



2017

Out of School Hours (OOSH)

Cheeky Monkeys Family Handbook

Unit 1101/4 Daydream Street
WARRIEWOOD NSW 2102

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CHEEKY MONKEYS OOSH

Welcome and Introduction to OOSH

We are pleased to welcome you to our Centre.

Our Out of School Hours (OOSH) service offers Centre based care for children aged 5-12 years for After School Care during the term (ASC), Before School Care (BSC) and all day during school holidays (VC). Its purpose is to create a safe and caring environment where children can freely choose amongst the program of activities. On behalf of Cheeky Monkeys OOSH, we would like to welcome you to our service.

The vast majority of our children attending come from Mona Vale Public School but we welcome other children from other schools - we collect from St Joseph's, Elanora Heights, Narrabeen Lakes, North Narrabeen, Newport, Bilgola, Sacred Heart and Mona Vale Shops Bus Stop (NBCS). We offer a 90 place service for Before School, After School and Vacation Care.

Address and Phone Number Details

Address:	Unit 1101	Phone Number:	9999 0388
	4 Daydream Street	Fax:	9979 1533
	Warriewood NSW 2102		

Post address: PO Box 1740
Warriewood NSW 2102

E-mail: oosh@cheekymonkeysplayhouse.com.au

Parking is available on Daydream Street. The car park entry is the first driveway on Daydream Street. Turn a sharp right into our visitors parking area and then take the Lift to our main entrance on level 1. Parents are asked to let staff know of your child's arrival and/or departure.

Philosophy/Aims/Objectives

At Cheeky Monkeys we believe in providing a personalised service with a high priority placed on the quality of care.

Philosophy - Cheeky Monkeys OOSH aims to be a child focused place where:

- Children are encouraged to develop to their full potential within a safe, caring and supportive environment.
- Play is seen as important.
- Children have opportunities for self expression, for challenge, self direction and self discipline.
- Children, families and staff are treated as equal and valued individuals regardless of race, cultural background, religion, sex or ability.



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- The Centre values and respects children and encourages them to develop to their full potential.
- The involvement of parents is actively sought and the cultural diversity of our community is valued and respected in our procedures.

The Centre - Our goal is to provide high quality care for children in a safe and caring environment, and

- To provide a comfortable and supportive environment for parents, staff and children with open communications and good relations between all parties.
- To provide a clean environment.
- To provide a friendly and welcoming environment.
- To ensure any transport for children to and from school is safe.
- To have equipment and facilities that is suitable to the needs and abilities of all our children.
- To encourage good nutrition through the provision of nutritious snacks and by modeling healthy eating habits.

The Children - Our goal is to accept and value every child regardless of race, cultural background, religion, sex or ability and

- To maintain positive communication and relationships between staff and children. To encourage individual interests.
- To foster children's independence and self help skills.
- To provide children with opportunities for self-expression and self-direction.
- To provide an environment that will foster the child's self-esteem and confidence. To help children develop self discipline skills through positive example and direction. To help children appreciate and care for each other and their surroundings.
- To encourage children to be involved in the planning, implementation and evaluation of activities in the Centre.
- To develop and implement a balanced program that is stimulating, interesting and exciting which allows for opportunities to explore and develop new skills.
- To develop a mixed program which are appropriate to the developmental and leisure needs of all individuals, and reflects the Centre's cultural diversity.
- To provide a place for children to play with friends.
- To encourage children to participate in decisions about the Centre. To provide children with recreational experiences.



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The Staff - Our goal is to foster mutual respect, courtesy and understanding and

- To create an enthusiastic and positive atmosphere for the staff which encourages personal initiative and co-operation.
 - To provide support and
 - assistance where needed. To
 - provide relevant training and development.
- To ensure staff are aware of all expectations and duties.

The Parents - Our goal is to provide child care needs for parents who are working, looking for work, studying or who need care on an occasional basis and

To accept and value every parent regardless of race, cultural background, religion, sex or ability.

To open for hours which allow parents to travel from their place of employment or study safely. To make parents feel welcome and valued.

To help them feel confident in the Centre's quality of care for their child.

To keep them informed and updated in issues relating to the service.

To encourage feedback and input from parents in relation to the program, policies or other issues relating to the Centre.

To encourage open communication between parents and the Centre.

To maintain positive relationships between parents and the Centre.

To meet the current needs of parents through continual update and review of relative issues.

The Community - Our goal is to contribute to and participate in our

- community, and To ensure the cultural diversity of our
 - community is valued and respected.
 - To provide for the changing needs of the local community.
- To be sensitive to the needs of residents around the Centre in relation to parking, noise and other considerations.
- To develop positive relationships with the local schools, local council and
 - government.
- To maintain open communication between schools, neighbours and other relevant groups in the area.
- To keep the relevant groups informed of any major changes
 - within the Centre. To keep up to date with any current issues
 - in the local area.



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To participate, where possible, in community events.

ACECQA (Australian Children's Education & Care Quality Authority)

www.acecqa.gov.au

ACECQA (Australian Children's Education & Care Quality Authority) through the National Quality Framework aims to raise quality and drive continuous improvement and consistency in education and care services and school age care.

The objectives of the National Quality Framework are:

- To ensure the safety, health and wellbeing of children attending education and care services
- To improve the educational and developmental outcomes for children attending education and care services
- To promote continuous improvement in the provision of quality education and care services
- To establish a system of national integration and shared responsibility between participating jurisdictions and the Commonwealth in the administration of the National Quality Framework
- To improve public knowledge, and access to information, about the quality education and care services
- To reduce the regulatory and administrative burden for education and care services by enabling information to be shared between participating
-

There are 7 Quality Areas:

- Educational program and practice
- Children's health and safety
- Physical environment
- Staffing arrangements
- Relationships



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with children

Collaborative partnerships with families and communities Leadership and service management

All staff, families, management and of course, children will be involved in the process and development.

The National Quality Framework took effect on 1 January, 2012 with key requirements being phased in over time. Requirements such as qualification, educator-to-child ratios and other key staffing arrangements will be phased in between 2012-2020.

National Legislative Framework

The National Legislative Framework consists of:

- The Education and Care Services National Law (“National Law”)
- The Education and Care Services National Regulations (“National Regulations”)

The purpose of the National Law is to create a jointly governed uniform national approach to the regulation and quality assessment of education and care services.

The National Regulations set out application processes, the process for rating and assessments, minimum operational requirements, review of decisions and make arrangements to move existing services into the National Quality Framework.

Copies of the National Law and National Regulations are able to be viewed through the ACECQA website at www.acecqa.gov.au. You are more than welcome to research it via our internet service.

Hours of Operation

Before School Care 6.45am to 8.45am

After School Care

2:30pm to 6pm

Vacation Care

6.45am to 6pm

The Centre will be closed on most public holidays and two weeks in the Christmas break. We follow the public school terms throughout the year.



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Service Management Structure

Cheeky Monkeys Play House Managing Director is Cathy Beddy, who runs a private OOSH service. Cathy is the NSW Governments Nominated Supervisor of this Approved Service. Carly is the Certified Supervisor of our Service. Heidi is our Administration Officer. Our staff is dedicated to following the National Quality Standards for Out of School Hours Care. Photos of each staff member is available on our website. Our regular casual staff have a lot of experience with children and show a mature and professional manner which is well respected by our children.

Schedule of Fees **(General Information)**

There is a \$25 per family Annual Family Fee payable on the first day of Before, After OR Vacation Care each year.

- Our fees are \$25.90 per child for a permanent booking with our After School Care service and \$28.90 per child for a casual booking.
- Our fees are \$22 per child for a permanent booking with our Before School Care service and \$25 per child for a casual booking.
- Casual Bookings must be paid for at the time of booking and we don't accept cancellations or transfer of days.
- Our Vacation Care Service offers a long day service. (6.45am-6pm). Please refer to our latest Vacation Care Program for activities and prices.
- The Late Vacation Care Booking Fee is \$10 per family per booking after the Early Bird rate cut off date. The cut-off date is advised via the relevant vacation care booking form.
- As we are an Accredited Service we are able to offer the Child Care Benefit (CCB) and Child Care Rebate (CCR). We are using a Child Care Management System (CCMS), so child care information is reported to the department electronically. **We must have correct Childcare Rebate Numbers (CRN) for all children and the claiming adult as well as dates of birth.**
- A late payment fee of \$2 per minute will be charged if your child/ren are not collected from the Centre by 6:00pm, the Centre's closing time. This late fee will be added to your Family Statement and paid directly to the staff that remained in the Centre past 6pm.
- Fees are still payable for any days your child/ren are absent including illness.
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Payment is accepted via Ezidebit. All accounts will be charged every Thursday so please ensure funds are available. Invoices will be emailed out at the same time. Forms for Ezidebit are available from our Website, Reception or send a request to Carly at: oosh@cheekymonkeysplayhouse.com.au

- Family Statement Receipts will be issued on the following week after payment has been processed.

Sign in/out Procedure

Regulations require families to sign attendance records.

New for 2016 is the QK Kiosk system. QK Kiosk is a digital sign in and out system allowing for parents/guardians to drop off or pick up their children entering a quick and easy digital pin.

- Children are only released from the Centre to persons nominated by the family on the enrolment form.
- The Centre must be informed if someone different will be picking up your child/ren and any custody arrangements or court orders.
- All children are not to leave the Centre unaccompanied unless written permission from their family has been negotiated with Management.

FEES Policy 2017

POLICY STATEMENT

Our service sets fees in accordance with its annual budget in order to meet the income required to develop and maintain a quality service for children and families. We strive to ensure that our service is affordable and accessible to families in our community. The Approved Provider reviews the budget annually, or as necessary, and monitors it carefully throughout the year.

PROCEDURES:

(a) 2016 Administration Fee

Upon being offered a place at the service, the family is required to pay \$25 as an administration fee on an annual basis.

(b) Child Care Benefit

Most Australian families are eligible to receive Child Care Benefit. Families who are eligible for the Federal Government's Child Care Assistance subsidy will only be required to pay the daily gap fee applicable to their financial circumstances. To have CCB applied to their account, families must first register with the Family Assistance Office. In addition, the government provides an additional 50% tax rebate to families for out of pocket child care expenses via the Child Care Rebate (CCR). CCR is paid fortnightly either to the family or the service. The service encourages families to authorise the CCR to be paid directly to the service.



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The service will provide families with information relating to Special Child Care Benefit, Jobs Education and Training, and Grandparents Child Care Benefit.

(c) Bookings and cancellations

Each family is expected to make bookings in advance, for the care sessions required. Bookings will only be accepted when families have completed the service's Enrolment Form in full.

New for 2016 we will be using the QK Enrol system. QK Enrol is a digital booking management solution for childcare services, that enables services to easily manage family Waitlist Requests and submitted Enrolment forms.

QK Enrol is a web-based program that can be used on any device (such as desktops, laptops, tablets etc). The efficient and streamlined digital process between a Centre and families will ensure a large amount of administrative time is saved daily.

Happily named, My Family Lounge is QK's universal parent portal providing access for parents to view published observations, photos and stories as well as manage their waitlist and enrolments. Each family is provided with their own secure login.

Families wishing to cancel their child's place at the service are required to provide two (2) weeks written notice to the Administration Officer or Managing Director, or they are liable to pay the equivalent of two weeks child care fees to the service.

(d) Absences

Fees are payable for family holidays and sick days if those days fall on a day that a child is booked into the service.

The service will provide families with information about approved and allowable absences and will adhere to the Child Care Management System (CCMS).

(e) Service closure

No fee is charged while the service is closed over the Christmas/New Year period.

(f) Payment of Fees

Fees must be paid once invoiced, within the stated due date. Families will be provided with a statement of fees charged by the service. (Regulation 168).

Failure to pay unpaid fees may result in debt recovery action being taken and discontinuation of care for the child unless the family has initiated a repayment schedule for the unpaid fees with the Administration Officer or Managing Director.

(g) Debt recovery

The Approved Provider reserves the right to take action to recover debts owing to the service. This can include the engagement of debt collectors to recover the monies owed.



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Where a family owes any overdue fees to the service, the child's place may be suspended, until all outstanding monies are paid, or both parties agree to a payment plan. Fees not paid by the due date will be followed up as below:

An initial email/statement stating fees are overdue will be sent 7 days after the fees due date. A late fee of \$10 per week will be added to the invoice every week payment in full is not received.

1. If payment is not received, families will be invited, by telephone, to attend a meeting with the Administration Officer or Managing Director within 7 days to discuss a payment plan.
2. Failure to attend the meeting and continued non-payment for a period of 5 working days will result in a second and final email/statement notifying the family that unless payment is made within 5 working days, or a payment plan entered into, the child will be unable to attend the service.
3. If a signed payment plan is not adhered to, a follow-up process will commence at Point 2.
4. The Approved Provider will reserve the right to employ the services of a debt collector and the family will be responsible for all fees associated with recovering the debt.

(h) Late collection fee

The service operates from

- 6.45am – 8.45am (Before School Care)
- 2.45pm – 6.00pm (After School Care)
- 6.45am - 6.00pm (Long Day Vacation Care)

The Staff are unable to accept children in the service outside of these hours. Should children be present after the closing time, a late fee of \$2 per minute after 6pm will apply. This fee will be added to your Family Statement and paid directly to the carer that stayed back after 6pm

The hours and days of operation of the service will be displayed prominently within the service (Regulation 173).

In circumstances that are beyond the control of families, for example, weather and major traffic accidents, which may result in them arriving late to collect their child, the Educators will have discretion to decide if families will be charged the late fee.

Families who are continually late collecting their children, without a valid reason, may jeopardise their child's place at the service. Should this be the case, the Administration Officer or Managing Director will meet with the family to discuss this.

(i) Methods of Payment

Fees are paid by the Ezi-debit System.



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Families will be given a minimum of fourteen days notice of any changes to the way in which fees are collected (Regulation 172).

(j) Confidentiality

All information in relation to fees will be kept in strict confidence. Members of staff or the Approved Provider will not discuss individual names and details openly. Information will only be available to the nominated persons required to take action, for example, to initiate debt recovery.

Families may access their own account records at any time, or particulars of fees will be available in writing to families, upon request.

(k) Increase of fees

The fees are set by the Approved Provider in order to meet the budget for each financial year. There will be ongoing monitoring of the budget and, should it be necessary to amend fees, families will be given a minimum of fourteen days notice of any fee increase (Regulation 172).

(l) Acknowledgement of responsibility to pay fees

Families are required to read and sign Section 9, *Payment of Fees* and Section 10, *Disclaimer/Informed Consent* of the service's Enrolment Form.

Centre Rules

The following are some general rules that Cheeky

Monkeys OOSH follows: • The following behaviour

is not tolerated:

- spitting
- hitting
- biting
- swearing
- bullying
- throwing items
- purposefully breaking items
- Children are requested to refrain from:
 - running inside
 - stand on chairs, tables or bookshelf
 - sit on tables
 - misusing play structure equipment
- Children must stay in the boundaries of Cheeky Monkeys OOSH at all times.
- Playing in the bathrooms will not be tolerated.



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- The section between the buildings is a driveway, therefore no games are permitted. Children are to quietly walk across the driveway.

Centre Routine

We aim to provide daily routines that meet the needs of individual children and to implement a balanced program that is both stimulating, interesting and exciting.

This allows opportunities for children to play, explore and develop new skills and is appropriate to the developmental and leisure needs of the children.

Children are encouraged to participate in this process by writing suggestions on the "Suggestions Sheet" at the Centre.

The current week's program can be viewed on the notice board at the Centre.

Meals

Healthy eating habits are vital to good health and start to develop from an early age. OOSH provides an opportunity to encourage and reinforce healthy eating habits through the provision of afternoon tea.

Afternoon tea is provided for the children attending After School Care. A rotating menu is used and is displayed in Centre. Examples include toasted sandwiches, noodles, baked beans, pasta, banana bread, savoury biscuits, scones and a variety of fruits.

Consideration is given to children with

special dietary needs.

We ask parents to supply their own food in

the case of allergies

The menu for each week is displayed on the

Notice Board.

One of our afternoon activities includes cooking - pizza melts, cup cakes, fairy bread etc . Children are able to consume these during the afternoon or take them home. Cooking is always a favourite activity.

Anaphylaxis is the most acute and serious form of allergy. Approximately 1 in 200 individuals will experience a reaction. For this reason the Centre is a "Nut



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Free Zone". Peanut butter and other nut- based products are not provided.

Homework Session

Homework is a part of learning with school. The staff encourage children to complete their homework. As an After School Service we do not force the children to do homework but we provide an area for the children who wish to complete their homework. Staff can assist the children with their homework.

Policies Book

The Centre's policies book is available for everyone to view. Just ask Carly, Cathy or our Reception Staff.

We are currently reviewing where we will be able to store our Policies on-line so families are able to view them at any time.

Please read the attached important Policies:



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Infectious Diseases Policy 2017

To be read with -
Immunisation and Disease Prevention Policy

NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

National Regulations

Regs	77	Health, hygiene and safe food practices
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

Aim

Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

Related Policies

Educator and Management Policy
Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
Incident, Injury, Trauma and Illness Policy
Immunisation Policy
Medical Conditions Policy
Privacy and Confidentiality Policy



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Who is affected by this policy?

Child
Parents
Family
Educators
Management
Visitors
Volunteers

Implementation

- The service will use the attached Recommended Minimum Periods of Exclusion to exclude children and educators and inform parents of exclusion and non-exclusion periods for infectious diseases. We will minimise the spread of potential infectious diseases between children, other children and educators by excluding children who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness in children.
- Notification of the child's parents or nominated contacts will occur immediately.
- All appropriate notifications to the local Public Health Unit will be made by our nominated supervisor.
- Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the service to decide whether to accept or exclude the child from the service. If we suspect a child may have an infectious disease, we will exclude the child until we receive a medical certificate stating the child is not contagious and is okay to attend the Service.
- Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the Service and we will ask parents of children who are unwell to collect the child from our Service or to make alternative arrangements for their child's care.

If an infectious disease arises at the service we will respond to any symptoms in the following manner -

- Isolate the child from other children.
- Ensure the child is comfortable and appropriately supervised by educators.
- Contact the child's parents or nominated emergency contact. If the child's parents are unavailable we will contact the next nominated person. We will inform the contact of the child's condition and ask for a parent or other authorised person to pick the child up as



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- Ensure all towels and clothing which has been used by the child is disinfected. These items will be washed separately and if possible air dried in the sun.
- Ensure all toys used by the child are disinfected.
- Ensure all eating utensils used by the child are separated and sterilised.
- Provide information in the child's home languages to the best of our ability.
- Inform all service families and educators of the presence of an infectious disease.
- Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.
- The Nominated Supervisor or another Responsible Person may require a child or staff member to provide a doctor's certificate on the first day back from an infectious illness stating they are okay to return to the Service.

Infectious Diseases requiring Notification to the local Public Health Unit

Our nominated supervisor will notify the local Public Health Unit by telephone as soon as possible (and within 24 hours) after they are made aware that a child enrolled at the service is suffering from one of the following vaccine preventable diseases and will comply with any direction:

- Diphtheria
- Haemophilus
- Measles
- Mumps
- Meningococcal disease
- Pertussis (whooping)
- Poliomyelitis
- Rubella (German M)
- Tetanus

NSW local Public Health unit directory and contact details are available on the following NSW Health website –

<http://www.health.nsw.gov.au/Infectious/pages/phus.aspx>

Immunisation and Educators

The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against -

- Hepatitis A.
- Measles-Mumps-Rubella (MMR).

Educators born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination.

- Varicella if they have not previously been infected with chickenpox.
- Pertussis. An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated.
- Hepatitis B if caring for unimmunised children with intellectual disabilities (although the risk is low).

Our service will:

- Encourage all staff to speak with their own Medical Practitioner about their own personal immunisation requirements to ensure they are protected from all infectious diseases.
- Ask new employees to confirm in writing that we have provided this information during their induction.



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- Encourage all non-immune staff to be vaccinated.
- Advise pregnant educators and staff to review the Staying Healthy in Childcare publication and consult their medical practitioner to consider the risks of continuing to work at the service.
- Ensure pregnant educators and staff follow good infection control and hygiene procedures.

• Recommended Minimum Periods of Exclusion

National Health and Medical Research Council.

Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services
5th edition, Commonwealth of Australia 2012.

Children who are unwell should not attend the service.

The definition of 'contacts' will vary according to disease. Please refer to specific Fact Sheets in the Staying Healthy Publication for the definition of 'Contacts'.

Campylobacter

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Candidiasis ('Thrush)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Chickenpox (Varicella)

Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children.

Exclusion of contacts - Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.

CMV (Cytomegalovirus infection)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Conjunctivitis

Exclude until discharge from the eyes has stopped unless a doctor has diagnosed non-infectious Conjunctivitis.

Exclusion of Contacts - Not excluded.

Cryptosporidium

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts – Not excluded.

Diarrhoea (No organism identified)

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Fungal infections of the skin or nails (eg ringworm, tinea)

Exclude until the day after starting appropriate anti-fungal treatment.

Exclusion of Contacts - Not excluded.

German measles (See 'Rubella')

Giardiasis

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Glandular fever (Mononucleosis, EBV infection)

Exclusion is NOT necessary.



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Exclusion of Contacts - Not excluded.

Hand, foot and mouth disease

Exclude until all blisters have dried.

Exclusion of Contacts - Not excluded.

Haemophilus influenzae type b (Hib)

Exclude until the person has received appropriate antibiotic treatment for at least 4 days.

Exclusion of Contacts - Not excluded.

Head lice (Pediculosis)

Exclusion is NOT necessary if effective treatment begins before the next day at the Service. (The child doesn't need to be sent home immediately if head lice are detected).

Exclusion of Contacts - Not excluded.

Hepatitis A

Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice.

Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about treating or vaccinating children in the same room or group.

Hepatitis B

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Hepatitis C

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Herpes simplex (cold sores, fever blisters)

Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission.

If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.

Exclusion of Contacts - Not excluded.

Human Immunodeficiency Virus (HIV/AIDS)

Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.

Exclusion of Contacts - Not excluded.

Human Parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Hydatid disease

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Impetigo (school sores)

Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.

Exclusion of Contacts - Not excluded.

Influenza and influenza-like illnesses

Exclude until well.

Exclusion of Contacts - Not excluded.

Listeriosis

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Measles

Exclude for 4 days after the onset of the rash.



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Exclusion of Contacts - Immunised and immune contacts are not excluded. For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.

Meningitis (viral)

Exclude until well.

Exclusion of Contacts - Not excluded.

Meningococcal infection

Exclude until appropriate antibiotic treatment has been completed.

Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about antibiotics and /or vaccination for people who were in the same room.

Molluscum contagiosum

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Mumps

Exclude for 9 days or until swelling goes down (whichever is sooner).

Exclusion of Contacts - Not excluded.

Norovirus

Exclude until there has not been a loose bowel motion or vomiting for 48 hours.

Exclusion of Contacts - Not excluded.

Pertussis (See 'Whooping Cough')

Pneumococcal Disease

Exclude until person is well.

Exclusion of Contacts - Not excluded.

Roseola

Exclude until person is well.

Exclusion of Contacts - Not excluded.

Ross River virus

Exclude until person is well.

Exclusion of Contacts - Not excluded.

Rotavirus infection

Children are to be excluded from the service until there has not been a loose bowel motion or vomiting for 24 hours.^b

Exclusion of Contacts - Not excluded.

Rubella (German measles)

Exclude until fully recovered or for at least four days after the onset of the rash.

Exclusion of Contacts - Not excluded.

Salmonellosis (Salmonella infection)

Exclude until there has not been a loose bowel motion for 24 hours.^b

Exclusion of Contacts - Not excluded.

Scabies

Exclude until the day after appropriate treatment has commenced.

Exclusion of Contacts - Not excluded.

Shigellosis

Exclude until there has not been a loose bowel motion for 24 hours.^b

Exclusion of Contacts - Not excluded.

Streptococcal sore throat (including scarlet fever)

Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.



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Exclusion of Contacts - Not excluded.

Toxoplasmosis

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Tuberculosis (TB)

Exclude until medical certificate is produced from an appropriate health authority.

Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or TB clinics.

Varicella See 'Chickenpox'

Viral gastroenteritis (viral diarrhoea)

Excluded until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Whooping cough (pertussis)

Exclude until 5 days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing.

Exclusion of Contacts - Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics

Worms

Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred.

Exclusion of Contacts - Not excluded.

If the cause is unknown, possible exclusion for 48 hours until the cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Department of Health and Aging, National Immunisation Program Schedule

NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition Work Health and Safety Act 2011

Work Health and Safety Regulation 2011

Public Health Act 2010

Public Health Regulation 2012

NSW Ministry of Health

Review

The policy will be reviewed annually. The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: <15 October 2016>

Date for next review: <October 2017>



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Immunisation and Disease Prevention Policy 2017

To be read with -
Infectious Diseases Policy

NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

National Regulations

Regs	77	Health, hygiene and safe food practices
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

Aim

Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects an individual, but also others in the community, by reducing the spread of disease.

Related Policies

Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Medical Conditions Policy
Privacy and Confidentiality Policy

Who is affected by this policy?

Child
Parents
Family
Educator
Management
Visitors
Volunteers

Implementation

THIS IS DISPLAYED IN THE SERVICE

The NSW Immunisation Schedule can be accessed from <http://www.health.nsw.gov.au>

NSW Health



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Local NSW Public Health Unit Contact Details -

<http://www.health.nsw.gov.au/PublicHealth/Infectious/phus.asp>

Note homeopathic immunisation is not recognised.

Immunisation Records

At this point of time there is no requirement for OOSH Services to sight or collect proof of immunisation documentation.

Exclusion Periods

- Any child that is not fully immunised may be excluded for a period of time if there is a case of a vaccine preventable disease at the service, or if the child has been in contact with someone outside the Service who has a vaccine preventable disease. We will consider the Exclusion Periods recommended by the National Health and Medical Research Council.
- It is the responsibility of families to inform the Service that their child has come into contact with someone with a vaccine preventable or infectious disease.

Immunisation for Educators

- Occupational recommendations apply for the immunisation of educators at the service. It is important that educators remain up to date with their vaccinations in order to protect themselves as well as children in their care. The National Health and Medical Research Council (NHMRC) recommends that individuals who work with children, including child care and pre-school staff (including child care students) and outside school hours carers, should be vaccinated against pertussis (whooping cough), hepatitis A, measles, mumps and rubella (MMR), Varicella (chickenpox), and influenza (required annually).
- As there are no mandatory requirements under the law for educators to be immunised, the educators must follow the requirements that our service has developed:
 - The Exclusion Period requirements as advised by the National Health and Medical Research Council (NHMRC) apply to all educators.
 - Educators who are not immunised may use their best judgement to decide whether they exclude themselves from the service during an outbreak of an infectious disease.

Immunisation Related Payments for Parents - Child Care Benefit

The benefit applies to children who are fully immunised or have an approved exemption from immunisation. This initiative ensures parents are reminded of the importance of immunising their children at each of the milestones. For parents to receive CCB without their child being fully immunised in line with the **National Immunisation Program** their doctor or immunisation provider needs to certify that the child:

- is on a catch-up immunisation schedule or



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- has an approved exemption from the immunisation requirements. Approved exemptions include conscientious objection, medical reason, existing natural immunity, or a vaccine is unavailable.

Information on how a child's immunisation status affects payments made to a family, and more information on exemptions is available on the following website -

<http://www.medicareaustralia.gov.au/public/services/acir/family-assist.jsp#N10059>

Parents are responsible for payment of fees while their child is excluded under all circumstances.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Department of Health and Ageing: National Immunisation Program Schedule

NHMRC. Staying Healthy Preventing infectious diseases in early childhood education and care services 5th edition

Medicare Australia

Public Health Act 2010 (as amended by Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013)

Public Health Regulation 2012

Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Regulation 2013

Review

The policy will be reviewed annually. The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: 15 October 2016

Date for next review: October 2017

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Medical Conditions Policy 2017

NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

National Regulations

Reg	90	Medical conditions policy
	90(1)(iv)	Medical Conditions Communication Plan
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement— anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

My Time, Our Place

LO3	Children become strong in their social and emotional wellbeing.
	Children take increasing responsibility for their own health and physical wellbeing.

Aim

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

Related Policies

Additional Needs Policy
Administration of First Aid Policy
Death of a Child Policy
Emergency Service Contact Policy
Emergency Management and Evacuation Policy
Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
HIV AIDS Policy
Immunisation and Disease Prevention Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy



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Privacy and Confidentiality Policy

Implementation

The service will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of the Medical Conditions Policy must be provided to all educators and volunteers at the service. The Policy must also be provided to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. Educators are also responsible for raising any concerns with a child's parents about any medical condition/suspected medical condition, or known allergens that pose a risk to the child.

No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about of these things, including any new medication, ceasing of medication, or changes to their child's prescription.

All educators and volunteers at the service must follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Information that must be provided in Enrolment Record

The service's Enrolment Form provides an opportunity for parents to help the service effectively meet their child's needs relating to any medical condition.

The enrolment record will include details of any:

- specific health care needs or medical conditions of the child, including asthma, diabetes, allergies, and whether the child has been diagnosed at risk of anaphylaxis.
- any Medical Management Plan provided by a child's parents and/or registered medical practitioner. This Plan should:
 - have supporting documentation if appropriate
 - include a photo of the child
 - if relevant, state what triggers the allergy or medical condition
 - first aid needed
 - contact details of the doctor who signed the plan
 - state when the Plan should be reviewed.

Copies of the plan should be kept with the child's medication and also accompany them on any excursions.

Where there is a Medical Management Plan, a risk minimisation plan must be developed and informed from the child's Medical Management Plan.



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Note parents are responsible for updating their child's Medical Management Plan/providing a new Plan as necessary and will be regularly reminded by the service as per the Medical Management Communications Plan.

Any new information will be attached to the Enrolment Form and kept on file at the service.

Educators will ensure information that is displayed about a child's medical conditions is updated.

Identifying Children with Medical Conditions

Any information relating to a child's medical conditions will be shared with relevant educators and volunteers.

Our service will implement the following communications plan to ensure that relevant educators, staff and volunteers are:

- informed about the Medical Conditions Policy
- easily able to identify a child with medical conditions
- are aware of the requirements of any medical management plans and risk minimisation plans
- aware of the location of each child's medication
- up dated on the child's treatment along with any regulatory changes that may affect practices for specific medical conditions.

All staff will be notified of all children with medical conditions. An information sheet with the names and personal details of all children with medical conditions will be attached to the roll so that at any time a staff member will be able to identify the potential of a child at risk. There will be a pink highlighter mark on the number next to their name of the child to allow staff a quick reference to a child that has a severe medical condition.

Our service will display information about a child's medical management plan, risk minimisation plan, and the location of each child's medication in an area near a telephone that is visible and easily accessed by all educators eg food preparation or serving area to ensure all procedures are followed. We will ensure the display of information meets privacy guidelines and is not accessible to visitors or other families.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating this must be displayed at the service so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the public notice will not name the child.

Medical Conditions Risk Minimisation Plan

Using a child's Medical Management Plan, our service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child's parents and medical professionals which will ensure that:

- any risks are assessed and minimised
- we ask parents to provide all food and eating utensils for their child to reduce the risk of exposure to their particular allergen
- if relevant, practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented (note we will follow all health, hygiene and safe food policies and procedures)



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- all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised
- a child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

Our service will provide support and information to all parents and other members of our community about resources and support for managing allergies, anaphylaxis, asthma and diabetes on our information board at the entry of the Centre.

Our service will routinely review each child's medication to ensure it hasn't expired.

Medical Conditions Risk Minimisation Plan: Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance. Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk. While developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, our service will:

- not allow children to trade food, utensils or food containers.
- prepare food in line with a child's medical management plan and family recommendations.
- use non-food rewards with children, for example, stickers for appropriate behaviour.
- request families to label all bottles, drinks and lunchboxes etc with their child's name.
- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- instruct educators on the need to prevent cross contamination.
- request all parents not to send food with their children that contain highly allergenic elements even if their child does not have an allergy.
- where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, the service will have a "allergy-awareness policy" for that food e.g. an "Allergy-Aware (Nut) Policy" which would exclude children or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as :
 - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
 - any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan



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- any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
- foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
- cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material.
- be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and will take precedence.
- if appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded.
- ensure all children with food allergies only eat food and snacks that have been prepared for them at home where possible.
- instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as careful cleaning of food preparation areas and utensils.
- closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk children will not be permitted to 'wander around' the service with food.
- ensure meals prepared at the service do not contain ingredients such as milk, eggs or nuts.
- consult risk minimisation plans when making food purchases and planning menus.

Allergic reactions and anaphylaxis are also commonly caused by:

- all types of animals, insects, spiders and reptiles.
- all drugs and medications, especially antibiotics and vaccines.
- many homeopathic, naturopathic and vitamin preparations.
- many species of plants, especially those with thorns and stings.
- latex and rubber products.
- Band-Aids, Elastoplast and products containing rubber based adhesives.

Our service will ensure that body lotions, shampoos and creams used on allergic children are approved by their parent.

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability



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providing an environment that will not trigger an anaphylactic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The service will display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service.

<http://www.allergy.org.au/content/view/10/3/#r1>

Our service will ensure that the auto-injection device 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.

Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:

- call an ambulance immediately by dialing 000
- ensure, whenever possible, the first aid trained educator/educator with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen® in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy <http://allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> and CPR if the child stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Medical Conditions Risk Minimisation Plan: Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The service will display an Asthma chart called First Aid for Asthma Chart for under 12 years or Asthma First Aid <http://www.nationalasthma.org.au/uploads/content/22-NAC-First-Aid-for-Asthma-Chart-Kids-FINAL.pdf> or <http://asthmaaustralia.org.au/wp-content/uploads/2012/07/AA-Live-Well-with-Asthma-0512-WEB.pdf>

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, our service will:

- ensure, whenever possible, a first aid trained educator/educator with approved asthma management training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a



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medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:

1. Sit the child upright
 - Stay with the child and be calm and reassuring
 2. Give 4 puffs of blue reliever puffer medication
 - Use a spacer if there is one
 - Shake puffer
 - Put 1 puff into spacer
 - Take 4 breaths from spacer
 - Repeat until 4 puffs have been takenShake, 1 puff, 4 breaths
 3. Wait 4 minutes
 - If there is no improvement, give 4 more puffs as above
 4. If there is still no improvement call emergency assistance 000
 - Keep giving 4 puffs every 4 minutes until emergency assistance arrives
- contact the child's parent or authorised contact where the parent cannot be reached

The service will ensure that an Emergency Asthma First Aid 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 at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- At least 2 spacer devices that are compatible with the puffer

Spacers can only be used by one person. That person can re-use the spacer or mask but it cannot be used by anyone else. We will ensure the child's name is written on the spacer when it is used.

Medical Conditions Risk Minimisation Plan: Diabetes

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

The most common form of diabetes in children is type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

See <http://www.diabeteskidsandteens.com.au/whatisdiabetes.html> for an online presentation for children explaining how diabetes affects the body.

Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycaemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include:

- A delayed or missed meal, or a meal with too little carbohydrate



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- Extra strenuous or unplanned physical activity
- Too much insulin or medication for diabetes
- Vomiting

Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child's diet including the types and amounts of appropriate foods is part of the child's Medical Management Plan and that this is used to develop the Risk Minimisation Plan.

Our service will ensure our first aid trained educator is trained in the use of the insulin injection device (syringes, pens, pumps) used by children at our service with diabetes.

If a child is displaying symptoms of a "hypo" our service will:

- Ensure, whenever possible, the first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
- Call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.
- Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Educator Training and Qualifications

The approved provider must ensure that at least one educator attending the service:

- holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training and
- has undertaken current approved emergency asthma management training.

Our staffing Arrangements Policy has more details about educator training and qualifications in this area.

Educators in our service recognise how serious anaphylaxis is and will undertake steps to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:

- all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 36 months as part of their continual first aid training.

Supervised Self-Administration of Medication by Children over Preschool Age

OUR SERVICE PERMITS CHILDREN OVER PRESCHOOL AGE TO SELF-ADMINISTER MEDICATION.

- The service permits children over preschool age to self-administer medication.



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- Educators must supervise the child during this process. To promote consistency and ensure the welfare of all children using the service, educators will ensure each child follows all administration of medication, health and hygiene policies and procedures.
- The self-administration of medication must be negotiated with, and approved by the child's parents. This information will be detailed in the child's Medical Management Plan and the Medical Conditions Risk Minimisation Plan if appropriate, and the location of the child's medication for self-administration must also be noted and made available to educators.
- The service will record all instances of supervised self-administration of medication as per the Administration of Medication Policy.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Asthma Australia

National Asthma Organisation

Australasian Society of Clinical Immunology and Allergy www.allergy.org.au

Australian Diabetes Council

Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: <15 October 2016>

Date for next review: <October 2017



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Management of Complaints 2017

POLICY STATEMENT:

Our service will maintain a complaints and grievance management system to ensure that all educators, families and communities members know that complaints and grievances will be taken seriously and investigated promptly and fairly. Complaints and grievances will be investigated and documented in a timely manner. Our complaints and grievance management system will be promoted in the parent handbook, staff handbook and on our website. We will identify complaints and grievances as opportunities to improve the quality of our service.

PROCEDURE:

- The service will support an individual's right to complain and will help them to make their complaints clear and try to resolve them.
- A complaint can be informal or formal. It can be anything an individual thinks is unfair or which makes them unhappy with the service.
- Families will be provided with clear written guidelines detailing the grievance procedure, in the parent handbook.
- All confidential conversations with individuals who have a complaint or grievance will take place in a quiet place away from children, other families or staff that are not involved.
- If an individual has a complaint or comment about the service, they will be encouraged to talk to the Certified Supervisor (Carly) who will arrange a time to discuss their concern and come to a resolution to address the issue.
- If the complaint is not handled at this level to the satisfaction of the person making the complaint, they should discuss the issue with the Nominated Supervisor (Cathy) or management liaison person (Heidi), either in writing or verbally.
- Management will discuss the issue with the Certified Supervisor (Carly) and develop a strategy for resolving the problem, this would be discussed further with the individual or if necessary a meeting will be organised with the Certified Supervisor (Carly) and individual to resolve the problem.
- All complaints will be recorded and dated indicating the issue of concern and how it was resolved. All information on complaints and grievances will include evidence that complaints are investigated within satisfactory timeframes and have led to amendments to policies and procedures where required.
- The Certified Supervisor (Carly) or management will inform the person making the complaint of what has been decided regarding the issue. Staff will also be informed of any relevant issues that they need to address or be aware of. This could be done verbally or if the issue



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has been dealt with on a more formal basis, then the Certified Supervisor will write personally to the individual making the complaint.

- If any complaint cannot be resolved internally to the person's satisfaction, external options will be offered such as an unbiased third party.

CONSIDERATIONS:

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation	Other
r168	7.3	<ul style="list-style-type: none"> - Parent Handbook - Staff Handbook - Providing a Child Safe Environment Policy - Excursion Policy - Authorisations and Refusals Policy 	<ul style="list-style-type: none"> - Community Services Complaints, Appeals and Monitoring Act, 1994.

ENDORSEMENT BY THE SERVICE:

Approval date: October 2016

Date for Review: October 2017

Family Agreement

I agree to abide by the policy statements and procedures of this Centre, a summary of which I have received, read and understood. I understand that casual care is subject to availability at the Centre.

Signed: _____

Dated: _____