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# 2019 Occasional Care Parent Handbook

Phone (03) 5996 9056 Office

## Office hours

Tuesday & Wednesday 8.30am – 5.45pm

Monday, Thursday & Friday 8.30am – 4.15pm

Email: [admin@merindapark.com.au](mailto:admin@merindapark.com.au)

Website: [www.merindapark.com.au](http://www.merindapark.com.au)

Occasional Care provides quality childcare for your pre-school age children in a fun, relaxed and safe environment.



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## **INTRODUCTION**

The Occasional Care Program is a not for profit service to children aged 0-5 years. The Occasional Care Program at MPLCC was established in April 1994 and has been built up to the successful program that it is today.

## **SERVICES PROVIDED**

Working in collaboration with children and in partnership with families, educators use the outcomes to guide their planning for children's wellbeing and learning. In order to engage children actively in learning, educators identify children's strengths and interests, choose appropriate strategies and design the environments.

## **MANAGEMENT**

According to our constitution, a Committee of Management is elected at our Annual General Meeting. All members are elected for a 1-year period.

All participants of MPLCC are encouraged and invited to become financial members. The Annual Membership fee is \$5 per person, per year and is payable to become a Committee of Management member that meet on the 2<sup>nd</sup> Wednesday of the month at 6.30pm. More details are available from the CEO.

The Children's Services Manager is responsible in conjunction with the CEO for the day-to-day management of the service. Some of these responsibilities include:

- Supervision of Educators & children
- Record keeping
- Marketing & promotion
- Liaison with families
- Liaison with the community

## **CONFIDENTIALITY**

Childcare Educators are required to maintain strict confidentiality and not disclose to any unauthorised person any confidential and private information regarding Educators, children or families/caregivers.

## **COMMITMENT TO CHILD SAFE STANDARDS**

Merinda Park Learning and Community Centre has a commitment to child safety by having: -

- a zero tolerance for child abuse
- actively works to listen to and empower children
- systems to protect children from abuse, and will take all allegations and concerns very seriously and responds to them consistently in line with the organisation's policies and procedures
- a commitment to promoting cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability.

The aim is to drive continuous improvement so that protecting children from abuse is embedded in everyday thinking and practice of leaders, staff and volunteers.

## **COMMUNICATION**

Communication is a vital part of providing a quality service to families/caregivers. The Children's Services Manager is available most days to discuss any issues or concerns you may have however due to staffing ratios it may be necessary to make an appointment.

## **REPORTING**

Merinda Park Learning & Community Centre has a responsibility to all children attending the centre to defend their right to care and protection, legislated under the Children, Youth and Families Act 2005 and Crimes Act 1958 (Failure to Protect Offence and Failure to Disclose Offence).

Management staff are mandatory reporters and are legally required to make a report to Department of Health and Human Services (DHHS) Child Protection where they form a reasonable belief that:

- a child has suffered or is likely to suffer significant harm as a result of abuse, and
- the child's parents have not protected, or are unlikely to protect, the child from that harm.

All other staff members have a legal duty of care and making a report to DHHS Child Protection if they form a reasonable belief that a child is in need of protection from abuse fulfils their duty.

Any staff member who forms a reasonable belief that a sexual offence has been committed in Victoria by an adult against a child under 16 must disclose that information to police.

## **POLICIES AND PROCEDURES**

MPLCC is committed to providing quality services driven by the policies and procedures which have been developed or reviewed with parent, children and/or staff involvement and approved by the CEO or if required by the Committee of Management. They clearly state what the service will provide and how it will be provided. These policies are kept in a folder in the Children's Services Manager's office and are available to families/caregivers on request. Policies and procedures are developed in accordance with the Children's Services Act 1996 for Children's Services Regulations 2009 and are reviewed every 3 years or as required. Policies requiring review will be placed at the sign in sheets for parent comment (if appropriate).

Thank you for making the choice of using our facilities for the care of your child/ren. We trust that you and your child will have a happy association with us.

## **AIM**

Our aim for all children is to provide a safe a secure play-based learning environment, based on needs, interests and experiences of the individual. In July 2009, the Council of Australian Governments (COAG) endorsed Belonging, Being and Becoming, the Victorian Early Years Learning Framework (VEYLF) for Australia which has been reviewed in 2016. This is the first early learning framework to be nationally endorsed for use by educators in a range of early childhood settings.

At MPLCC we have endorsed the Framework and believe in Belonging, Being and Becoming and its values embodied in the principles and practices of the revised VEYLDF 2016.

The Victorian and National Frameworks identify five learning outcomes for children.

These include that children:

- ❖ Have a strong sense of identity
- ❖ Are connected with and contribute to their world
- ❖ Have a strong sense of wellbeing
- ❖ Are active and involved learners
- ❖ Are effective communicators

Our programs take into account the children’s strengths, capabilities, culture, interests and experiences to enhance their learning.

## OUR PROGRAMS

We offer a wide range of experiences for the children. Our Educators support play-based learning environments where children are encouraged to play, learn and enjoy themselves; feeling secure, knowing that someone will comfort and help them when needed.

We support children to explore and experiment, to build on their interests, strengths and needs. At the end of the day, a journal will be displayed to show families about the children’s day. We appreciate feedback and information from families to help us support the children’s learning & development.

Play is the means through which children come to learn about themselves and their environment. Through the medium of play, children make observations, imitate actions and sounds, explore and memorise and recall new experiences. Children gather information through their senses:

- seeing
- touching
- smelling
- hearing

Therefore, we need to provide an environment that is sensitive to children’s needs, challenging and developmentally appropriate, providing opportunities for children to play and learn.

These activities include:

Play dough, drawing and pasting	They encourage greater control over children’s small muscles. Foster children’s aesthetic and creative development.
Water play, finger painting and sand play	These are pleasing tactile experiences. Helps to develop children’s imagination and creativity.
Imaginary play (dressing up)	Encourages social skills, language and imagination.
Books	Books encourage language, discussions, concentration and emerging literacy skills.
Home corner	Home corner encourages confidence, self-esteem, language, peers’ interaction and imagination. It also enables children to work together, communicate and act out thoughts/ideas.
Blocks/construction activities	These activities provide the opportunity for children to become creative and imaginative. This is also an appropriate area to encourage problem solving.
Music and movement	Promotes language, turn taking social interaction communication as well as increases confidence and self-esteem.

Group time	Stories, singing, discussions, games, music and movement are all attributes that make up group times.
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## PHILOSOPHY OF CARE

“Learning and growing with the community”

Merinda Park Learning and Community Centre aims to provide quality childcare, with consideration given to the needs of all children, families within the community actively supporting growth and development.

It is our belief that all children have the right for inclusion regardless of social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) to access high quality care within a homely, safe, caring and comfortable environment promoting play and leisure experiences for all children as well as a strong sense of wellbeing and belonging.

We aim to provide:

- families in our Community with affordable childcare supporting parent involvement in the Centre’s activities.
- high quality childcare which meets the needs of both the parents and the children
- promotion of healthy eating as part of the program to foster the children’s sense of health and wellbeing

We aim to work:

- within the Education and Care Services National Regulations and Children’s Services Regulations in Victoria under the Department of Education and Training (DET)
- to regularly evaluate the services to ensure that the service continues to meet the family, children and wider community’s needs
- to support and guide students and volunteers by imparting the knowledge and experiences of our Educators, to better understand children and families;
- within the United Nations Rights of the Child;
- within the Victorian Early Years Learning & Development Framework
- within the Australian Children’s Education and Care Quality Authority

We believe in:

- liaising with parents in order to provide all children in care with a safe, healthy, stimulating, nurturing and educational environment appropriate to the individual development levels and needs of the children;
- encouraging appropriate behaviour through positive guidance by instilling children with the confidence to accept responsibility for their own actions. With inappropriate behaviour being guided in a way that shows respect for the individual, whilst encouraging self-discipline and respect for others;
- taking into account children’s developmental stages when planning activities and experiences;
- encouraging non-sexist, non-racist and non-violent attitudes of all educators, students, parents, children and volunteers;
- creating an environment which promotes the development of trust, self-confidence, self-expression, acceptance and respect for others rights, values and needs;
- creating an environment which promotes the growth of independence, initiative, co-operation, self-control, self-respect and choices in decision making when appropriate;

- encouraging and support the professional growth of all educators;
- employing experienced educators professionally trained and dedicated to sharing experiences and learning opportunities with each child;
- providing opportunities for professional development for educators that will benefit the educator and centre for many years
- ensuring that all children have the opportunity to connect with the wider community through our centre by involving the children in excursions, incursions and special events.
- extending and developing each child's skills, knowledge and interests by providing the children with educational experiences that will give them the best chance in life to reach their full potential.
- allowing children to develop their own social skills through social play and educators being able to provide various opportunities for social interaction between school groups.

MPLCC OSHC philosophy upholds the: -

- UN Convention for the Rights of the Child
- Early Childhood Australia's Code of Ethics
- The Victoria Early Years Learning and Development Framework

### **Objectives**

The philosophy is implemented by the following objectives:

- to offer a flexible program that responds to the care and recreational needs of all children
- to provide an environment for all children that;
  - is both safe and challenging for all children, and
  - fosters all children's individuality, recognises individual needs and promotes the physical health and well-being of all children.
- to ensure that the program accurately reflects the needs of all children and families/caregivers by;
  - acknowledging the importance of families/caregivers contributions to the program,
  - encouraging comments and feedback from all families/caregivers, and
  - acknowledging and being aware of the cultural background of families/caregivers.
- to meet the standards & outcomes - under the Children's Services Regulations & the VEYLDF.

### **OFFICE HOURS**

The office is open Tuesday & Wednesday 8.30am to 5.45pm and Monday, Thursday & Friday 8.30 am to 4.15 pm for enquiries and fee payment. The Centre is closed on weekends and public holidays but **is open during school holidays**. Messages can be left on the answering machine after hours.

### **SESSION TIMES**

9.30am – 2.30pm Monday, Tuesday, Thursday, Friday. OR  
 9.30am – 12.30pm Monday, Tuesday, Thursday, Friday  
 Bookings essential to ensure positions available on the day.

There is no hourly rate for occasional care services. **Sessions are either 3hrs or 5hrs.** Please advise reception and Educators of the time the child will be in care on any given day.

## FEES

5 Hour Session	Full Cost	Concession		3 Hour Session	Full Cost	Concession
1 Child	\$26.00	\$24.00		1 Child	\$17.50	\$15.50
2 Children	\$34.50	\$32.50		2 Children	\$22.50	\$20.50
3 Children	\$40.00	\$38.00		3 Children	\$25.50	\$23.50

Occasional Care offers holders of Pensioner Concession cards, discount rates. To receive this discount, you must present your current concession card to the Administration staff. Payment is required on the day of care.

If your child will not be attending on the day they are booked in we would appreciate a call to let us know. A holding fee of **half** the normal rate of care will be charged for the position being held for your child for that day. This applies to all permanent bookings. The centre is closed for Occasional Care on public holidays and during school holidays.

## ADMINISTRATION FEE

In 2019 a new administration fee will be introduced to cover the additional requirements under the Regulations that has resulted in an increase in administrative processes. The fee of \$20 is payable per child per calendar year at enrolment and is not refundable or negotiable. Parents will also receive a sunsmart hat and sunscreen for each child. This way we ensure that all children have a hat and their own sunscreen in their bag each session.

## MULTIPLE SESSIONS FEES

If your child attends more than one session per week, then all sessions must be paid for in full on the first day each week. All fees must be kept up to date otherwise care will be cancelled for your child.

**Permanent Bookings** are available by leaving a two-week deposit at the start of the term. **Children need to be rebooked at reception for each term.**

## ENROLMENT

We encourage families to visit the Centre to meet with Educators and see the program. An enrolment form and any medical forms must be filled out before your child can attend the Occasional Care Program. No child will be accepted unless an enrolment form is fully completed and any additional documentation eg: medication forms etc, are attached. Booking will only be accepted with an original enrolment form, **faxed forms are not accepted.** A new enrolment form must be completed each year.

- These forms are available from the Occasional Care Program Office & Reception,
- All sections must be completed and signed,
- Please ensure that your emergency contacts are reliable,
- Please designate who is able to pick up your child,
- All medical and behavioural information must be placed on the enrolment form,
- Parents must inform the program of any changes of contact numbers and address,
- If you have sole custody of a child, a copy of the court order is to be kept on file in a lockable file

- Immunisation Evidence: We need to see the original Immunisation Status Certificate which can be obtained from the Australian Immunisation Register (AIR).

Immunisation History Statements can be requested at any time by contacting Medicare:

- Phone 1800 653 809
  - Email [air@medicareaustralia.gov.au](mailto:air@medicareaustralia.gov.au)
  - Visit the Medicare website
  - Visit your local Medicare office
- Action Plan is required if your child/ren have Asthma, Anaphylaxis, Epilepsy or a medical condition. A separate form is required if your child/ren have more than 1 condition.

Bookings are essential, as we have regulated staff/child ratios. Casual bookings for occasional care will be accepted if there are vacancies, however preference is given to permanent bookings. We have a registered number of places for each program. Once maximum enrolments are received, any further applications are placed on a waiting list and contacted by the Children's Services Manager or reception when a place becomes available.

## WHAT TO BRING TO EACH SESSION

- ❖ For the 3-hour session-smaller snack for morning tea & for the 5 hour session-morning tea and lunch consisting of a sandwich & fruit.
- ❖ A drink of water, in a refillable drinking container, with his/her name clearly marked.
- ❖ Sunsmart broad brimmed hat. **NO HAT NO OUTSIDE PLAY.**
- ❖ Coat with the child's name clearly marked.
- ❖ Spare change of clothes, right down to socks.
- ❖ At least 2 nappies for nappy changes.
- ❖ Please name your child's bag and all belongings clearly.

## GENERAL INFORMATION

- ❖ Dress your child in comfortable **play** clothes and sturdy shoes – NO THONGS OR SLIP ON SHOES
- ❖ Sunsmart clothing for play outside – no backless clothing or singlet tops
- ❖ **Please ensure all articles are clearly named.**

## IMMUNISATION

Under the new "No Jab, No Play" legislation, before enrolling a child in our Early Childhood service you will have to obtain evidence that the child is fully immunised for their age OR on a vaccination catch up program OR unable to be fully immunised for medical reasons. "Conscientious Objection" is not an exemption under this new legislation.

### About required documentation

#### Under "No Jab, No Play" what documentation is required as evidence of up-to-date vaccination?

Existing legislation already required that immunisation information is provided on enrolment. When the "No Jab, No Play" law came into effect from 1 January 2016, to finalise enrolment for a child in long day care, kindergarten, family day care or occasional care, parents/carers have to provide the service with an immunisation status certificate that shows their child:

- is up to date with vaccinations for their age OR

- is on the vaccine catch-up schedule OR
- has a medical condition preventing them from being fully vaccinated

An immunisation status certificate is a statement showing the vaccines a child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR)

Immunisation History statements can be requested at any time by contacting Medicare:

- Phone 1800 653 809
- Email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- Visit the Medicare website
- Visit your local Medicare office

Parents and carers are able to obtain documentation from immunisation providers that meet the requirements for enrolment. This has to show:

- what vaccines the child has had
- what date the next vaccine is due, if applicable
- any medical contradictions

## **CHILDREN SETTLING IN**

It is advisable for children, when attending care for the first time, to commence with a short separation period, as all children need time to settle into a new situation. Should children have difficulties settling in, our staff will support and guide families through the process.

It can be distressing for a child if he/she does not understand where the parent has gone and when the parent will return, therefore the process of saying “**goodbye**” to a child is very important. Parents who are uncertain when to separate from their child, can ask staff for assistance. Staff will contact you if your child has difficulties settling. Staff are happy to meet with parents at a convenient time to discuss any issues/concerns regarding their child.

## **ARRIVAL / DEPARTURE**

It is essential that parents/guardians sign their child/ren in and out of the Centre on arrival and departure on the Attendance sheet. A signature is required for each child. It is a State Government requirement that this is done.

Children will only be released to authorised adults. Anyone who is collecting your child must be over 18 years of age and be listed on the enrolment form. We do require photo ID when children are collected by the emergency contact.

When picking up your child/ren, ensure all belongings are collected and staff are advised of your departure. Please also ensure that you have signed out and recorded the time of departure in the attendance sheet provided. Please ensure that children are picked up on time. If you know you are going to be unavoidably delayed, please contact the Centre. Late pick up charges will apply.

Please be mindful of noise and the behaviour of your young child/ren at drop off and pick up times, as the Centre is multi-functional where formal learning takes place and there are numerous courses and classes running during these times. Thank you for your co-operation.

## **LATE PICK UP**

If children are picked up late from care, then parents will be required to pay \$1.00 per minute per child. Educators are not legally responsible for children outside set hours. If a child is not collected one hour after the normal closing time, then the relevant authorities will be notified if emergency contacts are also unavailable.

**Casual bookings** are available by phone during the week and making a payment before the session. Bookings will only be taken when there is a vacancy. **Casual bookings** need to be confirmed the day prior to care required to ensure that there is a vacancy available.

## **FINANCIAL HARDSHIP**

Families can contact the Centre Administration Manager to arrange a payment plan if financial hardship occurs. Families with outstanding fees at the end of the term with no payment plan arranged will be contacted and their spot in the program will be reviewed. Fee inquiries can be put in writing to the Accounts department.

## **FIRE AND EVACUATION PROCEDURE**

We have steps that are taken to ensure that everyone in the centre is evacuated in case of emergencies. There are also signs and fire extinguishers placed around the centre. Every term the Educators and children practice evacuation procedures.

If you are in the Centre when you hear the air siren, please follow procedures carefully and follow the instructions of the person in charge. Children will be evacuated through the double gates of the playground and assemble in the shelter at the park behind our centre. Parents must not leave the assembly area until notified by authorised persons.

## **MANAGING CHILDREN'S BEHAVIOUR**

All Educators are directed to encourage the positive aspects of all children's behaviour. When children are displaying inappropriate behaviour they will be guided to another activity.

## **QUALIFIED STAFF**

As a Limited Hours Type 2 Service, Merinda Park Learning and Community Centre employs qualified staff or staff obtaining qualifications in Early Childhood. Merinda Park Learning and Community Centre will ensure that the child/staff ratio as set out in Regulations 55.2(a) & (b) Children's Service Regulations 2009 will be met at all times. The new Educator to child ratios for Education & Care Services from 1 January 2016 will be applied.

All of our employees are trained educators and have:

- Children Services qualifications
- Working with Children Check and Police Check
- First aid training
- CPR training
- Anaphylaxis Management training
- Asthma Management training

See display in the entrance to childcare for Educators photos.

## SUNSMART

Our Sunsmart Policy has been developed to ensure that all children attending MPLCC are protected from skin damage caused by the harmful ultraviolet radiation (UV) rays of the sun as advised by the Cancer Council of Victoria. The policy is effective between September and April but is advised to be implemented all year round. Children without a sunsmart hat will not be allowed to play outside or will be supplied with a new one from Reception with the cost of \$15 added to the Parent's/Carer's account. We encourage Parents/Caregivers to supply Sunscreen SPF50+ as well, to ensure complete protection of your child/ren's skin during Sept-April inclusive.

MPLCC requires children to wear sunsmart hats that protect their face, neck and ears whenever they are outside, i.e. legionnaire or broad-brimmed hats. Children must wear their own sunsmart hats and not share hats.

It is to be implemented throughout the year, but particularly between September and April inclusive and from May until August if the U.V index reaches 3 and above as per the MPLCC website or [www.bom.gov.au/weather/uv](http://www.bom.gov.au/weather/uv) .

- ❖ Children will be required to wear sun smart broad brimmed hats that protect their face, neck and ears whenever they are outside.
- ❖ Children must not wear singlets, tank tops, or backless tops while in care
- ❖ Children must wear suitable footwear. **NO THONGS OR SLIP ON SANDALS.**
- ❖ Children who do not have their sun smart hats with them will be asked to play indoors or in an area protected from the sun.
- ❖ SPF50+ must be applied to your child before they are brought to the centre.  
This guards them against any skin irritations caused by the use of different sunscreen.
- ❖ Outdoor activities will be minimized between 11.00am and 3.00pm (Daylight EST).
- ❖ Sunsmart hats may be purchased from Reception for \$15.00.

## SMOKING

A person must not smoke:-

(a) inside a building on **Council Land**;  
(b) within 10 metres of the entrance to a building on **Council Land including any Council workplace**;

(c) within 10 metres of a building on a **reserve** located on **Council Land**;

(d) within 10 metres of a **playground** on any **Council Land**.

**Merinda Park Learning and Community Centre is a smoke free zone.**

## SNACK TIME / LUNCH TIME

It is a time of ensuring the nutritional needs and dietary requirements of the childcare are appropriately catered for. Snack time is a time to encourage social interaction with your child and others within the group, it allows for the children to practice their independence, develop friendships and for us all to develop healthy eating habits. Some suggestions for snack time are fruit, vegetables, yoghurt, cheese, muffins and sandwiches. Please do not send lollies and chocolate.

Please ensure you label your child's snack box and drink bottles.

## **REPORTING**

Merinda Park Learning & Community Centre has a responsibility to all children attending the centre to defend their right to care and protection, legislated under the Children, Youth and Families Act 2005 and Crimes Act 1958 (Failure to Protect Offence and Failure to Disclose Offence).

Management staff are mandatory reporters and are legally required to make a report to Department of Health and Human Services (DHHS) Child Protection where they form a reasonable belief that:

- a child has suffered or is likely to suffer significant harm as a result of abuse, and
- the child's parents have not protected, or are unlikely to protect, the child from that harm.

All other staff members have a legal duty of care and making a report to DHHS Child Protection if they form a reasonable belief that a child is in need of protection from abuse fulfils their duty.

Any staff member who forms a reasonable belief that a sexual offence has been committed in Victoria by an adult against a child under 16 must disclose that information to police.

## **HEALTH**

It is the responsibility of parents to notify us if a child is ill or has an infectious disease. The Health Department has stringent guidelines regarding the period of exclusion for infectious diseases. We will notify parents when there is an infectious disease at the centre, verbally or by placing a notice near the sign in sheet.

In relation to infectious conditions such as conjunctivitis, gastro-enteritis, worms, head lice etc it is advised that parents seek treatment from their child's family doctor and keep the child home until they have been treated and are well enough to attend again.

If your child appears to become unwell during the session you or your emergency contact person will be contacted requesting the child be collected ASAP.

The Centre's policy on infectious diseases outlines the exclusion practices for children who have an infectious disease or who have been exposed to an infectious disease. MPLCC will ensure that the policy is practiced. The Early Childhood program will practice correct hygiene and follow requirements from State & Commonwealth legislation.

MPLCC will ensure that parents/caregivers/approved persons will be notified of any infectious disease present at the Centre. Children will be excluded from the Occasional Care program in accordance with appropriate legislation.

Link:<https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>

## **ACCIDENTS / ILLNESS / INCIDENTS**

All Educators hold a First Aid Certificate – Provide and Emergency First Aid Response in an Education & Care Setting-HLTAID004. Good practice with regards to the administration of medication is essential to ensure that the appropriate dose of medicines is administered to the child. Medication includes all prescription and over the counter drugs.

*Merinda Park's Medication Policy is attached. Refer Appendix 1.*

MPLCC in line with the Children's Services Regulation 2009 Division 3 No 63-65 will ensure that at all times there is at least one Educator who holds a current first aid qualification, at least one Educator who has undertaken current approved anaphylaxis management training and at least one Educator who has undertaken current approved emergency asthma management training. This may all be the same person

In order to ensure that the interests of the Educators, children & parents/guardians/approved persons are not compromised, medication will only be administered with explicit permission from parent/caregiver/approved person.

- If your child is ill or injured, the appropriate first aid qualified person will administer first aid.
- An Educator will fill out an accident/incident report stating time, injury and first aid administered. Parents/caregiver will be notified and the accident report will require the parent/caregiver or approved person's signature.
- If your child becomes ill whilst in our care, the parent/caregiver or approved person will be contacted to make arrangements to have the child taken home. The Educator will make the child as comfortable as possible while they are waiting for the parent/caregiver. If you are unable to be contacted, we will notify your emergency contact person.
- If your child is asthmatic, we must have an asthma management & action plan from your doctor on file.
- An ambulance will be called in case of extreme illness or accident.
- PLEASE DO NOT SEND A CHILD WHO IS ILL.

## **ASTHMA**

Asthma is a chronic health condition affecting 1 in 6 children. It is a major cause for childhood admission to hospital and the most common cause of school absenteeism. While an average of four people die in Victoria each week from asthma, many of these deaths are preventable. Community education and correct management will assist to minimize the impact of asthma.

It is generally accepted that children under the age of 6 do not have the skills and ability to recognize and manage their own asthma effectively. With this in mind, MPLCC recognises the need to educate its' staff and parents/carers about asthma and to promote responsible asthma management strategies

If your child is asthmatic, we must have an **asthma management & action plan** from your doctor. We require a Medication Authorisation Form & Medical Communication Plan to be completed and signed by the parents. Educators are unable to administer medication without written consent and being in the original container. Please give asthma medication to Educators for storing.

*Merinda Park's Asthma Policy is attached. Refer Appendix 3.*

## **ANAPHYLAXIS POLICY**

### **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 a current Action Plan for Anaphylaxis with photo signed by a Registered Medical Practitioner and included with the enrolment form.
- provide staff with a complete EpiPen kit.
- regularly check the EpiPen® 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 Action Plan for Anaphylaxis 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 EpiPen® is permitted to attend the service or its programs without that EpiPen®.

## **MEDICATION**

All medication must be clearly marked with the child's name and the dosage must be clear on the Pharmacists dispensing label.

***Do not leave medication of any nature in your child's bag.***

Medication will be stored in a locked box.

### **Prescribed Medications**

Prescribed medication will only be administered if the Pharmaceutical label is current and intact. Medication will only be administered to the person specified on the label and the Doctor's direction will be strictly adhered to.

### **Non Prescribed Medication**

Non prescribed medication will only be administered with authorisation from a doctor and parent and this written notice must be provided to Educators along with a signed Medication Authorisation Form eg: Panadol. These medications will be in a lockable container. EpiPens® and Asthma pumps are in a lockable area but accessible to all staff/educators.

*Merinda Park's Medication Policy is attached, please refer to Appendix 1.*

## **HEAD LICE POLICY**

A child found to have live lice will be separated from other children and asked to wear a hat on their head to prevent the spreading of the lice. The parents will be notified immediately and asked to collect their child and begin treatment.

A child found to have eggs will be asked to wear a hat in case of eggs hatching which will ensure prevention of spreading to others. Parents will be notified of this procedure with the recommendation of collecting their child to begin treatment.

Whether eggs or live lice are detected the child's head will be also sprayed with tea tree oil and water. If other children request they will have their heads sprayed also. (if you do not wish your child's head to be sprayed please contact us.)

A sign notifying parents/families that there has been a case of head lice detected will be placed on the attendance sheets.

## **INCLUSION**

MPLCC Early Childhood Program offers a non-discriminative approach to programming, which is inclusive of all children. Consideration is given to factors such as culture, ethnicity, language, gender, social class and ability when planning the children's program.

The program responds to individual needs, interest and request by providing a range of activities for all children attending the service. The children's program offers a balance of activities, ensuring flexibility and providing for child-initiated activities. Children and parents/caregivers input is valued when Educators are preparing the program to ensure that it meets the needs of all concerned at all times.

MPLCC ensures that all children including those with additional needs participate in the planned activities of all Children's Services program.

## **FOOD HANDLING**

As a registered food handling organisation, we now require parents to advise us before they bring in any food to be shared amongst the children. Any cooking done with the children will follow the appropriated food handling regulations.

## **CELEBRATIONS & FESTIVITIES**

The Early Childhood program acknowledges that celebrations and festivals assist children to learn about other people and cultures. To facilitate this, the service will endeavour to include a variety of celebrations and festivities throughout the year within the children's program. The program will include a range of experiences representing everyday life, and celebrations will not focus on one specific festival or aspect of the culture. Children are, however, encouraged to celebrate festivities related to their culture or lifestyle.

Christmas, Easter, Mother's Day, Father's Day are all events recognised and celebrated within the program.

We do encourage parents/caregivers to help in these celebrations, e.g. bringing in a cake to celebrate their birthday but as we are a registered kitchen, strict guidelines must be followed. Please see staff for advice. Parents/caregivers are encouraged to provide ideas into the program and help select materials for the provision of culturally relevant experiences.

## **GRIEVANCE AND COMPLAINTS**

As a parent of young children, you may have issues that you wish to raise or difficulties that you need to discuss. The following guidelines have been developed to assist you to deal openly with any conflict/issues that may arise.

If the problem centres on your child or their daily routine, then the room leader in the room is your first point of call and should be approached. All discussions will be confidential and dealt with in a professional manner.

The Children's Services Manager and CEO are also available to discuss issues that you feel strongly about regarding your child. If the Manager or CEO is unable to assist with the matter, please address your issue in writing to the President of the Committee of Management.

Complaints and concerns about issues such as security, staff, health and safety should be directed immediately to the CEO.

If you have any concerns about any aspects of our services, please address them to:

- ❖ Athena Jones – Children's Services Manager
- ❖ Mrs. Jan Gilchrist – CEO of Merinda Park Learning and Community Centre Inc.
- ❖ The President – Committee of Management should an issue arise that cannot be settled by either the Manager or CEO.
- ❖ The Department of Education and Early Childhood Development Level 3 165-169 Thomas Street Dandenong Ph: 1300 555 526

Your feedback about our service is highly valued. Please feel free to discuss your views with us at any time.

## **EVACUATION PROCEDURES**

Evacuation procedures are displayed in each room and will be implemented in the event of any emergency in the Centre. If you hear an air horn, follow the direction of the person in charge. At various times in the year we will practice an emergency drill.

## **PRIVACY INFORMATION**

Merinda Park Learning and Community Centre is in receipt of Government funding for some of the programs and services it offers. We are required to provide statistical data to government for these funds but all data provided is managed in line with the Information Privacy Act 2000 and its principals.

You may be contacted in the future by a government agency or its representative, re your satisfaction with the services that you received from Merinda Park Learning and Community Centre. Only your contact details will be provided then they are destroyed. Further details re the Act and the Information Privacy Principles can be found at

<http://www.legislation.vic.gov.au>

\*We hope your child or children enjoy their stay with us.\*



## Appendix 1 – Medication Policy



### Merinda Park Learning & Community Centre Inc

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<b>Written/Amended By:</b>	Jan Gilchrist CEO	<b>Policy No:</b>	<b>05/03</b>
<b>Authorised By:</b>	CEO	<b>Version:</b>	<b>7</b>
<b>Distributed to:</b>	All Educators and VCAL staff	<b>Date:</b>	20 <sup>th</sup> November 2018
<b>Dates of previous issue:</b>	17 <sup>th</sup> May, 2004 8 <sup>th</sup> May, 2008 4 <sup>th</sup> June 2014 11 <sup>th</sup> November 2014 27 <sup>th</sup> October 2015 2 <sup>nd</sup> November 2016	<b>Review date:</b>	<b>November 2020</b>

### MEDICATION POLICY

Merinda Park Learning and Community Centre (MPLCC) has a duty of care to ensure that all persons are provided with a high level of protection during their attendance at the Centre.

Therefore, the basic principles of medication administration will be adhered to at all times while at MPLCC. Medication will only be administered to a child when it is prescribed for that child which has the original prescription label attached indicating the child's name, date and time to be administered, expiry date and full dosage information.

Exception will only be made in an emergency situation and staff will follow the *Education and Care Services National Regulations 2011 (National Regulations) Division 4 92-96* and *Children's Services Regulations 2009*

MPLCC reserves the right to contact a health care professional if staff/carer are unsure about administering medication to a child/ student, even if the parent or legal guardian has requested the medication to be administered.

#### Definitions:

For the purpose of this policy Medication is :

- Authorised by a health care professional and
- Dispensed by a pharmacist with a printed label, which includes the name of the child being prescribed the medication, the medication dosage and expiry date.
- All medication that does not meet the criteria for prescribed medication can be considered non-prescribed. This includes over the counter medication; medication dispensed by a naturopath/homeopath, or considered complimentary or alternative such as vitamins and cultural herbs or remedies.

### MEDICATION PROCEDURE

1. Medication must be handed to an Educator / staff / trainer who will be caring for the child and not left in their bag.

2. Medication will only be administered with written consent from the person whose name is recorded on the child's/students enrolment form as being authorised to request or permit the administration of medication to the child/ student or is the students parent /guardian. Prescribed medication will only be administered if the Pharmaceutical label is current and intact. Medication will only be administered to the person specified on the label and the Doctor's direction will be strictly adhered to
3. Non prescribed medication will only be administered with authorisation from a doctor and parent and this written notice must be provided to Educators along with a signed Medication Authorisation Form eg: Panadol. These medications will be in a lockable container. Epipens® and Asthma pumps are in a lockable area but accessible to all staff/educators.
4. Medication requiring cool storage will be kept in the fridge within the area.
5. Medication not requiring cool storage will be kept in a locked area but accessible to Educators in the Managers office (Children's services or VCAL).
6. At the time of administering medication the Educator /staff / trainer shall:
  - ascertain required medication and dosage to be administered
  - ensure that the medication is administered from its original container bearing the original label and instructions and before expiry date.
  - Measure prescribed dosage

A second staff member shall be present at the time of administering medication and shall;

  - obtain details from medication form;
  - check medication, dosage and amount measured; &
  - oversee administration to appropriate child.

Both staff members to sign the appropriate section of the Medication Authorisation Form. Ensure that when the parent/guardian of the child/student arrives with them at the Centre that they complete the Medication Authorisation Form.
7. Parents/guardians whose child suffers from a chronic condition (eg Asthma, epilepsy, diabetes, heart condition, hearing / sight problems) must on enrolment provide written signed and dated instructions indicating required medication and recommended treatment using the required Action Plan form. Parents/guardians are responsible for providing updated medical information to the Centre when changes occur. In the case of Asthma and Anaphylaxis sufferers, the parent/ guardian must also complete the appropriate action plan. See appropriate policies
8. Under the Children's Services Act 2006 or Education and Care services National regulations "Authorisation to Administer Medication", written authorisation does not apply in an emergency if the person authorised to give permission has given oral authorisation for the administration of the medication to the child/student and, within 7 days after the oral authorisation was given, confirms the authorisation in writing. This would also apply to a student attending any other service under the age of 18.

## Appendix 2 – Anaphylaxis Policy



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<b>Written/Amended By:</b>	Jan Gilchrist CEO	<b>Policy No:</b>	22/03
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<b>Dates of previous issue:</b>	11 <sup>th</sup> May, 2008 24 <sup>th</sup> August 2013 5 <sup>th</sup> November 2014 27 <sup>th</sup> October 2015 20 <sup>th</sup> October 2016 14 <sup>th</sup> November 2017 8 <sup>th</sup> March 2018	<b>Review date:</b>	November 2020

### ANAPHYLAXIS POLICY

Anaphylaxis is a severe, life-threatening allergic reaction. Up to 2% 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. This policy applies when a child, diagnosed as “being at risk of anaphylaxis” by a qualified medical practitioner is enrolled at the Centre. It also applies to parents , guardians, staff and management.

Merinda Park Learning and Community Centre believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The service 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 Centre 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 Educator and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

**The aim of this policy is to:**

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children’s service.
- ensure that Educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.

- raise awareness of anaphylaxis and its management through education and policy implementation to Centre users and parents.

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the children's service. It applies to children enrolled at the service, their parents/guardians, Educators and Approved Provider. It also applies to other relevant members of the service community, such as volunteers and visiting specialists.

The Centre recognises the importance of all Educators responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen®.

Educators and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Educators need to be aware that it is not possible to eliminate all allergens from the environment. Instead the a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service is required.

### **The Approved Provider, Nominated Supervisor or Manager of the service 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 service and develop a risk minimisation plan for the Centre in consultation with Educators and the families of the child/ren.
- ensure Educators responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training, that is reinforced at yearly intervals.
- ensure that all relieving Educators are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, Action Plan for Anaphylaxis and EpiPen® kit. All relieving Educators must be trained in anaphylaxis management the same as our regular educators
- ensure that no child who has been prescribed an EpiPen® is permitted to attend the service or its programs without that EpiPen® and Action plan for Anaphylaxis signed by a treating Medical Practitioner.
- ensure parents/guardians aware of this policy, and provide in the OSH handbook.
- encourage ongoing communication between parents/guardians and Educators regarding the current status of the child's allergies, this policy and its implementation.
- parents complete a Risk Minimisation form with an Educator
- As a non-secondary School provider of VCAL it is necessary for all staff to undertake twice yearly briefings on anaphylaxis under the Department of Education and Training requirements. This will be conducted at team meetings and with the staff undergoing yearly CPR and maintenance upgrades of first aid.

### **Enrolment Checklist for Children at Risk of Anaphylaxis**

- An Action Plan for Anaphylaxis is completed, 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 Centre's Anaphylaxis policy
- All parents/guardians are made aware of the Anaphylaxis policy

- Action Plan for Anaphylaxis for the child is signed by the child's Medical Practitioner and is visible to all staff and displayed in a prominent position to ensure that all team members are aware of the child's anaphylaxis status, triggers and emergency procedures.
- EpiPen<sup>®</sup> (within expiry date) is available for use at any time the child is in the care at the Centre
- EpiPen<sup>®</sup> is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All Educators are aware of the EpiPen<sup>®</sup> kit location
- The Action Plan for 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
- A risk minimisation plan must be developed for each child being cared for or educated by the Centre who has been diagnosed as at risk of anaphylaxis in consultation with the child's parent or guardians and includes all matters as prescribed in the regulations
- Parent/guardian's current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to Educators
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

**Educators responsible for the child at risk of anaphylaxis shall:**

- ensure a copy of the child's anaphylaxis action plan is visible to all Educators.
- follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialing 000.
  - Commence first aid.
  - Contact the parent/guardian.
  - Contact the approved nominee to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice EpiPen<sup>®</sup> administration procedures using an EpiPen<sup>®</sup> trainer and "anaphylaxis scenarios" on a regular basis, preferably half yearly at staff meetings.
- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, 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 Medical Practitioner.
- ensure that parents/guardians provide an Action Plan for Anaphylaxis signed by the child's Medical Practitioner and a complete EpiPen<sup>®</sup> kit while the child is present at the service.

- ensure that the EpiPen<sup>®</sup> 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.
- If the child is taken by the Educator outside the premises, then the Children's Services Manager must ensure that the Educator accompanying the child carries the child's anaphylaxis medication and medical management plan. Also an operational phone, first aid kit and phone number of who to notify of any injury, trauma or illness. The EpiPen<sup>®</sup> kit for each child at risk of anaphylaxis is to be carried by a trained adult on excursions that this child attends.
- regularly check the EpiPen<sup>®</sup> expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen<sup>®</sup> to the end of the nominated expiry month.)
- provide information to the service community about resources and support for managing allergies and anaphylaxis.

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

- inform Educators either on enrolment or on diagnosis, of their child's allergies.
- provide Educators with an Action Plan for Anaphylaxis and written consent to use the EpiPen<sup>®</sup> in line with this action plan.
- provide Educators with a complete EpiPen<sup>®</sup> kit.
- regularly check the EpiPen<sup>®</sup> expiry date.
- assist Educators by offering information and answering any questions regarding their child's allergies.
- notify the Educators 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 Educators, for example, any matter relating to the health of the child.
- comply with the service's policy that no child who has been prescribed an EpiPen<sup>®</sup> is permitted to attend the service or its programs without that EpiPen<sup>®</sup>.
- the parent will sign the Medical Authorisation Form the first term of attendance and review each term after that

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 service 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 this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it 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.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
- When the “at risk child” is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the Centre:

- Ensure tables and bench tops are washed down after eating
- Ensure hand washing for all children upon arrival at the service, 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. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the Action Plan for Anaphylaxis .
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not ‘wander around’ the Centre with food.
- Educators should use non-food rewards, for example stickers, for all children.
- The Action Plan for Anaphylaxis will inform the children’s service’s food purchases and menu planning.
- Educators preparing food should be instructed 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.
- 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 Action Plan for Anaphylaxis .

### Possible exposure scenarios and strategies

Scenario	Strategy	Who is responsible
Food is provided by the children’s service and a food allergen is unable to be removed from the service’s menu (for example milk)	Menus are planned in conjunction with parents of at risk child/ren and food is prepared according to parents instructions  Alternatively the parent provides all of the food for the at risk child	Educators & parents
	Ensure separate storage of foods containing allergen	Educators
	Educators observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children’s eating area, food utensils and containers.	Educators
	There is a system in place to ensure the at risk child is served only the food prepared for him/her	Educators
	An at risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child’s	Educators

	food. This place is not separate from all children and allows social inclusion at mealtimes.	
	Children are regularly reminded of the importance of not food sharing with the at risk child.	Educators
	Children are supervised during eating	Educators
Party or celebration	Give plenty of notice to families about the event	Educators / parents
	Ensure a safe treat box is provided for the at risk child	Parent/ Educators
	Ensure the at risk child only has the food approved by his/her parent/guardian	Educators
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent	Educators
Protection from insect bite allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area	Educators
	Decrease the number of plants that attract bees	Educators / Management
	Ensure the at risk child wears shoes at all times outdoors	Educators
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects	Educators, OH&S rep and management
<i>Latex allergies</i>	Avoid the use of party balloons or contact with latex gloves	Educators

Reference:

National Quality Standards 2.1

National Regulations 90, 168

Staying Healthy: Preventing Infectious Diseases in early Childhood Education and Care Services

Victorian Early Years Learning and Development Framework

Website : [www.acecqa.gov.au](http://www.acecqa.gov.au)

Website:<http://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldframework.pdf>

## Appendix 3 – Asthma Policy



Merinda Park Learning & Community Centre Inc

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ABN 69 093 616 835

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<b>Written/Amended By:</b>	Jan Gilchrist CEO	<b>Policy No:</b>	21/03
<b>Authorised By:</b>	COM	<b>Version:</b>	7
<b>Distributed to:</b>	All children's services staff	<b>Date:</b>	19 <sup>th</sup> November 2018
<b>Dates of previous issue:</b>	8 <sup>th</sup> May, 2008 24 <sup>th</sup> August 2013 10 <sup>th</sup> November, 2014 27 <sup>th</sup> October 2015 24 <sup>th</sup> October 2016	<b>Review date:</b>	<b>November 2020</b>

## ASTHMA POLICY

This policy applies to everyone who attends Merinda Park Learning & Community Centre (MPLCC) including children, Educators, other staff, students, volunteers and Committee of Management. However, it is generally accepted that children under the age of 6 do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind there is a need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies for children according to the Education and Care Services National Regulations 2011 Division 6 136. The aim is to have all Educators and all First Aid officers having Asthma Australia approved Asthma First Aid training.

### Values

MPLCC is committed to:

- being a Asthma friendly service as outlined by Asthma Australia
- raising awareness about asthma among the Committee of Management , Educators, other staff, parents/guardians of children attending the service and any others dealing with children at the service;
- providing a safe and healthy environment for all centre users including children;
- providing an environment and experiences in which everyone with asthma can participate in order to realise their full potential; and
- providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.

### Purpose

The aim of this policy is:

- for all users of the Centre who have asthma to receive appropriate attention as required;
- to respond to the needs of anyone who has not been diagnosed with asthma and who has an attack while at MPLCC.

## PROCEDURES

### **The Children's Services Manager and CEO shall, where appropriate:**

- make staff aware of the asthma first aid management policy and procedure
- organise Asthma Management training for Educators and any other staff interested if required;
- organise asthma management information sessions for parents/guardians or anyone enrolled at the service;
- encourage open communication between parents/guardians and Educators regarding the status and impact of a child's asthma;
- provide funding for the staff to purchase a spacer device and asthma reliever medication for the first aid kit, as required; and
- have Asthma information available for all Educators and parents at all times if requested.

### **The Children's Services Manager & Educators who work in Children's Services shall, where appropriate;**

- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has been diagnosed with asthma and document this information on the child's enrolment record;
- provide families whose child has asthma with an Action Plan for Asthma to complete. On completion, this will be attached to the child's enrolment record;
- compile a list of children with asthma and place it in an appropriate and readily accessible location, which is known to all Educators;
- regularly maintain any asthma component of the First Aid Kit, to ensure all medications are current and any asthma equipment is clean and ready for use;
- ensure the asthma component is included in the First Aid Kit taken on any activities outside the service;
- consult with the parent/guardians of children with asthma, in relation to the health and safety of their child and the supervised management of the child's asthma;
- identify and, where possible, minimise asthma triggers such as smoke pollens, viruses/colds, dust mite, exercise etc specific to each child;
- 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;
- administer all regular prescribed asthma medication in accordance with the Medication Policy; and
- discuss with the parent/guardian the requirements of the Medication Policy and what is needed for their child.

**Parents/guardians of a child with asthma will be required to:**

- inform Educators, 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 Action Plan for Asthma signed by the treating doctor;
- provide their child's medication, clearly dated and in the original labelled container. A spacer, and mask as required, should also be supplied;
- notify the Educators in writing, of any changes to the information of their child's asthma management and complete a new Action Plan for Asthma, a new Medication Authorisation Form and sign the Medical Communication Plan;
- complete the required Medication Authorisation form and Medical Communication Plan when necessary for regular treatment;
- communicate all relevant information and concerns to Educators as the need arises. (eg if asthma symptoms were present the previous night); and
- consult with the Educators, 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 Educators together with the parents/guardians of a child with asthma will discuss and agree on a plan of action for the emergency treatment of an asthma attack based on the *Asthma Victoria 4 step Asthma First Aid Plan*. This plan will be included on, or attached to, the child's Action Plan for Asthma and enrolment record;
- This plan should include actions to be taken where the parent/guardian has provided asthma medication, and in situations where this may not be available;
- **Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack; and**
- *Children with a known asthma condition:* Educators will follow the agreed plan of action for the child for the emergency treatment of an asthma attack.

*Children where Educators are not aware have pre-existing asthma will:-*

- call an ambulance immediately by dialing 000 or 112 if your mobile is out of phone range or credit;

- provide asthma reliever medication to the child immediately, if this is available and the staff member has Emergency Asthma Management training;
- contact the parent/guardian; and
- contact either the Children’s Services Manager and CEO.

#### 4 Step Asthma First Aid Plan

Step 1 - Sit the child upright – be calm and reassuring.

Step 2 - Without delay give 4 separate puffs of a reliever medication (blue/grey ‘puffer/inhaler’ – *Respolin, Ventolin, Asmol or Bricanyl*) one puff at a time via a spacer. Ask the child to breathe in and out 4 times after each puff.

Step 3 - Wait 4 minutes.

Step 4 - If there is no improvement continue to repeat steps 2 and 3. If still no improvement – call an ambulance immediately (Dial 000) and state that a child is having an asthma attack. Continue to use Steps 2 and 3 whilst waiting for the Ambulance.

#### **Reference Phone Numbers**

**Asthma Victoria – (03) 9326 7088 or 1800 278 462**

[www.asthma.org.au](http://www.asthma.org.au)

#### **Resources:-**

Education and Care Services National Law 2010

Education and Care Services regulations 2011

National Quality Standards QA 2, QA 7

Stay Healthy 5<sup>th</sup> Edition 2012