Wodonga South PS
Out of Hours School Care

Parent Handbook

2018

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Table of Contents

INTRODUCTION

On behalf of Wodonga South Primary School Out of Hours and Vacation Care Program, I would like to wish you a very friendly welcome. The Coordinator is available to answer any queries or questions you may have. We hope you and your child enjoy the time spent in our service.

This booklet is part of our service that aims to provide quality care and fun activities for your child in a safe and friendly environment. Please read it carefully as it contains important information about how our program operates and what you need to do to use the service.

Wodonga South Primary Out of Hours School Care and Vacation Care program has a firm commitment to ensuring all its services function within National Standards, and is working within Quality Assurance Guidelines.

Wodonga South OHSC QA strategies are being developed to ensure we offer a good quality service, with continuous improvement, and open communication channels for staff, families and support agencies.

All our programs are designed to cater for primary school aged children and meet the National Standards for Outside Hours Care Services in particular: staff ratios, facilities, health and safety, administration and programming.

As we cater for children of high need or whose parents are working or studying, fee subsidy is available through the Commonwealth Government Child Care Benefit Scheme. We therefore work co-operatively with the Department of Family and Community Services and Centrelink and further information can be obtained by contacting your nearest Centrelink office or https://www.humanservices.gov.au/customer/services/centrelink/child-care-benefit

Wodonga South Primary OHSC is committed to encouraging consultation and feedback between management, staff and families that access the OSHC/Vacation Care services.

Our Family Handbook was last reviewed in Dec 2017, and undergoes an annual review to ensure its relevance and currency.

Roxanne Brownlow
OHSC Coordinator/Nominated Supervisor

Philosophy

To provide a quality primary school-aged childcare service for WODONGA SOUTH PRIMARY OUT OF SCHOOL CARE which is community-based, flexible and meets each child's need for care in a creative, stimulating, safe and secure environment before and after school and during school holidays.

The philosophy is implemented by the following objectives:

Objectives

1. To provide children with the opportunity to interact in a safe environment with their peers.
2. To provide a relaxing and enjoyable atmosphere in which children can participate in activities relevant to their needs.
3. To provide an environment which fosters open communication between participating children and Out Of School Care staff.
4. To recognise and provide for the individual needs of primary aged children aged 5-12 years.
5. To provide a supportive and relaxing home like environment in which the children are able to attend to homework.
6. To set appropriate limits for children which reinforces positive behaviour and modifies inappropriate behaviour.
7. To generate a range of recreational play activities which meet the individual needs of primary aged children.
8. To ensure that all activities are conducted under supervision within National standards guidelines and in an environment which ensures the safety and wellbeing of all participants.

Strategies

1. To ensure that all staff members possess the required skills, experience, and motivation to deliver the objectives of the program.
2. To provide equipment and activities which address both the active and passive recreational needs of the children.
3. To ensure that all equipment is maintained in good working order.
4. To ensure that staff members are given the opportunity to be suitably qualified in the application of First Aid, CPR and Food Handling and that these qualifications are upgraded as required.
5. To liaise with staff members and parents to fully understand the needs of participating children.
6. To provide adequate written and verbal feedback to staff members and parents as required
7. To research and develop recreational activities which are compatible with the needs of the children and are within the resource capabilities of the program
8. To provide staff members with literature/journals appropriate to child development and opportunities for in-service in order to ensure personal and professional development and training.

1. Administration

Session Times and Fees

Before School Care: 6.30 am - 8.45am $12.00 per session (An extra fee of $1.50 is charged if breakfast is required)

After School Care: 3.30pm-6.30pm $15.00 per session (Includes a nutritious Afternoon Tea)

Curriculum/pupil free day: 6.30 am-6.30pm $40.00 per session (Includes a nutritious Afternoon Tea)

Foundation Play Days: 6.30 am-6.30pm $40.00 per session (the first 4-5 Wednesdays of the school year)
(Includes a nutritious Afternoon Tea)

Vacation Care: 7.00am-6.00pm $40.00 per session (Includes a nutritious Afternoon Tea)

The fees for each session are per child regardless of the amount of time the child is in attendance. Additional fees may be charged depending on the scheduled daily program.

The Program will not operate on the following days:

- Australia day
- Victorian Labor Day
- Easter Friday and Easter Monday
- Anzac Day
- Queens Birthday
- Melbourne Cup Day or Wodonga Cup Day
- Christmas Day
- Boxing Day
- New Years Day
- Grand final Day

If there are insufficient bookings for any Curriculum and Pupil Free days, the decision whether to operate or not will be made by the Principal, the business Manager and the Program Coordinator.

Bookings/Cancellations

Permanent bookings are positions guaranteed for the full term and each day booked must be paid for if prior notice is not given for unexpected absence. Permanent bookings do not automatically carry-over between terms. If you require a permanent day for the whole year, you must make this request in writing.

Casual bookings are available on request when there is a vacancy in the appropriate session. These bookings cannot always be guaranteed ahead of time. Parents are advised to make their booking as soon as possible, or (as a minimum) by the day before care is needed.

Vacation Care bookings for midterm breaks must be finalised with payment one week prior to the Vacation Care program (i.e. the Friday before the last week of term). The last day of term is also the last day for cancellations and/or changes without penalty. In the event that a booking is made during the vacation care period, on the off chance there is a vacancy that booking must be paid for prior to your child attending or at sign-in on the day.

January Vacation Care

- Bookings must be finalised the Friday before the last week of term 4.This last day for bookings is also the last day for cancellations and/or changes without penalty.
- Our service allows for a maximum of 4 children (aged 4-6) per session who are enrolled to start school Foundation at the beginning of any school year

Should we reach our capped number of places; a waiting list will be established. In the event of a cancellation and if we have a waiting list, no fee will be charged for that cancellation if a family from the waiting list can fill the position. If we have not reached our capped number of places and the cancellation is made, the normal fee will be charged for that cancellation.

Cancellations for OHSC program sessions Before School Care/Curriculum Days/Pupil-free Days must be made by 9am on the previous day and After School Care by 6pm on the previous day (e.g. to cancel Wed. Before School Care/Curriculum Days/pupil-free Days you must cancel by 9am on Tues/ e.g. to cancel Thurs ASC you must cancel by 6pm on Wed). If a **doctor's certificate** with the date covering the cancellation is supplied to Wodonga South OHSC or in the event of serious family circumstances, there will not be a charge for a late cancellation. All other late cancellations are to be paid in full.

Prime Children Time: Due to the demands of the daily program preparation, from 3pm to 4pm is designated as Prime Children Time. Any bookings, cancellations, fee payments and other questions need to be taken to the school office and will be passed onto staff after 4pm.

Priority of Access

Priority will be given to primary school aged children (yrs Foundation-6.) Older siblings, to the age of 13yrs (or yr 7) may be enrolled after discussion with the child, parents, coordinator and/or Principal/Assistant Principal. The final decision rests with the coordinator/Principal /Assistance Principal.
In the event that South OHSC has a waiting list and a number of parents/guardians competing for a limited number of spaces, specific guidelines must be followed. Please refer to the OHSC Policy Document attached at the end of this booklet.

Payment of Fees

Fees will be invoiced weekly and can be paid for either at the school office or at the OHSC facility. When paying fees at the service all payments need to be made directly to the Coordinator or Assistant Coordinator. OHSC Program Assistants are not authorised to accept fees. Be aware that when paying, invoicing and fee payments may overlap. Therefore, if you receive an invoice that shows an outstanding amount, which you have already paid, please just pay the amount owing. Receipts will be issued the week following payment.

Overdue Fees

Any family that is more than two weeks in arrears will receive an invoice with the outstanding amount highlighted. This is a reminder that the account is **overdue**. If any account reaches four weeks with outstanding fees, they will receive a letter stating that fees are paid within one working week or their child care may be suspended. We ask that at no time the outstanding debt reach $200. Any accounts that reach this figure may be excluded from the service until the debt is repaid or a payment agreement met.
Once a family has a debt, which is six weeks outstanding, a debt recovery agency will be used to recover monies owing. Any changes associated with debt recovery will be the responsibility of the offending family.

Families are welcome to hold a credit balance with us to prevent outstanding fees

Dishonored Cheques

Should cheques made payable to Wodonga South Primary School Care not be honored by the bank, we regret that a charge of $20 per cheque will be payable and parents will be charged accordingly.

Child Care Benefit

This is a payment made for families to assist with the cost of childcare. All Australian residents using childcare provided by an approved Child Care service are eligible to apply for Child Care Benefits (CCB). The Family Assistance Office (FAO) administers Child Care benefit through Centrelink, Medicare and the Australian Taxation Office. Our programs have been approved for the Child Care Benefit. For more information regarding CCB, contact Centrelink on 136150 from 8am to 8pm Monday to Friday.

To nominate Wodonga South Out Of Hours School Care as your Child Care Provider, please use the following Customer Reference Numbers (CRN):
Before/After School – 407 339 475 S (use this number for Pupil Free Days)
Vacation Care – 407 354 867 C

We recommend registering for both services, for the unforeseeable.

CCB will be replaced in July 2018 with A New Child Care Package with more information to be provided early 2018 about what it means for families please see below so additional information about the new child care subsidy from https://www.education.gov.au/ChildCarePackage

Child Care Subsidy

The package includes a new Child Care Subsidy, which replaces the current Child Care Benefit and Child Care Rebate. The Child Care Subsidy will be paid directly to services. There are also changes to the annual cap which will make child care more affordable for most families.
Three things will determine a family's level of Child Care Subsidy:

1. Combined family income
2. Activity level of parents
3. Type of child care service

Some basic requirements must be satisfied for an individual to be eligible to receive Child Care Subsidy for a child. These include:

- the age of the child (must be 13 or under and not attending secondary school)
- the child meeting immunisation requirements
- the individual, or their partner, meeting the residency requirements.

The Child Care Safety Net

The package includes a $1.2 billion Safety Net to give the most vulnerable and disadvantaged children, including those from regional and remote communities, a strong start through access to quality early learning and child care.

Next steps

The current arrangements don't change until 2 July 2018. More information about what families need to do to prepare for the change will be available in early 2018.

https://www.education.gov.au/ChildCarePackage

Non-Attendance

In the event of non-attendance for a booked session, the fee will still be payable.

Drop off and Pick Up of Children

For Before School, Vacation Care and Curriculum/Pupil-free Days, all children are to be signed in at the Service by an adult. This person must make contact with a member of staff before leaving the child. For After School Care all children will come to the OHSC room when the bell sounds at 3.30pm. Pick up from After School, Vacation Care and Curriculum/Pupil-free Days is by an authorised adult (someone nominated on the child's enrolment form).

A list of authorised adults nominated to collect each child is to be provided at the time of enrolment and staff will strictly adhere to this list. In the event an unauthorised person arrives to collect a child, the child will not be handed over until phone contact has been made with the parent or guardian and authorisation given for that person to collect the child/children. That person's name can be added to the enrolment form with parental/guardian permission. Under no circumstances is a child or children to leave the OHSC centre unaccompanied.

Children leaving the program to pursue another activity need to be signed out by an authorised adult as stated on the enrolment form or by letter from the parent/guardian. If the child/children return from that activity an authorised adult must sign him/her/them back into the program.

Late Pick-up Fees for ASC

Wodonga South Out of School Hours Care After School Care closes at 6.30 pm. The late pick-up fees are calculated at $1 per minute per child charged in 15 min blocks. In the event that your child will be picked up late, a courtesy phone call to inform staff would be appreciated, however this will not reduce the late pick-up fee. All late pick-up fees will still be payable.

In the event that a child/children is/are not collected by 6.30 pm, staff will:

- Attempt to make phone contact with parent/guardian.
- If no phone contact is made, staff will phone the pick up and /or emergency contacts, as listed on the enrolment form, for child/children collected.
- Advise the Principal and/or Assistant Principal of W.S.P.S. of the non-collection of child/children.
- Remain with child/children until 7 pm and phone the police.

Late Pick-up Fees for Vacation Care

Wodonga South Out of School Hours Care Vacation Care closes at 6pm. The late pick-up fees are calculated at $1 per minute per child charged in 15 min blocks. In the event that your child will be picked up late, a courtesy phone call to inform staff would be appreciated, however this will not reduce the late pick-up fee. All late pick-up fees will still be payable.

In the event that a child/children is/are not collected by 6pm, staff will:

- Attempt to make phone contact with parent/guardian.
- If no phone contact is made, staff will phone the pick up and /or emergency contacts, as listed on the enrolment form, for child/children collected.
- Advise the Principal and/or Assistant Principal of W.S.P.S. of the non-collection of child/children.
- Remain with child/children until 6.30 pm and phone the police.

Attendance Register

The Attendance register is a legal document and will be provided for the purpose of signing the child in and out of the program each day together with arrival and departure times. It is also a requirement for Child Care Benefit that your child's attendance is recorded, as proof of attendance. The attendance record is also required for emergency evacuation if necessary. Please ensure that you sign your children in and out and record the time that you arrive.

Enrolment Forms

An enrolment form must be completed for each child in the program each year. These details are essential to understand the medical and special needs relevant to each child. Each year, a new enrolment form must be completed for each child intending to access OHSC throughout that year. This is necessary to ensure that all our records are current.

Insurance

Wodonga South Primary School Out of Hours School Care is covered under Wodonga South Primary School's Public Liability Insurance.

Health and Safety

Medical Records and Incident/ Accident Reporting

An accident/injury report form will be filled out at the time of each/every accident/injury/incidence. A copy will be retained in the child's individual file.

1. All First Aid assistance will be administered by a First Aid trained staff member only. All medications to be administered at the Out of School Care Program will be recorded and signed in by a parent or authorised educator and a First Aid trained staff member. The following steps will be adhered to for all staff administering medication:
2. The medication is in the manufacturer's container bearing the maker's label.
3. The medication is used for the child for whom it has been prescribed.
4. The medication form has been completed and signed by a parent/guardian and staff member and verified by a second staff member or another parent/guardian.

5. The medication must be placed in a lockable drawer/cabinet.
6. The medication form may be updated daily by both staff and parents.
7. Parents are responsible for collecting the medication at the end of the session and/or at the end of each school year.

***Note: **Medication is not to be left in children's bags**

Asthma Management Plan

Child who suffer with Asthma are required to have an Asthma Management Plan completed by the parent. This will detail the emergency procedures and medication to be administered in the event of an asthma attack. The Asthma Management Plan must be handed to the coordinator/assistant and will be kept with medications, a copy will be placed in the Asthma/Anaphylaxis/Medical Conditions folder for staff's knowledge and a copy will be attached to the child's enrolment form. As per W.S.P.S. policy, children who use an asthma inhaler are responsible for their inhaler and it can be on their person. All staff are required to know which attending children have inhalers.

Illness

In the event of an illness, parents or nominated emergency contact person will be contacted immediately. All details relevant to the illness will be recorded on an accident/injury/illness form.

Staff will be fully equipped to deal with minor illness and carry out basic first aid procedures. Provision will be made for the comfort of the child until they are collected. The child's right to privacy will be respected.

In the event of major illness, relevant emergency personnel (ambulance, police, fire) will be contacted.

Anaphylaxis Policy

POLICY
Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.
The keys to prevention of anaphylaxis in schools is having knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and the prevention of exposure to these triggers. The partnership between Wodonga South Primary School OHSC and its parents is important in ensuring that certain foods or items are kept away from the student whilst he/she is at school.
Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid-thigh is the most effective first-aid treatment for anaphylaxis.

PROCEDURE

- To make, as far as practicable, Wodonga South Primary School OHSC a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the Program.
- To raise awareness about anaphylaxis and the OHSC anaphylaxis management policy in the Wodonga South Primary School community.
- To engage with Parents/Carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the service's policy and procedures in response to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Coordinator will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student is enrolled and, where possible, before their first day of care.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care of OHSC staff.
- The name/s of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- If the child is prescribed an adrenaline Auto injector (Epi-Pen) and fails to bring it to the OHSC, then parents/guardians will be contacted as they will be unable to remain at the service.
- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
    - sets out the emergency procedures to be taken in the event of an allergic reaction;
    - is signed by a medical practitioner who was treating the child and includes an up-to-date photograph of the student.

The student's individual management plan will be reviewed, in consultation with the student's parents/carers:

- annually, and as applicable,
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at the service

It is the responsibility of the parent to:

- Provide the emergency procedures plan (ASCIA Action Plan).
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- Provide an up-to-date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
- Ensure the carers are provided with the child's medication

COMMUNICATION PLAN

The Coordinator will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in the school yard, on excursions.

Volunteers and casual relief staff who may be working with students at risk of anaphylaxis will be informed of such students and informed of their role in responding to an anaphylactic reaction from a student in their care by the Coordinator.

All staff will be briefed once each term by a staff member who has up-to-date anaphylaxis management training on:

- OHSC anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device
- OHSC first aid and emergency response procedures

STAFF TRAINING AND EMERGENCY RESPONSE

Staff supervising students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up-to-date training in an anaphylaxis management training course.

At other times while the student is under the care or supervision of the Program, including excursions, the Coordinator must ensure that there is a sufficient number of staff present who has up-to-date training in an anaphylaxis management training course.

The Coordinator will identify the staff to be trained based on a risk assessment. Training will be provided to these staff as soon as practicable after the student enrols.
Wherever possible, training will take place before the student's first day at OHSC. Where this is not possible, an interim plan will be developed in consultation with the parents.
Wodonga South Primary School OHSC first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

DEFINITIONS:

Allergy:
the immunological process of reaction to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.
Allergic reaction:
a reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse, or cessation of breathing.
Anaphylaxis:
a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly lungs or circulation systems.
Anaphylaxis "action plan":
a medical management plan prepared and signed by a Doctor; it must provide the child's name and allergies, and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) action plan.
Anaphylactic children:
those children whose allergies have been medically diagnosed, and who are at risk of anaphylaxis.
Anaphylaxis management training:
training provided by a person designated by the Principal which includes recognition of allergic reactions, treatment and practice with an Epipen® trainer. Training should also include strategies for anaphylaxis prevention.
Epipen® kit:
a container, for example an insulated lunch pack. The kit should contain a current Epipen®, a copy of an anaphylaxis action plan, and telephone contact details for the child's parents/primary caregiver, the doctor/medical service and the person to be notified in the event of a reaction if the parent/primary caregiver cannot be contacted. The kit should also contain a container (such as a toothbrush holder) to store a used Epipen® until safe disposal can be arranged.
Intolerance:
Often confused with allergy, intolerance indicates that the body is unable to absorb or breakdown nutrients. Lactose intolerance, which is due to a lack of intestinal enzyme, lactase, is an example of non-allergic cow milk tolerance. Lactase digests the milk sugar, lactose. The large quantities of undigested lactose act as a laxative. The immune system is not involved.

MINIMISING THE RISK
Starting school is an exciting time for many families, but for some it can be particularly stressful, especially for those who have children with life-threatening allergies or anaphylaxis. Anaphylaxis is a generalised allergic reaction which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, cardiovascular).

COMMON SYMPTOMS
- Mild to Moderate Allergic Reaction
- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, eyes, lips
- Vomiting, abdominal pain
- Severe Allergic Reaction - Anaphylaxis
- Difficult or noisy breathing
- Swelling of the tongue

- Swelling or tightness of the throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness
- Pale and floppy

MANAGEMENT PLAN FOR ALLERGIC REACTION TO PEANUTS OR NUTS

- Family alert OHSC of medical condition.
- OHSC discusses child's problem with parent.
- School, Royal Children's Hospital or Doctor for advice.

Sick Children

It is our policy that sick children will not attend the program. We have an obligation to the other families who utilise the program not to expose their children to infectious disease.

Children who display symptoms of the following complaints are requested not to attend the program:

High Temperature	Vomiting	Diarrhoea
Severe Skin Rashes/infection	Productive Cough (mucus)	Chicken Pox
Conjunctivitis	Diphtheria	Tonsillitis
Infectious Hepatitis	Measles	Mumps
Rubella (German Measles)	Whooping Cough	Cold Sores
Head Lice	Ring Worm	Scabies
Impetigo	Hand and Foot Infection	Excessive discharge from eyes/nose/ears.

There are varying isolation and exclusion periods for the above illnesses.

Recommended minimum periods of exclusion from school, pre-school and child care centers for cases of and contact with infectious diseases as issued by the National Health and Medical Research Council (June 1992).

Conditions	Signs and Symptoms	Exclusion of Cases	Exclusion of Contacts
Acquired Immune Deficiency Syndrome (AIDS / HIV)	Breakdown of body's defence system	Not excluded unless child has a secondary infection	Not excluded
Amoebiasis (Entamoeba histolytica)	Diarrhoea	Exclude until diarrhoea has ceased	Not excluded
Asthma	Laboured breathing persistent cough, blueness around lips and extremities, wheezing	Not excluded Recommend that a child who requires treatment more often than four hourly should not be in care.	Not excluded
Campylobacter	An intestinal infection, identified through faecal culture. Diarrhoea (sometimes bloody), low-grade fever and abdominal cramping.	Exclude until diarrhoea has ceased	Not excluded
Chicken Pox	Small dark pink spots on trunk and upper limbs, which appear in crops over a period of time. Spots then form watery blisters that break easily. Fever, runny nose, cough, fatigue and general rash.	Exclude until fully recovered or for at least 5 days after the eruption first appears. Some remaining scabs are not a reason for continued exclusion.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.

Common Cold	Upper Respiratory Infection Blocked nose, fever, coughing, headache, sore throat, irritability and sneezing.	Not excluded To prevent spread of infection, and provide effective care to the child parents are advised to keep children at home while symptoms are obvious - green/yellow nasal discharge, elevated temperature.	Not excluded
Conjunctivitis	Infection of the Eyes Weepy red eyes which are sore or itchy. Intolerance of bright lights. A discharge can cause eye lashes to stick together after sleep.	Exclude until discharge from eyes has ceased.	Not excluded
Croup	Croup refers to any kind of inflammation of the larynx or voice box in children - is not a single disorder in itself. Harsh, barking cough, noisy breathing. Several viruses can cause croup.	Not excluded Parents should be encouraged to exclude the child until fully recovered.	Not excluded
Cytomegalovirus (CMV)	A member of the herpes group. Either mild or no symptoms present.	Exclusion not necessary	Not excluded
Diarrhoea	Increased frequency, runniness or volume of faeces. Vomiting and stomach pain.	Exclude until diarrhoea has ceased or until medical certificate of recovery is produced.	Not excluded
Diphtheria	An acute infectious bacterial disease with inflammation of mucous membrane especially of the throat, resulting in formation of false membrane causing difficulty in breathing and swallowing.	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude family/household contacts until cleared to return by the Secretary.
Fever	Normal temperature 36-37 degrees. Temperature elevated. Child looks flushed and feels hot to touch	Not excluded A child with a temperature in excess of 38.5 degrees may also be required to go home.	Not excluded
Glandular Fever (mononucleosis)	An infectious viral disease characterised by swelling of the lymph glands and lethargy.	Exclusion is not necessary	Not excluded
Hand, Foot and Mouth Disease	A viral illness with blisters in the mouth and on the hands and feet. This is not a serious illness and has nothing to do with the animal disease known as Foot and Mouth Disease. The child may have a low fever and lack of appetite	Excluded until blisters have dried.	Not excluded

Head Lice, Ringworm, Scabies, Pediculosis	A parasite Itchy scalp, particularly when head is hot. Tiny pearls of white eggs attached to the root of the hair. Difficult to remove	Re-admit the day after appropriate treatment has commenced	Not excluded
Haemophilus type b (Hib)	Can cause meningitis, swelling of the throat, pneumonia, joint infection. Symptoms of meningitis include fever, vomiting, headache, irritability, fitting and neck stiffness. Caused by bacteria in the throat and nose.	Exclude until medical certificate of recovery is received	Not excluded
Hepatitis A	Inflammation of the liver Caused by a virus. Jaundice, dark brown urine, pale stools, loss of appetite, nausea, low grade fever, lethargy, abdominal discomfort	Exclude until medical certificate of recovery is produced, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Infection of the liver, passed on by infected blood into a cut or the mouth lining of other person. Symptoms include abdominal discomfort, loss of appetite, nausea, fever, tiredness, joint pain, dark urine and yellow skin or eyes (jaundice)	Exclusion is not necessary	Not excluded
Hepatitis C	Infection of the liver. Made through contact with infected blood such as through a blood transfusion. Symptoms include abdominal discomfort, loss of appetite, nausea, fever, tiredness, joint pain, dark urine, and jaundice.	Exclusion is not necessary	Not excluded
Herpes simplex ("cold sores")	Area of infection usually reddens and then fluid-filled blisters appear. Blisters tend to reappear on the same part of the person's body.	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by a dressing where possible.	Not excluded
Impetigo (School Sores)	A bacterial skin infection caused by the staph organism, the strep organism or both. Flat, yellow, crusty or moist patches on the skin.	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded

Influenza & influenza like illness	A viral disease of the respiratory tract characterised by fever, chills, headache, muscle pain, head cold and mild sore throat. Recovery between 2-7 days.	Exclude until well.	Not excluded
Leprosy	A contagious disease which affects the skin, mucous membranes, and nerves, causing disfigurement.	Exclude until approval to return has been given by the Secretary	Not excluded

First Aid

A minimum of one staff member on duty shall be currently First Aid Qualified.

A first Aid kit will be maintained in effective order and stored in a position that is readily accessible to staff. A First Aid kit will be taken on all excursions.

All staff will be given the opportunity to become First Aid trained and to maintain current CPR updated procedures.

Emergency / Accident

The W.S.P.S. Out of hours School Care Program will be operated in a manner, which minimizes the potential for accidents or injuries occurring to children and staff. Should an accident occur, staff will act immediately to administer emergency procedures.

1. In the event of a severe accident the following steps will be taken:
2. The coordinator/assistant will apply their knowledge of basic first aid and make an assessment of the injury.
3. If necessary, emergency authorities will be contacted i.e. ambulance, doctor.
4. The program Coordinator/Assistant will attend to the other children in the program remaining with them and keeping them calm.
5. The parents of the child/children will be notified.
6. In the event that transport to a hospital is required due to injury or illness, a staff member may accompany the child until the parent arrives, but only if the staff: child ratio remains within the National Standards guidelines. If a family does not have Ambulance Insurance, the parent/s will meet all associated ambulance costs.
7. A staff member who witnessed the accident must complete an Accident Form. This report must be accurate and detailed as these records may be required in a Court of Law at a later date. An Accident Form should outline:

- The name of the child, his/her age and which staff member attended to them
- Date and time of the accident
- Details related to the accident
- Witnesses observing the accident
- Treatment administered
- Treatment outcome
- Parent notification
- Other relevant information

8. All enrolment forms must contain a permission or release by the parent/guardian enabling staff to seek appropriate medical attention in the event of a serious accident.

Following an accident, the parent of the child is required to witness and sign the accident/injury/illness form. Staff will review all accidents, and preventative measures will be identified and implemented. In the wake of such an emergency situation, staff will debrief to ensure that all procedures were duly executed and, where necessary, counselling opportunities provided.

Emergency Procedures

Wodonga South Out of Hours School Care operates an emergency procedure plan in line with W.S.P.S. The service ensures that children/staff/parents are familiar with the emergency plan. The emergency plan is displayed in the program area. Emergency procedure plans are practiced on a regular basis with staff and children.

POLICY

To ensure the safety of children, staff and all on the OHSC site, it is acknowledged that there may be times when evacuation of the school buildings is necessary. This policy requires immediate compliance and limited movement of staff with quick and adequate securing of particular areas. All OHSC staff will have a clear understanding of policy and frequent opportunities to practise the evacuation procedures.

PROCEDURE

To ensure Fire and Evacuation policies and procedures are understood and followed, Wodonga South OHSC will:

1. Develop a carefully considered plan of action.
2. Ensure the plan contains specific details concerning the type of alarm, the sounding of the alarm, notifying local Emergency Services, the evacuation drill and the emergency assembly areas.
3. Ensure all staff and students are thoroughly prepared for the procedures to be adopted should the situation arise.
4. Provide children with a brief, easy-to-read instruction for the evacuation of the building upon the sounding of the evacuation alarm. This will be displayed in a prominent position in the OHSC room.
5. Carry out regular evacuation drills to ensure all staff, students and visitors are familiar with appropriate procedures. A log book of these drills will be kept.
6. Ensure all fire appliances clearly marked on the plan and are maintained as required and staff are trained in their use as per the Fire Regulations.
7. Ensure all marked exit doors are open at all times ensuring easy access.
8. Ensure Medical First Aid kits are fully equipped and available to staff after an evacuation.

The staff members are responsible to ensure that:

- On discovering a fire in the school, sounds the alarm.
- The alarm will be two blows on whistle.
- Remove children from immediate danger.
- On hearing the alarm staff and children walk to the school oval assembly area.
- The daily attendance book and Evacuation Kit is collected by a staff member nearest to the location.
- Evacuate to the oval assembly area and visually check the attendance book to account for all children.
- Check all staff are present.
- Ring the Emergency services on “000”
- Principal and coordinator to be notified.
- Principal and or Coordinator to notify parents.
- Staff should only attempt to attempt to extinguish a fire after children have been evacuated and only if it is safe to so.
- Fire extinguishers should only be used if staffs have been trained in their use.

OHSC Evacuation Plan

1. Raise the Alarm
2. On Hearing the Alarm, Calmly and Quietly Evacuate the Building Following the Evacuation Plan
3. Move to the Emergency Assembly Area
4. Call the Emergency Service (000)
5. Take the Attendance Roll and Report to the Principal

Sun Smart

This policy has been developed to ensure that all children attending the program are protected from skin damage caused by harmful ultraviolet rays from the sun.

Wodonga South Primary School is an accredited Sun Smart School and therefore we will continue to implement Sun Smart practices in line with School Policy.
For all outdoor activities in terms 1 and 4, all children will be required to wear a wide brimmed hat for maximum protection (no caps permitted). Children without hats will be restricted to shaded areas only when outdoors.
During Vacation Care programs in January and Term 1, children will be required to wear broad brimmed hats and suitable Sun Smart clothing (i.e. No singlet tops/shoestring tops/thongs/heels etc).
If children wish to wear this clothing to Vacation Care then they will be required to bring along a t-shirt or shirt and appropriate footwear to participate in activities outside the Library during Vacation Care, any child not wearing or having suitable Sun Smart clothing and/or footwear will not be accepted in the W.S.P.S. OHSC program for the day and the normal fee will be charged.
Parents will be required to either take their children with them for the day, or to go home to collect appropriate Sun Smart gear and/or footwear. All children are required to bring a water bottle on all excursions. During Vacation Care programs terms 2 and 3, children will be encouraged to wear broad brimmed hats, but suitable footwear and appropriate clothing will be required.

The W.S.P.S. OHSC Program will provide 30+ sunscreen and will ensure it is applied for all outdoor activities. If your child requires their own type of sunscreen, please ensure it is sent with them every day and that staff know and can ensure sunscreen is applied to your child.

All Program staff, including volunteers, will actively promote the Sun Smart policy by wearing broad brimmed hats and wearing suitable Sun Smart clothing and applying sunscreen for outdoor activities.

Sun Smart and Swimming

For all outdoor swimming/water activities, all staff and children will be required to wear a rasher top or t-shirt over swim wear for sun protection. All staff and children will be required to wear broad brimmed hats, where possible, both in and out of the water. If the number of children attending is less then the required ratio of 1 staff to 5 children, a nominated staff member will have a checklist of all children attending and ensure that ALL children apply sunscreen at hour intervals throughout the swimming excursions. If the ratio remains at 1:5, then each staff member will be responsible for ensuring that the children in their group apply sunscreen every hour and document each application on the checklist. All staff must be prepared to swim and will be assigned a group of children. These groups will be determined by swimming ability and groups will be allowed in certain sections of the pool or pools based on ability.

Hygiene

A high level of personal hygiene and cleanliness is promoted within the OHSC facility to reduce the risk of transmission of infectious diseases.

All children will be required to wash their hands before eating and after toileting. Adequate washing and drying facilities are provided for frequent usage. Staff will adhere to hygienic food preparation, presentation, cleaning and waste disposal. Gloves will be worn in accordance with health and safety routines.

W.S.P.S. Out of Hours School Care is a smoke-free environment. At no time are staff or parent/guardians permitted to smoke within the school grounds.

Food

Safe hygienic facilities are provided for the preparation, storage, heating and cooling of food for children. All food will be stored and served at safe temperatures and all children will wash their hands before handling food.

Water will be served with all meals and snacks. Full cream milk will be available for breakfast.

All children are encouraged to eat breakfast prior to arrival to the morning program; however, children are welcome to participate in breakfast as part of the morning program if arrival is before 8am. Breakfast will consist of toast with spreads, cereal and milk.
***(Please note if breakfast is required a fee of $1.00 will occur).

Several foods have been placed on our prohibited foods list and will not be served at W.S.P.S. Out of Hours School Care:
These include cordial, soft drink, peanut butter, any food items containing nuts and food items made at home for party days and lollies (unless for special celebrations).

At any time, additional foods may be added to this list and parents/guardians will be notified via W.S.P.S. newsletter. It is asked that families adhere to the above list and ensure that those foods are not sent to W.S.P.S. Out of Hours School Care with their children. If children do bring a prohibited food item, that item will be removed from their possession and returned when the children are collected from the service.

A suitable replacement will be offered to the child so at no time a child is without food or drink. Prepackaged foods with the ingredients clearly printed are acceptable if adhering to the above list.

It is the parent's responsibility to notify the staff of any allergies or special dietary requirements that children may have.

Nutritional refreshments will be provided for all children participating in the Out of Hours School Care Program and children are free to bring their own food, however we do request that this **not** be shared amongst other children.

Staff will encourage children to be involved in food preparation and this will be conducted under supervision.

Nutrition

When compiling menus staff will take into consideration the nutritional value of food and children's dietary requirements, and that the children will be made aware of the importance of nutritional food**.**

Supervision

A staff member will supervise children at all times. Those wishing to go to the toilet will be accompanied by a staff member when using any outside toilet or on excursions.

All steps will be taken to ensure that children participating in activities will do so safely and under supervision.

Transportation

At no time will children be transported in staff private cars. All excursions will be conducted either on foot or bus and a permission form must be signed by a parent/guardian before the child/ren can participate.

In the event of a bus breakdown, staff will be in contact with the bus company to ensure replacement transportation is made available. Staff will ensure children await alternate

transportation in a safe environment. In the event of an accident, staff will liaise with emergency personnel and parents will be contacted.

Occupational Health & Safety

The management body ensures that all staff and the management team abide by State and Commonwealth Legislation in regard to health and safety of all staff, children and visitors to the service.

Facilities and Equipment

Staff will constantly be aware of dangers and hazards associated with the use of all equipment. Equipment will be constantly checked to ensure it is in good working order, safe and stored in a secure location. It will also be ensured that all equipment meets Australian Safety Standards and is age and developmentally appropriate. Equipment will be repaired and replaced when necessary. The children will be taught the safe and appropriate use of toys and equipment. Rules will be formulated to protect the safety of participating children and these will be explained to the children and reinforced on a regular basis.

Before/After/Curriculum/ Pupil Free Programs will be conducted in the OHSC room. Vacation Care Programs will be conducted similarly with the exception of excursions. Excursions during Vacation Care Programs will be conducted outside the school environment in the local district and regional area. Excursions outside of the region will require School Council and Department of Family and Community Services approval (e.g. a visit to the zoo).

Confidentiality, Custody, Reporting of Child Abuse/Child Protection

Confidentiality of records

All records and information provided to the W.S.P.S. Out of Hours School Care staff shall remain confidential. The staff will respect everyone's right to privacy. Only OHSC staff, authorised personnel, the Principal and Assistant Principal shall have access.

Parent/Guardian Involvement

It is our belief that parental involvement is critical in the development and implementation of the W.S.P.S. Out of Hours School Care Program.

- All matters relating to children, parents and staff will be treated with respect and confidentiality.
- Every child will receive support for individual needs as deemed necessary by staff.
- Provision will be made for parents to communicate with staff members regarding the operation of the program.
- All parents/guardians will be given the opportunity to receive feedback regarding their child's daily activities. Regular newsletters and articles will be distributed outlining program development.
- All complaints and concerns will be handled with confidence and with a mutual concern for prompt resolution.
- A book will be kept to briefly document all parent/guardian concerns and queries (i.e. Invoices, registrations, etc.). Where a concern or grievance becomes an issue, full documentation will take place and will be recorded confidentially. Please refer to Grievance Policy (appendix 2).

The W.S.P.S. Out of Hours School Care Program has an "Open Door" policy that encourages parents to visit the program at any time. Entry by parents at any time is their guarantee of the continuing quality of our working practices.

Please feel free to visit us. Parents are always welcome and are encouraged to come in and view the activities and/or talk with the coordinator/Assistant about the Program or about their child's needs.

Court Orders

Regardless of marital status, parents have joint legal responsibilities for their children unless there is a Court Order determining otherwise. Our staff need to be clear about who has legal responsibility. We need to have a copy of any Orders issued by the Courts. If there is no Court Orders, staff have no legal right to stop either parent from taking their child from the program. If a parent is not listed on the enrolment from and staff have no prior knowledge of a parent, staff will not let the child leave the program without permission from the enrolling parent.

Under State Licensing Regulations, we are not legally able to allow children to leave the program without the permission of the custodial parent.

In the case where guardianship and custody are legally defined, directions must be followed as stated on the enrolment forms. Where situations change a copy of the Court Order must be provided to the W.S.P.S Out of Hours School Care. Where confrontation situations arise over custody, the child will be kept at the program.

Parents/guardians are responsible for updating information pertaining to all custody issues.

Reporting of Child Abuse/Child Protection

All children have a right to feel safe and to be safe. Staff have a legal and moral responsibility to respond to incidences involving abuse and neglect of the children with whom they have contact and to report instances that they believe involve physical abuse, sexual abuse or neglect.

WSPS Out of School Hours School care follows Mandatory Reporting Policy as per the WSPS Mandatory Reporting Policy.

Legal Requirement:

All forms of Physical and sexual abuse and neglect should be reported, as required by legislation, to the Department of Human Services.

Guidelines:

Staff should be alert to students' wellbeing and should report any suspicions of maltreatment

Report of Child Abuse:

Any staff member can make an official notification themselves or reported to either the Program Coordinator, Principal or Assistant Principal in confidence, who is then obligated to contact the Department of Human Services. Staff must keep a record of the nature of abuse and his/her personal source of information. Parents should be contacted.

Behaviour

Behaviour Guidance

The behaviour guidance techniques adopted by staff will centre on reinforcement, positive role modelling by adults, intervention techniques and redirection.

Behaviour guidance will be implemented via a team approach incorporating Program staff, parents and children. All strategies adopted will aim to encourage teamwork, help to build self-confidence and promote the children's self-esteem. Children will be involved in the setting

of limits and where possible, they will be given choices and offered explanations for unacceptable behaviour.

When behaviour problems arise, staff will look at the routines, the environment and the individual needs of the child. If a child engages in inappropriate behaviour, parents will be consulted and solutions discussed to overcome inappropriate behaviour. Where the behaviour continues and all options have been exhausted, the child will be suspended from the WSPS OHSC program for an appropriate amount of time, as determined by the coordinator, in consultation with the Principal and Assistant Principal. All strategies adopted will encourage teamwork, build self-confidence and promote the children's self-esteem.

Behaviour Guidelines

All staff members will be considerate in the use of language, their tone of voice and the manner of speech used when interacting with children. All communication will be targeted at the level of the children and be clear and positive. Staff should also show sensitivity to the child's background and current home situation.

When resolving conflict, staff should actively listen to determine the underlying cause of the behaviour. The child should be provided with choices that encourage the child to deal with the situation in a positive manner.
"Thinking Time", in which the child is separated from the group, will be used only when less intrusive methods have been attempted and the behaviour of the child is disruptive. During "Thinking Time" the child will remain in sight of staff members at all times.

Staff will endeavor to create a positive relationship with the children at all times. In a situation of conflict, the staff member and child will endeavor to mutually agree on a positive outcome. Consequences for a child's unacceptable behaviour will be immediate and directly related to the behaviour.

To prevent unacceptable behaviour staff will follow these steps:

- Ensure the children are engaged in enjoyable activities relevant to their needs
- Interact with the children using encouragement and positive reinforcement
- Ensure that all communication channels are open between staff and children

To address conflict issues staff will:

Redirect: substitute a positive activity for a negative activity
Distract: change the focus of the behaviour or activity
Listen Actively: encourage the child to verbalise the area of concern helping with communication where possible.

Provide Choice Options: provide the child/ren with choices for more acceptable behaviour. Enabling the child to participate in the decision making process will encourage him/her to demonstrate a positive and appropriate approach.
Provide Thinking Time: adoption of this approach will occur after less intrusive methods have been attempted and the behaviour of the child is disruptive to others or dangerous to himself/herself or other children.

Staffing

Ratios

All WSPS OHSC program sessions will be staffed by a minimum of 2 personnel, where a minimum of one person is First Aid trained.

National Standards Ratios:
1: 15 while on the school premises
1: 8 while on excursions
1: 5 for swimming/Water activities

Qualifications

All attempts will be made to employ a qualified OHSC coordinator. In the event that a qualified coordinator is not available/does not apply for/or is not suitable, then all attempts will be made to employ some one with experience in the child care/education department precincts. When the existing coordinator is absent, all attempts will be made to employ a replacement coordinator who is qualified or undertaking courses to become qualified.

All Educators, paid or unpaid, shall be deemed fit and proper persons prior to commencing work for OHSC. Educators must be capable of providing adequate childcare, be of good character, and suitable to be trusted with the care of children. References shall be checked, qualifications and experience met and a current Victorian Department of Education Police Check provided) and a current Working With Children Check.

The minimum age for a member of staff at WSPS OHSC will be 16 years of age. At no time will two staff under the age of 18 years be scheduled together without additional supervision.

WSPS OHSC is an equal opportunity employer.

Staff Appraisal

The Wodonga South Primary Out of Hours School Care Centre ensures the highest quality of outside school hours care through its support systems for staff which allow staff to determine their work performance, provide high job satisfaction and opportunities for advancement, further training and development.

- During each school year staff will go through an appraisal process. All staff that work as Coordinators will have individual appraisals with the Program Coordinator and the Assistant Principal. All staff who work as Assistants will have a general appraisal meeting with the Program Coordinator and the Assistant Principal and /or an individual appraisal meeting with the Coordinator. Opportunity will be given for staff and management to discuss individual issues / concerns after this meeting.
  The appraisal process will be appropriately linked to the staff member's job descriptions and will include: appraisal of the job description and clarification of expectations of the role /self assessment / two way feedback / highlighting future opportunities within the position / positive and constructive comments / the determining of an action plan for further training and / or development / and feedback about how the appraisal could be improved.
- Every two years the operator and staff will evaluate the appraisal process and determine ways it can be improved or changed.
- Performance appraisal will be used as a tool for identifying staff training and development and ensuring annual budget for Professional Development.
- The essential best practice of staff appraisal will substantiate the necessity to issue a formal warning for continued poor work performance.
- The program coordinator will be responsible for coordinating training for the staff and ensuring that opportunities are on an equitable basis to all staff.
- Training may be one of the following formats: staff share their expertise within the Centre / an outside presenter runs a workshop for all staff at the Centre or other venue / staff attend external workshops / conferences and feedback to other staff / staff complete short TAFE / University courses / staff are granted leave of absence to pursue vocational studies / staff learn through changes in position at the centre / staff exchanges are made with other Centers / new Vacation Care staff will be in-serviced through hands-on experience, mentoring by existing staff and documented responsibilities during Vacation Care programs.
- The Assistant Principal or Principal will conduct staff appraisal for the program Coordinator. All other staff appraisals will be shared between the Program Coordinator and the Assistant Principal or Principal.

Photographs

Photographs of children and staff involved in random WSPS OHSC activities will be taken from time to time. These photographs will be used for display purposes and advertising within the school environment. Occasionally filming and photographs may be taken by local media representatives and used in television or newspaper stories. Parents/guardians will sign a permission form at the time of enrolment and at the start of each new school year if they are happy to have their children photographed and /or filmed.

Exclusions in the Program

At no time are the following items allowed at WSPS OHSC:

- Mobile Phones (eg. Children with phones on their person or in their bags)
- Electronic devices with cameras built in to them (With the exception of the school issued laptops) this includes but isn't limited to Ipods, DSs, Ipads, digital cameras etc.
- War toys (eg. swords, knives, guns etc.)
- Inappropriate music (eg. Music with sexual references, swearing, violence, etc.)
- Lollies

If your child brings any of the above items to WSPS OHSC, a staff member will remove the item from the child's possession and return it to a parent/guardian at the end of the day.

Lost and Found Policy

Please ensure that all clothing and individual items are properly labeled. A lost and found box will be provided for any unclaimed items. If these items are not claimed in a reasonable time they will be donated to the school. To assist in the recovery of lost items, we request that parents notify us promptly when an item is missing.

We encourage children not to bring precious items to school such as toys, jewellery and things of sentimental and /or monetary value. It is sad and upsetting when these things are broken or lost, therefore we request they stay home.

Computers

Children are allowed under supervision to access the computers there are a variety of educational games and activities for the children to choose from. The Internet is only available at staff's discretion for purposes such as homework and research.

PRIORITY OF ACCESS GUIDELINES

PART 1 – DEFINITIONS

In this Schedule:

family, for a child, means the child , the individual in whose care the child is, that individual's partner (if any), and any other individuals with whom the child lives;

parents means the individual in whose care a child is, and that individual's partner;

single parent means an individual in whose care a child is, and who has no partner.

PART 2 - PRIORITIES

1.	First Priority	A child at risk of serious abuse or neglect.
2.	Second Priority	A child of a single parent who satisfies, or a parents who both satisfy, the work /training /study test under section 14 of the A New Tax System (Family Assistance) Act 1999.
3.	Third Priority	Any other child.

PART 3 – PRIORITIES WITHIN EACH CATEGORY OF PRIORITY

Within each category mentioned in Part 2, priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families in low incomes
- children in families from culturally and linguistically diverse backgrounds
- children in socially isolated families
- children of single parents

There are some circumstances in which a child who is already in a child care service may be required to leave the service.
Where a service has no vacant places and is providing child care for a child who is a Priority 3 under the Priority of Access Guidelines, the service may require that child to leave the child care service in order for the service to provide a place for a higher priority child, but only if:

(a) the person who is liable to pay child care fees in respect of the child was notified when the child first occupied the child care place that service followed this policy, **and**
(b) the service that gives that person at least 14 days' notice of the requirement for the child to leave the child care service.

When filling vacancies, outside school hours care services must give school children priority over children who have not yet started school. When an outside school care service has no vacant places and is providing care for a child who has not yet started school, the service may require that child to leave the service so that the service can provide a place for a school child.

INCLUSIVE CHILD CARE GUIDELINES

Inclusive child care is care which provides:

- The opportunity for families of children with additional needs to use the child care service of their choice.
- A program where children with additional needs have equal opportunities for access and participation.
- A play and learning environment where all children, including children with additional needs and children from culturally and linguistically diverse backgrounds:

  - Are accepted and valued by staff and other children
  - Are cared for, with consideration given to individual needs, interests and abilities
  - Feel a sense of belonging
  - Have genuine opportunities to contribute to the group
  - Enjoy their care, as individuals and as members of the group

Our service is committed to providing child care for all eligible children within the parameters of our staffing capabilities and places. WSPS OHSC must follow guidelines set out within the Inclusion Support Subsidy (ISS) guidelines, which states services must not have more than 10% of approved places occupied by children with additional needs. Therefore maximums are as follows:

Before School Care: 44 places = 3 additional needs places
After School Care: 70 places = 5 additional needs places
Vacation Care: 70 places = 5 additional needs places

These guidelines will enable WSPS OHSC staff to meet children's needs to the best of their ability in providing for quality of service for all participants.

Risk Assessment will be carried out prior to each Vacation Care and prior to any new children with additional needs enrolling in WSPS OHSC for Before and After School Care. These assessments will determine how many additional needs children can attend during session to maintain quality of care and to ensure the safety of all participants.

ANAPHYLAXIS POLICY

1. Policy statement

Values

This children's service 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 service community and children in attendance
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

Purpose

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation

2. Scope

The *Children's Services Act 1996* requires proprietors of licensed children's services including Family Day Care (FDC) and Out of School Hours Care (OSHC) to have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists. The

Children's Services Regulations 2009 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

3. Background and legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.

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

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

The licensee recognises the importance of all staff/carers 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 adrenaline auto-injection device.

Staff /carers 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. Staff /carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt 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.

Legislation

Children's Services Act 1996

Children's Services Regulations 2009

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

4. Definitions

Allergen: A substance that can cause an allergic reaction.

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

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

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

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

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

Anaphylaxis management training: accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device.

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

EpiPen®: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

Anapen®. Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.

NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.

Adrenaline auto-injection device training: training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer auto-injection device.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

Auto-injection device kit: An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat.

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

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

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

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

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

Service community: all adults who are connected to the children's service.

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

5. **Procedures**

The Proprietor shall:

1. In all children's services :

- ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012 then at least every 3 years(r 63 (1)(3)(4))
- ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the Children's Services Regulations 2009 (r. 87)
- ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service (r. 43 and r. 48 for FDC services)
- ensure that all staff 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 12 months (r. 65(1)) and for FDC services (r. 65(2)) recording this in the staff records (r. 38) and

for FDC services (r. 39). It is recommended that practice with the trainer auto-injection device is undertaken on a regular basis, preferably quarterly

2. In services where a child diagnosed at risk of anaphylaxis is enrolled the proprietor shall also:

- 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 service in consultation with staff and the families of the child/ren (Schedule 3 of the Regulations)
- ensure that a notice is displayed prominently in the main entrance of the children's service other than a family day care service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service (r. 40)
- ensure staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management (r. 67(2) and for FDC services r. 67(3)) and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded
- ensure that all relief staff members in a service have completed training approved by the Secretary in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service, its programs or family day carers home without the device (Schedule 3 of the Regulations)
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation (Schedule 3 of the Regulations)
- 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, for example, in the children's room, the staff room or near the medication cabinet
- display an Emergency contact card by the telephone
- comply with the procedures outlined in Schedule 1 of the model policy
- ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child (r. 34). This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit (Schedule 3 of the Regulations)

- ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit (r. 74(4)(d)).

Staff responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service
- follow the child's anaphylaxis medical management 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 measures
- Contact the parent/guardian
- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly
- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner
- ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service
- 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 (r. 84(3))
- ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member or family day carer accompanying the child when the child is removed from the service or the home e.g. on excursions that this child attends (r. 74(4)(d))
- regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- provide information to the service community about resources and support for managing allergies and anaphylaxis
- comply with the procedures outlined in Schedule 1 of the model policy.

Parents/guardians of children shall:

- inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies
- develop an anaphylaxis risk minimisation plan with service staff
- provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- provide staff with a complete auto-injection device kit
- regularly check the adrenaline auto-injection device expiry date
- assist staff by offering information and answering any questions regarding their child's allergies
- notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device
- comply with the procedures outlined in Schedule 1 of the model policy.

6. Related documents

Related documents at the service:

- Enrolment checklist for children at risk of anaphylaxis (Schedule 2 of the model policy)
- Sample Risk Minimisation Plan (Schedule 3 of the model policy)
- Brochure titled "Anaphylaxis – a life threatening reaction", available through the Royal Children's Hospital, Department of Allergy
- Relevant service policies such as:
- Enrolment
- Illness and Emergency Care
- Nutrition
- Hygiene and Food Safety
- Asthma
- Inclusion
- Communication.

Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.

- Royal Children's Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child's allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
- Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911.
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Training

- Access the Department of Education and TrainingEarly Childhood Development website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: www.education.vic.gov.au/anaphylaxis .
- There are a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

7. Authorisation

This policy was adopted by the Wodonga South Primary School Out of Hours School Care on November 3, 2010.

8. Review date

This policy shall be reviewed on a yearly basis.

9. Evaluation

The licensee shall:

- discuss with staff their knowledge of issues following staff participation in anaphylaxis management training
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child
- respond to complaints and notify the Department within 48 hours (r.105)
- review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The staff shall nominate a staff member to:

- conduct 'anaphylaxis scenarios' and supervise practice sessions in adrenaline auto-injection device administration procedures to determine the levels of staff competence and confidence in locating and using the auto-injection device kit

(An anaphylaxis resource kit has been provided to all licensed children's services. This kit contains an auto-injection device trainer and trainer CD Rom to enable staff to practice the administration of the auto-injection device regularly at least quarterly. This trainer auto-injection device should be stored separately from all other auto-injection devices for example in a file with anaphylaxis resources, so that the auto-injection device trainer is not confused with an actual auto-injection device)

- routinely (e.g. monthly) review each auto-injection device kit to ensure that it is complete and the auto-injection device is not expired
- liaise with the licensee and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- read and be familiar with the policy
- identify and liaise with the nominated staff member
- bring relevant issues to the attention of both staff and licensee

Schedule 1 Risk minimisation plan

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed 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 their child
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination
- When the child diagnosed at risk of anaphylaxis 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 service:

- Ensure tables, high chairs and bench tops are washed down after eating
- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the children's service
- 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 activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan
- 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
- Staff should use non-food rewards, for example stickers, for all children
- The risk minimisation plan will inform the children's service's food purchases and menu planning
- Food preparation personnel (staff and volunteers) 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 service, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Schedule 2 Enrolment Check list for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis management policy.
- All parents/guardians are made aware of the Anaphylaxis management policy.
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child's auto-injection device kit.
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service.
- Adrenaline auto-injection device is stored in an insulated container (auto-injection device Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All staff, including relief staff, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plan.

- Staff who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an auto-injection device trainer, and is reinforced at quarterly intervals and recorded annually.
- The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan.
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis.
- Parent/guardian's current contact details are available.
- Information regarding any other medications or medical conditions (for example asthma) is available to staff.
- 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.

Schedule 3 Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a child's risk minimisation plan in consultation with the parent/guardian.

How well has the children's service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?	
1. Who are the children?	• List names and room locations of each of the at risk children
2. What are they allergic to?	• List all of the known allergens for each of the at risk children • List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service
3. Does everyone recognise the at risk children?	• List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children • Confirm where each child's Action Plan (including the child's photograph) will be displayed
Do families and staff know how the service manages the risk of anaphylaxis?	

• Record when each family of an at risk child is provided a copy of the service's Anaphylaxis management policy.
• Record when each family member provides a complete auto-injection device kit.
• Test that all staff, including relief staff, know where the auto-injection device kit is kept for each at risk child.
• Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated staff member and the families of each at risk child.
• Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:
  • Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate, sesame.
  • Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on.
• A new written request is sent to families if the food allergens change.
• Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.
• The service displays the ASCIA generic poster, an action plan for anaphylaxis, in a key location and locates a completed emergency contact card by the telephone/s.
• The auto-injection device kit including a copy of the anaphylaxis medical management action plan is carried by a staff	

member when a child is removed from the service eg excursions.

Do all staff know how the children's service aims to minimise the risk of a child being exposed to an allergen?

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies).
- Menus are planned in conjunction with parents/guardians of at risk children:
    - Food for the at risk child is prepared according to their parents'/guardians' instructions to avoid the inclusion of food allergens
- As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut or sesame products to which the child is at risk
- The at risk child should not be given food if the label for the food states that the food may contain traces of a known allergen.
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child.
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby.
- Ensure each child enrolled at the service washes his/her hands before and after eating and on arrival if required as part of a particular child's medical management plan.
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this.
- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child's name.
- A safe 'treat box' is provided by the family of each at risk child and used by the service to provide 'treats' to the at risk child, as appropriate.

Do relevant people know what action to take if a child has an anaphylactic reaction?

- Know what each child's anaphylaxis medical management action plan says and implement it.
- Know who will administer the auto-injection device and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child.
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training and undertake regular practise sessions for the administration of the auto-injection device.

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.

Possible exposure scenarios and strategies

Scenario	Strategy	Who
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.	Cook, Primary Nominee, Parent

	Ensure separate storage of foods containing allergen	Proprietor & Cook,
	Cook and staff 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.	Cook & Staff
	There is a system in place to ensure the at risk child is served only the food prepared for him/her.	Cook, Staff
	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 food. This place is not separate from all children and allows social inclusion at mealtimes.	Staff
	Children are regularly reminded of the importance of no food sharing with the at risk child.	Staff
	Children are supervised during eating.	Staff
Party or celebration	Give plenty of notice to families about the event.	Proprietor/Primary Nominee/Qualified Staff
	Ensure a safe treat box is provided for the at risk child.	Parent/ Staff
	Ensure the at risk child only has the food approved by his/her parent/guardian.	Staff
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	Proprietor /Primary Nominee
Protection from insect sting allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area.	Staff
	Decrease the number of plants that attract bees.	Proprietor
	Ensure the at risk child wears shoes at all times outdoors.	Staff
	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.	Proprietor
Latex allergies	Avoid the use of party balloons or contact with latex gloves.	Staff
Cooking with children	Ensure parents/ guardians of the at risk child are advised well in advance and included in the planning process. Parents may prefer to provide the ingredients themselves.	Staff