20 kg and Anapen® for anyone over 20 kg.

Anapen® Trainer: An Anapen® Trainer is a device that looks like an Anapen® but which does not have a needle or contain medicine. It is used for practice in giving the Anapen®.

Anapen® kit: An insulated container, for example, an insulated lunch pack. The kit should contain a current Anapen®, a copy of the child’s anaphylaxis action plan, and telephone contact details for the child’s parents/guardians, the doctor/medical service, and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the Anapen® is current, the Anapen® kit is complete, and leads staff practice sessions after all staff have undertaken anaphylaxis management training.

Risk minimization: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the Kindergarten and developing strategies to help reduce risk of an anaphylactic reaction.

Risk minimization plan: A plan specific to the Kindergarten that specifies each child’s allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the Kindergarten, practical strategies to minimize those risks, and who is responsible for implementing the strategies. The risk minimization plan should be developed by families of children at risk of anaphylaxis and staff at the Kindergarten and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimization plan is outlined in Schedule 3.

Service community: All adults who are connected to the children’s Kindergarten.

Treat box: A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, for example, stickers, stamps, and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

21.6. Procedures
The licensee shall:

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the Kindergarten and develop a risk minimisation plan for the centre in consultation with staff and the families of the child/ren.

- Ensure staff responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training that is reinforced at yearly intervals.

- Ensure that all relieving staff are aware of the child at risk of anaphylaxis, the child’s allergies, anaphylaxis action plan, and Anapen® kit. If the relieving staff member is not trained in anaphylaxis management, the licensee shall ensure at least one staff member trained in anaphylaxis management.
management is present at the Kindergarten and that staff member is aware that they are responsible for the administration of an Anapen® in an emergency. If this is not possible parents/guardians must be informed of this situation before a child at risk of anaphylaxis is left at the Kindergarten.

- Ensure that no child who has been prescribed an Anapen® is permitted to attend the Kindergarten or its programs without that Anapen®.
- Make parents/guardians aware of this policy, and provide access to it on request.
- Encourage ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation.
- Display an ASCIA generic poster called Action plan for Anaphylaxis in a key location at the Kindergarten, for example, in the children's room, the staff room or near the medication cabinet.
- Display an ambulance contact card by telephones.
- Comply with the procedures outlined in Schedule 1.

Staff responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child’s anaphylaxis action plan is visible to all staff.
- Follow the child’s anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- Where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialling 000.
  - Commence first aid measures.
  - Contact the parent/guardian.
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Practise Anapen® administration procedures using an Anapen® trainer and “anaphylaxis scenarios” on a regular basis, preferably quarterly.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the Kindergarten, whether the child has allergies and document this information on the child’s enrolment record. If the child has allergies, ask the parents/guardians to provide a medical management plan signed by a Doctor.
- Ensure that parents/guardians provide an anaphylaxis action plan signed by the child’s Doctor and a complete Anapen® kit while the child is present at the Kindergarten.
- Ensure that the Anapen® kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensure that the Anapen® kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
- Regularly check the Anapen® expiry date. (The manufacturer will only guarantee the effectiveness of the Anapen® to the end of the nominated expiry month.)
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.
Comply with these procedures.

Parents/guardians of children shall:

Comply with these procedures.

Parents/guardians of a child at risk of anaphylaxis shall:

Inform staff, either on enrolment or on diagnosis, of their child’s allergies.

Provide staff with an anaphylaxis action plan and written consent to use the Anapen® in line with this action plan.

Provide staff with a complete Anapen® kit.

Regularly check the Anapen® expiry date.

Assist staff by offering information and answering any questions regarding their child’s allergies.

Notify the staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes.

Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.

Comply with the centre’s policy that no child who has been prescribed an Anapen® is permitted to attend the Kindergarten or its programs without that Anapen®.

Comply with these procedures.

21.7. References / Resources

Related documents at the Kindergarten:

Enrolment checklist for children at risk of anaphylaxis

Sample Risk Minimization Plan

Brochure titled “Anaphylaxis – a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy.

Relevant policies such as:

- Enrolments
- Illness and Injury
- Food
- Hygiene
- Asthma

Contact details for resources and support

Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. The Action plan for Anaphylaxis can be downloaded from this site. Contact details for allergists may also be provided. Telephone 0425 216 402.

Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, Anapen® trainers and so
on are available for sale from the product catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.

- Royal Children’s Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies and if necessary, provide an Anapen® prescription, as well as to purchase Anapen® trainer pens. Telephone (03) 9345 5701.

Training

There is a range of providers offering anaphylaxis training, including the Royal Children’s Hospital Department of Allergy, first aid providers and registered training organisations. Ensure that the anaphylaxis management training provided is comprehensive, as described in this policy

21.8. Evaluation

The licensee shall:

- Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.

- Selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.

- Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.

- Respond to complaints.

- If a child has an anaphylactic reaction, review the adequacy of the response of the Kindergarten and consider the need for additional training and other corrective action.

The staff shall nominate a staff member to:

- Conduct ‘anaphylaxis scenarios’ and supervise practice sessions in Anapen® administration procedures to determine the levels of staff competence and confidence in locating and using the Anapen® kit.

(An Anapen® trainer can be purchased for these practice sessions but it should be labeled as a ‘trainer’ and be stored separately from all other Anapens®, for example in a file with anaphylaxis resources, so that the Anapen® trainer is not confused with an actual Anapen®.)

- Routinely (e.g. monthly) review the Anapen® kit to ensure that it is complete and the Anapen® is not expired.

- Liaise with the licensee and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- Read and be familiar with the policy.

- Identify and liaise with the nominated staff member.

- Bring relevant issues to the attention of both staff and licensee.

The following procedures should be implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens:
In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her.
- Where the Kindergarten is preparing food for the child, ensure that it has been prepared according to the parent’s instructions.
- Some parents will choose to provide all food for their child.
- All food for the child at risk of anaphylaxis should be in accordance with the risk minimization plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labeled with the child’s name.
- There should be no trading or sharing of food, food utensils and containers with this child. In some circumstances this may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians should provide a safe treat box for this child.
- Ensure appropriate supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the Kindergarten:

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the centre, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. The use of foods in such activities should be consistent with the risk minimization plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimize risk children should not ‘wander around’ the Kindergarten with food.
- Staff should use non-food rewards, for example stickers, for all children.
- Where food is brought from home to the centre all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimization plan.
- Risk minimization plan is completed, prior to the attendance of the child at the Kindergarten, which includes strategies to address the particular needs of each child at risk of anaphylaxis and this plan is implemented
- Parents of a child at risk of anaphylaxis have been provided a copy of the Kindergarten’s Anaphylaxis policy
- All parents/guardians are made aware of the policy
- Anaphylaxis action plan for the child is signed by the child’s doctor and is visible to all staff
- Anapen® (within expiry date) is available for use at any time the child is in the care of the centre
- Anapen® is stored in an appropriate container in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each Anapen® kit location
• Staff responsible for the child/ren at risk of anaphylaxis undertake anaphylaxis management training which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practice with an Anapen® trainer, and is reinforced at yearly intervals.

• The Kindergarten’s emergency action plan for the management of anaphylaxis is in place and all staff understand the plan.

• A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis.

• Parent/guardian’s current contact details are available.

• Information regarding any other medications or medical conditions (for example asthma) is available to staff.
22. Occupational Health and Safety

22.1. Authorisation
This policy was adopted by the Management Committee of the Studley Park Kindergarten at the Committee meeting on 12 October 2010.

22.2. Scope
This policy applies to all persons, paid or unpaid, who work at the Kindergarten and anyone who enters the Kindergarten. The policy contains procedures for:

- Identifying and dealing with hazards
- Situations where a workplace incident or accident occurs that threatens the health and safety of staff or others at the Kindergarten.

22.3. Relevant Legislation
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Accident Compensation Act 1985
- Accident Compensation (Work Cover Insurance) Act 1993

22.4. Definitions
Hazard: anything that has the potential to cause injury or illness (to employees, contractors, children, parents or visitors). A hazard can be related to a physical state or a work practice or procedure. A hazard can be introduced when implementing changes to existing arrangements.

Hazard Identification: the process of identifying all situations or events that could give rise to the potential for injury or illness.

Risk: the likelihood of injury or illness arising from exposure to any hazard.

Risk Assessment: the process of determining the likelihood of an injury or illness.

Hazard Control: the process of implementing measures to eliminate or reduce the risk associated with a hazard. It is important that any control measure does not introduce new hazards, and that the ongoing effectiveness of the control is monitored.

Injury/incident: an injury/incident at the workplace where a person was or could have been injured but does not meet the requirement of a serious injury/ incident. This could include an employee who suffers injury and is taken to casualty at a hospital but is not admitted, providing the employee does not have one of the serious injuries/incidents listed below.

Serious injury/incident: is an injury/incident at the workplace that:

- Results in death
- Results in a person requiring medical treatment within 48 hours of being exposed to a substance
- Results in a person requiring immediate hospital treatment as an inpatient or immediate medical treatment for:
  - Amputation
- Serious head injury
- Serious eye injury
- Separation of skin from underlying tissue (for example de-gloving or scalping)
- Electric shock
- Spinal injury
- Loss of bodily function
- Serious laceration.

- Seriously endangers the lives or the health and safety of people in the immediate vicinity, including:
  - The collapse of part of the building or structure
  - Implosion, explosion or fire
  - Escape, spillage or leakage of substances

- Involves a child and results in the death of a child, or an accident, incident, injury or trauma to a child while being cared for, or educated by, a centre, requiring the attention of a registered medical practitioner or admission to hospital.

### 22.5. Statement of Policy

Studley Park Kindergarten places a high priority on the safety of employees and those attending the kindergarten and will:

- Provide and maintain a safe working environment
- When necessary, ensure that employees can access training on how to perform their tasks safely
- Consider workplace safety when designing additions or modification to the centre
- Take appropriate preventive action after accidents
- Regard all accidents as preventable
- Recognise that the concept and practice of safety involves shared responsibilities and a team approach by both the Committee of Management and all employees; every effort will be made to work towards accident prevention; and employees must act in ways that do not endanger the health or safety of anyone
- Require employees to attend work free from the influence of alcohol or other non prescription drugs.

### 22.6. Procedures

#### 22.6.1. Hazard identification and risk assessment

The Management Committee has responsibility for Occupational Health & Safety (OH&S) and will:

- Conduct workplace inspections and hazard assessments at regular intervals (eg at Working Bees)
- On completion of the assessment of the workplace, the staff and Management Committee will review the findings of this assessment and set in place an action plan as appropriate.
- Consult employees on a regular basis regarding OH&S.

**Staff at the kindergarten are to:**

- Report any hazard identified between hazard assessments to the best of the ability of staff members
- Conduct a daily inspection of the premises prior to the children's attendance at the centre
- If the daily inspection identifies any problem, staff are to correct the problem.
- If this is not possible, put in place temporary measures to ensure the children's and staff's safety and contact the Management Committee who will assist in obtaining a more permanent solution.
- Follow OH&S procedures and act in a healthy and safe manner at all times.
- As required under the Occupational Health and Safety Act, take reasonable care for their own health and safety, and the health and safety of others for whom they are responsible.
- Participate in OHS training as appropriate.

### 22.6.2. Injury/incident notification and investigation

The Management Committee will ensure that Register of Injury forms are present in the Kindergarten and that staff are aware of the location of the forms.

**(i) Incident/injury not classified as serious**

**Notification**

All injuries and incidents where a person was or could have been injured must be reported as soon as possible using a Register of Injury form. A member of the Management Committee needs to complete and sign the employer acknowledgment section within two working days. The original is placed in the register, a copy is placed in the staff member's personnel file and a copy is provided to the staff member with the Kindergarten's privacy collection statement.

If a person requires immediate medical attention, one of the staff present must notify the President of the Management Committee.

**Investigation**

On receipt of an injury report, the Management Committee will arrange for an investigation of the incident/injury and set in place an action plan as appropriate.

**(ii) Incident/injury classified as serious**

**Notification**

Any workplace incident/injury that seriously affects the safety of staff or others at the Kindergarten must be reported to the President of the Management Committee immediately. As soon as possible after the incident/injury occurs, the staff member or person affected, if able, completes an Occupational Health and Safety Policy Register of Injury form located at the Kindergarten and a staff member provides a copy to the President of the Management Committee (follow the same procedure described in (i) above).

Accidents involving children are to be recorded in the accident/injury/illness book in compliance with the Children's Services Regulations 2009 (Regulation 18).
Notifying WorkSafe

Under Occupational Health and Safety legislation, the Kindergarten is responsible for immediately advising WorkSafe of serious incidents/injuries that occur at the Kindergarten by calling 13 23 60 (24 hours a day). This should be done by the President of the Management Committee. The President will then complete the WorkSafe Incident Notification Form and ensure that it is sent to the nearest WorkSafe office within 48 hours. This Incident Notification Form is available from the nearest WorkSafe office, or www.worksafe.vic.gov.au.

Notifying the Department of Education and Early Childhood Development (DEECD)

If deemed to be a reportable incident under the Children's Services Regulations 2009 (Regulation 90) or the Children's Services Act 1996 (Regulation 29c), staff will advise DEECD of the incident/injury as soon as practicable after it occurs.

Incident Investigation

On receipt of an injury/incident report, the President of the Management Committee (or nominee) will arrange for an investigation to commence within two working days of the incident/injury and be completed within two operational days for the Kindergarten.

Summary of key tasks in the interview of staff or other persons materially involved in an incident or issue:

- Explain at the outset that this is a formal interview in accordance with the Kindergarten's procedures
- Explain they may have a witness present
- Ask about the incident:
  - Provide each person with an opportunity to present their own version of the incident
  - Present any specific allegations for responses
  - Present all details one by one and record the answers
  - Ask any other relevant questions arising from the statements by other persons, particularly if there is any conflict or contradiction
  - Give the opportunity to review earlier versions of events outlined during the interview.

Post-Investigation Actions

Following completion of the investigation of an accident or incident that seriously affected the persons involved, a report is prepared by the President for the Management Committee. The report will also propose any relevant recommendations or actions. A Committee meeting will be convened as a priority to receive the report and recommendations. An appropriate action plan will be determined with relevant timelines.

Staff involved in the injury/incident investigation will be advised as soon as possible of:

- Results of the investigation
- The action plan.

The action plan is to be implemented within designated timelines and the President of the Management Committee will be responsible for ensuring that the plan is implemented.
22.7. Resolution of Health and Safety Issues

If an issue concerning health or safety arises at the Kindergarten or from an individual’s conduct, the staff and/or Management Committee must attempt to resolve the issue in accordance with S73 of the OH&S Act 2004. Even if the matter is not formally investigated, a record should be made of all meetings and interviews detailing who was present and the agreed outcome(s). In the instance where the issue is not resolved within a reasonable time, any of the parties attempting to resolve it may ask WorkSafe to arrange for an inspector to attend the Kindergarten to enquire into the issue. This can be done by contacting WorkSafe’s Advisory Service on 1800 136 089 or by email on info@worksafe.vic.gov.au.

22.8. Occupational Violence, Harassment and Bullying

Studley Park Kindergarten has the primary legal duty for providing a healthy and safe workplace under the Occupational Health and Safety Act 2004 (Sections 21 & 25). The duty applies to staff to ensure staff, children and any associated volunteers or assistants within the Kindergarten environment are free of any occupational violence, harassment and bullying. These are all unreasonable behaviours which if directed to a staff member, child, parent or associated volunteer/assistant create a risk to health and safety.

Definitions are as follows:

**Abuse:** any unreasonable behaviour that involves the misuse of physical or psychological strength or power against another person

**Threat:** a statement of the intent to harm a person or damage their property

**Assault:** any attempt to cause injury to a person and includes actual physical harm

**Client Aggression:** violence from clients such as parents, children, staff, general public and other service providers

**Occupational Violence:** workplace violence such as assault, bullying, intimidation and sexual harassment from others within the workplace

**Opportunistic Violence:** unpredicted violence that is committed for the sake of violence and includes violence against particular cultures or individuals

**Bullying/Harassment:** the persistent ill treatment of an individual at work by one or more other persons. It need not entail physical violence but may involve such treatment as verbal abuse, “nitpicking”, threats, sarcasm, ostracism, and the sabotage of a person’s work. It can either be dispute related, arising out of an initial or ongoing conflict, or predatory, where a victim may be an innocent and/or opportunistic target.

Anyone who experiences or witnesses inappropriate behaviours should report them as soon as possible to Kindergarten staff or the Management Committee. When an incident is reported the following must occur:

- The incident will be investigated quickly and in accordance with the Kindergarten’s informal procedures (i.e. attempt to resolve internally via verbal communication between parties or, if verbal communication inappropriate, via written communication). Where necessary, a formal investigation will be undertaken and disciplinary action may result. This can be done by contacting WorkSafe’s Advisory Service on 1800 136 089 or by email info@worksafe.vic.gov.au.

- All reports must be treated seriously, to encourage reporting and show staff and parents the Kindergarten’s commitment to no occupational violence, harassment or bullying.

- It is important to ensure that anyone who raises an issue of bullying is not victimised for coming forward.
• Once a complaint has been made, the person or persons involved should be told of the support systems available to them. These can include employee assistance programs and peer support systems. The person or people against whom the allegations have been made should also be informed of opportunities for support. In addition, all people involved should be allowed to have a support person present at interviews or meetings (e.g. health and safety representative, union representative or friend).

• The person in charge of an investigation or resolution should never have been directly involved in the incident they are investigating or attempting to resolve. Impartiality towards all parties involved is critical.

• Everyone involved should have confidence in the person who is undertaking the resolution process.

• All parties need to be informed of the resolution process, how long it will take and what they can expect will happen during and at the end of the process. Note: It is very important to communicate with the person who has made a complaint when any delays occur.

• Those involved need to be assured that confidentiality will be maintained. This is important in case the matter is not proven and to prevent the matter from escalating.

• Documentation is important to any formal investigation or resolution action. Even if the matter is not formally investigated, a record should be made of all meetings and interviews detailing who was present and the agreed outcome(s).

The principles of natural justice should be followed in all formal investigations. These principles are designed to protect all parties involved. Natural justice incorporates:

• The person who is alleged to have committed the bullying should be treated as innocent unless the allegations are proved to be true.

• All allegations need to be put to the person who is alleged to have committed the bullying and an opportunity given to explain his or her version of events.

• If the complaint is substantiated, then any disciplinary action that is to be taken needs to be commensurate with the seriousness of the matter (the punishment should fit the crime).

• Mitigating factors should be taken into account when assessing what form of discipline will be implemented.

22.9. Traumatic Events & Counselling
In the instance where a traumatic event occurs and it affects either staff, children, volunteers or parents, the President of the Management Committee must be advised immediately. The President is to contact the relevant bodies such as Kindergarten Parents Victoria or DEECD regarding options for counseling services available to individuals.

Contact details are as follows:

Kindergarten Parents Victoria
Level 3, 145 Smith Street
Fitzroy, VIC 3065
9489 3500

DEECD - Eastern Region
Level 3, 295 Springvale Rd
Glen Waverley, VIC 3150
9265 2400 or 1300 731 947

22.10. References / Resources
WorkSafe produces a number of publications on issues relating to OH&S which are regularly updated. These may be found at www.worksafe.vic.gov.au.
23. Manual Handling

23.1. Authorisation
This policy was adopted by the Management Committee of the Studley Park Kindergarten at the Committee meeting on 12 October 2010.

23.2. Scope
This policy applies to all staff, students, parents, volunteers and other visitors to the Kindergarten - especially on working bees. It also applies to all activities both on and off Kindergarten property, including excursions and any other programmed activity outside the Kindergarten grounds.

23.3. Relevant Legislation

23.4. Definitions
Manual Handling: any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move or restrain any animate or inanimate object. Also includes actions involving repetition and sustained awkward posture.

Hazardous Manual Handling: means when actions described above cause or have the potential to cause a Musculoskeletal Disorder (MSD) as a result of the following characteristics:
- Repetitive or sustained application of force;
- Repetitive or sustained awkward posture;
- Repetitive or sustained movement;
- Application of high force;
- Exposure to sustained vibration.
- Handling live persons or animals.
- Handling unstable or unbalanced loads, or loads which are difficult to grasp or hold.

23.5. Statement of Policy
Our aim is to promote and maintain the health and wellbeing of staff, students and visitors, and to minimise the risks of manual handling injuries by implementing a systematic approach as follows:
- Identify the hazardous manual handling tasks.
- Assess the risks
- Control the risks
- Monitor the controls
- A system will be developed to ensure that any new manual handling hazards are identified, assessed and controlled as they occur.
23.6. Procedures

To minimise the risks of manual handling injuries, the Management Committee should implement the following procedures:

- Where possible, manual handling risks should be considered and designed out prior to any building upgrade, new activities and/or the purchase of all goods to be used at the Kindergarten.
- Undertake a process to identify all manual handling hazards at the Kindergarten. The process should involve all staff.
- Look at injury records to see in which areas, and on which tasks injuries are occurring
- Consult with staff about tasks which they carry out
- Conduct formal observations of work practices. Manual handling risks within Kindergartens include:
  - Moving furniture
  - Carrying computers
  - Pushing a trolley
  - Lifting a ladder
  - Restraining a frightened/agitated child
  - Typing reports using a notebook computer in an awkward posture
  - Stretching to reach a high shelf
  - Lifting mats and other PE equipment
  - Standing on a table and/or chair to pin up students’ work
  - Bending to a bottom shelf to reach a carton
  - Carrying large slabs of soft drink
  - Lifting 25 litre containers of cleaning chemicals with one hand
  - Moving rocks, digging etc at a gardening bee
  - Bending over for extended periods to be at the same height as students
  - In special settings, lifting, changing, supporting and catching (dropping) children
  - Poor workstation layout or design

- Undertake a risk assessment on tasks identified as having a hazardous manual handling component. The purpose of assessing the risk is to firstly establish if there is risk involved in a task and secondly to determine the level of risk: high, medium or low. The risk assessment must take into account the following factors:
  - The force to be applied by the staff member/volunteer.
  - The actions and movements involved (e.g. reaching up, forward reaching, unbalanced or uneven lifting or carrying, awkward grip).
  - The range of weights handled.
o The duration and frequency of the manual handling.

o The time, and distance, over which an object is handled.

o The availability of mechanical aids.

o The layout and condition of the workplace environment (e.g. height of workbenches, restricted access, confined space, hot/cold, poorly lit, floor surfaces slippery or uneven).

o The work organisation (e.g. availability of people, flow of materials, lack of time).

o The postural requirements imposed by manual handling (e.g. bending, twisting, stretching).

o The analysis of injury statistics relevant to manual handling.

o The age of the person carrying out the manual handling.

o The skill and experience of the person.

o The nature of the object being handled (e.g. size, shape structure and material, animate or inanimate.).

o Any other factors considered relevant by Management Committee or staff. (e.g. consider the risks to staff returning from leave, newly appointed staff etc.)

- Once the risk assessments have been conducted controls should be developed by the Management Committee starting with the tasks rated as high risk. When developing controls the risk control hierarchy is as follows:
  
  o redesign to eliminate or reduce the risk as a first step;
  
  o change the workplace, systems of work and/or the object;
  
  o provide mechanical aids to reduce the risk and training in their use;
  
  o training and education appropriate to the task.

For some manual handling tasks, a combination of the risk control methods for reducing risk may be appropriate, however information, training or instruction should never be the sole or primary means of controlling the risk.

- Once the control measures are in place, they must be monitored to make sure they
  
  o are being used correctly
  
  o are not increasing the risk of injury
  
  o do help to reduce the manual handling risk and
  
  o do not need further improvement.

23.7. References / Resources

WorkSafe produces a number of publications on issues relating to OH&S which are regularly updated. These may be found at www.worksafe.vic.gov.au.


Studley Park Kindergarten Occupational Health and Safety Policy
24. Emergency Procedures

24.1. Authorisation
This policy was adopted by the Management Committee of the Studley Park Kindergarten at the Committee meeting on 12 October 2010.

24.2. Scope
This policy applies to the Management Committee, staff, parents, children, volunteers and other visitors to the Kindergarten.

24.3. Statement of Policy
The following procedures were designed specifically by the Metropolitan Fire Brigade to meet with operational emergency evacuation requirements.

It must be remembered that there may be a number of emergencies other than fire in the kindergarten that could necessitate calling 000 and evacuating the kindergarten e.g.:

- Fire in neighbouring premises
- Gas escape from a damaged main or pipe
- Toxic fumes from a chemical spill
- Motor vehicle accident nearby (persons trapped)
- Bomb threat
- Hold-up
- Hostage taking
- Siege
- Flood

All the above situations must be considered as possible threats to the kindergarten. Staff members should be aware of their responsibilities to lessen the impact of any of the above on the children and visitors by being familiar with any directives issued under statutory rules and regulations as well as the following evacuation procedures.

24.4. Procedures
Should a fire occur in any surrounding building including the kindergarten, the following action should be taken:

- Remove all children from the immediate danger area and if possible close the door to confine the fire
- Raise the alarm immediately by blowing a whistle. The whistle will be sounded until it is confirmed that everybody has heard it and commenced evacuation. Whistles are located at the front (main) door.
- Telephone the Fire Brigade on 000 from the office or if this is untenable call from Neighbours’ house (29 or 37 Stawell Street)
Staff members and parents will, on hearing the whistle, stop all activities immediately and walk the children via the nearest safe exit to the selected assembly area. All effort must be made to keep the children together during the evacuation.

The daily attendance book is to be picked up by the staff member nearest to its location so a roll call can be carried out at the assembly area. The attendance book is located at the front entrance.

If safe to do so, close the doors after checking the bathroom, office and kitchen prior to leaving the building.

After the children have been cleared from the immediate danger area members of staff may, if safe to do so, attack the fire with the appropriate extinguisher.

All staff and parents on duty should familiarise themselves with these procedures and the written fire orders displayed throughout the kindergarten. The fire orders indicate the available exit routes and the direction of travel to assembly areas.

### 24.5. Assembly Areas

The following assembly area has been selected:

- Back playground (Dunlop Avenue) at the double gate.

Should this assembly area become untenable because of smoke or other problems than the following secondary area is to be used:

- Secondary area: Front Gate (Stawell Street)

**Remember:** The location of the fire and wind direction will dictate exit routes and assembly areas to be used.

### 24.6. Trial Evacuations

Trial evacuations should be carried out on a regular basis, using alternate exit routes and assembly areas. It is suggested that these be carried out at least once every three months to ensure staff are familiar with the procedures.
25. Induction Process for New Staff/Relief Staff

25.1. Authorisation
This policy was adopted by the Management Committee of the Studley Park Kindergarten at the Committee meeting on 12 October 2010.

25.2. Statement of Policy
New and Relief Staff will be fully inducted into the kindergarten. The object of induction will be to familiarise teaching staff with the kindergarten ethos and organisation as well as introducing them to the kindergarten community. Induction is designed to assist new teaching staff to feel at ease in their surroundings and with their new colleagues, and to provide positive knowledge and understanding of the kindergarten. This will offer a firm base from which the new staff can operate effectively.

25.3. Procedures
As part of the induction process, all teachers new to the Kindergarten are entitled to the following:

- Introductions to the children, other teaching staff, parents and relevant members of the Management Committee (e.g. President, Staff Liaison Officer)
- Help in learning about kindergarten routines
- Copies of all updated policies and procedures
- Information about the kindergarten’s:
  - Occupational Health and Safety Policy
  - Manual Handling Policy
  - Emergency Procedures Policy
- Personal support and encouragement from more experienced colleagues
- Support in session preparation and planning
- Help with kindergarten organisation control and discipline techniques
- The induction and on-boarding of new staff members will be supported through the probationary review process with staff provided with the feedback and resources needed to be successful.