



Guardian Childcare and Education

Back – Up Care

Family Hand Book

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Objective

This policy sets out a framework for caring for unwell children and the effective management of any child illnesses that occur during a period of in-home back up care.

The purpose of this policy is to ensure that:

1. Unwell children are cared for appropriately and adequately.
2. Educators know how to respond to an unwell child in their care.
3. Parents are informed of any child illness and respond accordingly.
4. Records of child illnesses are documented appropriately.

Guardian is committed to ensuring that Educators:

- receive a comprehensive induction that includes all policies and procedures relating to the management of child illnesses.
- hold a current approved first aid qualification.
- notify families about any child illness as soon as possible.
- document the details about any child illness.
- call 000 for an ambulance where urgent medical treatment is required and notify the family by phone as soon as possible.

Caring for unwell children

Guardian Educators hold a current first aid certificate, which includes training on asthma and anaphylaxis. With this training, and their early education and care experience, they are able to care for children with mild illnesses. However, Educators are **not** medical personnel and are present only to watch over, entertain, and delight a child who is a little under the weather. Only with signed permission and explicit instructions from a registered medical practitioner will Educators give children medication.

Generally, Educators will care for children in these situations:

- Fever under 38°C (and on the decline)
- Teething or colicky behaviour
- Ear infection
- Conjunctivitis (when the child has been on antibiotics for at least 24 hours)
- Strep throat (when the child has been on antibiotics for at least 24 hours)

Educators will not come to a home in situations that make it likely that the Educator themselves could spread an illness to other children, such as an infectious illness that is contagious, head lice, or untreated strep or conjunctivitis. Flu and stomach bugs are handled on a case-by-case basis.

Child illness

According to the NHMRC (2013), these are some of the symptoms that may indicate a child is ill and in need of medical attention (p.31):

High fever - a high fever in a young child can be a sign of infection, and needs to be investigated to find the cause. However, fever by itself is not necessarily an indicator of serious illness (see below for more details about fever).

Drowsiness - the child is less alert than normal, makes less eye contact, less interested in their surroundings.

Lethargy and decreased activity - the child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.

Breathing difficulty - this is an important sign. The child may be breathing very quickly or noisily, or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.

Poor circulation - the child looks very pale, and their hands and feet feel cold or look blue.

Poor feeding - the child has reduced appetite & drinks much less than usual (especially relevant for infants).

Poor urine output - there are fewer wet nappies than usual (especially relevant for infants).

Red or purple rash - non-specific rashes are common in viral infections. However, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease.

A stiff neck or sensitivity to light - this may indicate meningitis, although it is possible for infants to have meningitis without these signs.

Pain - a child may not tell you they are in pain. Facial expression is a good indicator of pain in infants or children who do not talk. General irritability or reduced activity may also indicate pain in young children.

If a child is displaying symptoms of illness, the Educator must complete an **illness record** and contact the child's family.

When a child has a fever

What is a fever?

As a general rule, in children, a temperature of over 37.5 °C is a fever¹, but a normal temperature range for a child can be up to 38°C².

An elevated temperature (fever) in a child does not necessarily mean that they are ill. For example, a child's temperature may be elevated if they have been engaged in physical activity or after they have been sleeping. Educators should consider these factors when observing children's health.

Treating a fever

Where a child seems unwell and has a temperature of **more than 38°C degrees**, Educators will take action to try to gradually reduce their temperature by:

- removing excess clothing
- giving them cool water to drink
- refreshing their skin with a damp cloth.

¹ Health Direct Australia (2013, September)

² Royal Children's Hospital Melbourne (2011, September)

Educators:

1. contact the child's family or emergency contact if a child's temperature does not go down, to alert them to the child's condition
2. discuss with family to give authorisation to administer paracetamol to the child with a fever with verbal or written authorisation, follow the procedure for administering paracetamol to a child when they have a fever
3. document how authorisation was given on the illness record
4. complete the rest of the illness record
5. seek the family's (or emergency contact's) signature on the illness record as soon as practicable (when they return home).

Where the temperature does not go down or continues to climb, the child's parent(s) or emergency contact(s) should be called to alert them to the child's condition and discuss further options.

In the following circumstances, an ambulance should be called immediately:

- the child has a temperature of more than 39.5°C, where attempts to reduce the child's temperature have been unsuccessful, and you have been unable to obtain oral authorisation to administer paracetamol.
- The child becomes floppy and unresponsive
- The child loses consciousness
- The child has a seizure/convulsions
- The child complains of a stiff neck, headache and sensitivity to light

Statement of Commitment to Child Safety

Guardian Early Learning Group (**Guardian**) is strongly committed to the safety, protection and wellbeing of children. We will uphold each child's right to be safe and protected. We will build an environment where children are safe, feel safe, and their voices are heard about decisions that affect their lives; an environment that inspires confidence, friendship, security and happiness. Our procedures and practices intend to foster a culture of openness, inclusiveness and awareness, where children and adults know what to do if they observe or are subject to abuse and inappropriate behaviour. Particular attention will be paid to the cultural safety of Aboriginal children and children from culturally and/or linguistically diverse backgrounds, as well as the safety of children with a disability.

Guardian:

- has zero tolerance for child abuse.
- actively works to listen to and empower children.
- will take all allegations and concerns seriously and respond to allegations consistently in accordance with our policies and procedures.
- is committed to engage the most suitable and appropriate people to work with children.
- is committed to ensuring that volunteers, educators and staff have ongoing supervision, support and training so that their performance is developed and enhanced to help protect all children from abuse.

Principles

Interactions with Children

Guardian's image of children as capable and competent citizens who are holders of rights underpins all aspects of our interactions with children. The United Nations Convention on the Rights of the Child introduced an article that all children have the right to an opinion, for it to be listened to and taken seriously. This right is a powerful tool through which to challenge situations of violence, abuse, threat, injustice or discrimination. Adults can act to protect children only if they are informed about what is happening in children's lives. When children are encouraged to voice what is happening to them, and provided with the necessary mechanisms through which they can raise concerns, it is much easier for violations of rights to be exposed.

Educators will respond to children's concerns with truth and respect to help them feel valued, and understand that their voices are heard about decisions that affect their lives.

Confidentiality

Guardian Educators must respect confidentiality when dealing with a case of suspected child abuse and neglect. Details and the identity of the child and their family may only be discussed with those involved in managing the situation. All reporting sources and persons who cooperated in the internal investigation must be treated as confidential informants.

Recruitment

Robust recruitment processes and screening practices help to reduce the risk of child abuse. Developing appropriate selection criteria reduces the risk of appointing someone who poses a child safety risk. It also ensures that the applicants have the specific knowledge and skills required for the position. Guardian staff will encourage applicants to describe their understanding of, or any experience they have, in working with children with diverse needs and/or backgrounds. Interviewers will use an open-ended style of behavioural-based questioning to seek out insight into the applicant's values, attitudes and understanding of professional boundaries and accountability.

Cultural safety and competency

Providing safe environments for vulnerable children has positive, lifelong impacts. Guardian is a culturally diverse community made up of many different nationalities, cultural backgrounds, abilities, languages and religious groups. Children are valued both as individuals and as part of a group where similarities and differences are celebrated, and stereotypes are challenged. Differences between and within cultures are accepted, respected and welcomed. Educators will ensure children's learning environments are emotionally safe, accessible, inclusive and non-discriminatory, and provide experiences that encourage children to participate in and celebrate their identity.

Responsibilities

Guardian:

- ensures that all Educators are aware of the current child protection law relevant to their jurisdiction and understand their obligations under that law.
- screens all Educators to ensure that they hold a current and verified Working with Children Check.
- screens all Educators by questioning their understanding of, or any experience they have in, working with children.
- ensures clear procedures are in place for reporting suspected child abuse and management of complaints.
- offers support to the child and their family, and to Educators, in response to concerns or reports relating to the health, safety and wellbeing of a child.
- provides appropriate training and education on child protection to Educators and staff.
- fosters cultural safety by sharing knowledge, raising awareness and developing understanding that leads to cultural sensitivity, and finally, cultural competence.
- maintains confidentiality at all times.

Manager:

- stays informed and complies with any relevant changes in legislation and practices in relation to child protection.
- implements the procedures for reporting suspected child abuse and management of complaints.

- offers support to the child and their family, and to Educators in response to concerns or reports relating to the health, safety and wellbeing of a child.
- sensitively supports families to share appropriate information about individual and family cultures to inform the curriculum.
- supports Educators to provide experiences that encourage children to participate in and celebrate their identity.
- implements and regularly reviews this policy in consultation with Guardian, Educators, staff and families.
- maintains confidentiality at all times.

Educators:

- keep up to date and comply with any relevant changes in legislation and practices in relation to this policy.
- know and understand their obligations as a mandatory reporter.
- read, understand and implement this policy, including the procedures for reporting suspected child abuse and management of complaints.
- undertake appropriate training and education on child protection, which includes recognising the signs and symptoms of child abuse, knowing how to respond, and understanding processes for reporting and managing complaints/incidents.
- identify and implement appropriate programs and practices to support the principles of a child safe organisation in consultation with their Manager.
- inform families of support services available to them, and of the assistance these services can provide.
- ensure that no child is left alone or out of sight with anyone other than their family or a person authorised by their family.
- implement the procedures for reporting suspected child abuse and management of complaints.
- notify their Manager immediately upon becoming aware of any concerns, complaints or allegations regarding the health, safety and wellbeing of a child.
- offer support to the child and their family, and to other educators and staff in response to concerns or reports relating to the health, safety and wellbeing of a child.
- provide emotionally safe, accessible, inclusive and non-discriminatory environments and experiences that encourage children to participate in and celebrate their identity.
- respond to children's concerns with truth and respect to help them feel valued and understand that their voices are heard about decisions that affect their lives.
- support children to understand their bodies and their safety.
- maintain confidentiality at all times.
- review this policy in consultation with Guardian, Manager, educators, staff and families.

- creates and maintains cultural safety for all children, particularly Aboriginal children and children from culturally and/or linguistically diverse backgrounds.
- as a mandatory reporter, suspected significant risk of harm must be reported using the online mandatory reporter guide, 'Childstory': <https://reporter.childstory.nsw.gov.au/s/>

Policy: Complaints Handling

Objective

At Guardian, we value the feedback of educators, staff, families and the wider community as a means to support continuous quality improvement, and we encourage open communication. We believe people have a right to question.

Policy principles

Individuals lodging a complaint or grievance with Guardian Early Learning Group or a Guardian Centre can expect to:

- Be treated with respect, courtesy and consideration.
- Have their complaint/grievance dealt with in an efficient and timely manner.
- Have access to appropriate information about the complaint management process that is easy to understand.
- Have personal information treated as confidential.
- Have their complaint considered objectively and in accordance with principles of natural justice.

In return, Guardian Early Learning Group requests that individuals making a complaint/grievance will:

- Raise the complaint/grievance as soon as possible after the issue has arisen.
- Provide complete and factual information about the complaint/grievance.
- Ask for assistance or further information as needed.
- Act in good faith to achieve an outcome acceptable to all parties.
- Treat all parties with respect and courtesy and maintain confidentiality.
- Have realistic and reasonable expectations about possible outcomes/remedies.

Complaints may be made in writing (email/letter), by phone or in person with the relevant Educator. The phone and email contact details are:

Phone: 1 300 083 228

Email: enrolments@guardian.edu.au

Guardian General Manager contact details can be made available on request.

Receiving a complaint in relation to Guardian and/or a Guardian educator

Educators:

- ensure contact details for complaints are available to families when a complaint arises. encourage people to raise complaints directly with the Educator in the first instance, if appropriate.
- ensure anonymous complaints are given the same level of consideration as any complaint received with a name attached. However, we will not be able to provide the author with a direct response or advise them of the outcome.
- raise any complaints about their standard of care with the Manager in the first instance. If this is not possible, or you are unhappy with the Manager's response, the next step is to raise the complaint with the General Manager.
- where appropriate, discuss complaints procedures with children and encourage them to raise any issues of concern.
- handle child complaints seriously and escalate them to the Manager to be recorded in the Complaints Register.
- ensure complaints from members of the wider community be directed to the Manager or to Guardian Early Learning Group in writing.

Managing complaints

Managers:

- acknowledge and respond to all complaints as soon as practicable.
- resolve the problem as quickly as possible. If not, advise the complainant that the issue will be given high priority and dealt with as soon as possible.
- ask the complainant to put their concerns in writing if the issues are complex.

Educators:

- deal with any complaints received immediately (where possible).
- escalate any complaints they are unable to resolve immediately.
- report all complaints to the Manager, so they can be documented and resolved appropriately.
- where required, escalate significant complaints to the General Manager.

Complaint follow up and review

Educators:

- document all complaints/grievance, and provide documentation to Manager.
- view each complaint as an opportunity for improvement.
- analyse the complaint after it has been dealt with to determine if any policy or procedural changes need to happen.

Guardian Early Learning Group may

- contact complainants to determine if they were satisfied with the way the issue was resolved.
- consult Educators about the outcome from an operational viewpoint.

Complaints in relation to a family member

Educators:

- raise your complaint directly with the family member in the first instance, if possible.
- If this is not possible, raise your complaint with the Manager. If this is not possible, or you are unhappy with the Manager's response, the next step is to raise the complaint with the General Manager.
- handle child complaints seriously and escalate them to the Manager to be recorded in the Complaints Register.

Managing complaints

Managers:

- acknowledge and respond to all complaints as soon as practicable.
- resolve the problem immediately if possible. If not, advise the complainant that the issue will be given high priority and dealt with as soon as possible.
- ask the complainant to put their concerns in writing if the issues are complex.

Educators:

- report all complaints to the Manager, so they can be documented and resolved appropriately.
- where required, escalate significant complaints to the General Manager.

Complaint follow up and review

Educators:

- document all complaints/grievances received in the Complaint Register.
- analyse the complaint after it has been dealt with to determine if any policy or procedural changes need to happen.

Guardian Early Learning Group may

- contact complainants to determine if they were satisfied with the way the issue was resolved.
- consult Educators about the outcome from an operational viewpoint.

Please note that this policy does not apply to employment-related disputes and grievances. Employees should refer to Guardian Employee Handbook for information about raising these matters.

Policy: Incident and Injury Management

Objective

To effectively manage incidents and injuries that require the administration of first aid to children, by ensuring that:

- Educators know how to respond to circumstances where a child may need first aid or urgent medical attention.
- Parents are informed of any incident, injury and/or the administration of first aid to their child as soon as practicable.
- Records of incidents, injuries and/or the administration of first aid are documented appropriately.

Responsibilities

Guardian:

- ensures all Educators hold a current first aid qualification including asthma and anaphylaxis, and covers the full cost of this training for permanent employees.
- ensures on enrolment that enrolment records for each child include a signed consent for the administration of first aid and authorisation to seek emergency medical treatment.
- provides each Educator with a suitably equipped first aid kit.

Educators:

- ensure that the first aid kit is checked monthly and order relevant items through the Manager to ensure the kit is restocked accordingly. Educators will ensure they complete the first aid kit record inside the first aid kit.
- apply first aid to a child who has injured themselves.
- dial 000 for an ambulance if emergency medical treatment is required.
- notify the child's family and the Manager about the nature of the incident or injury as soon as possible.
- complete an incident form for each incident or injury and ensure the family signs it.
- either take a photo, or scan and send a copy of the incident form to the Manager as soon as practicable.

Completing an incident form

A complete report will cover the 'who, what, where, when, how and why'. The emphasis placed on each of these questions will vary based on the type and complexity of the incident.

A good report is concise

It may seem contradictory to say that a report should be both complete and concise. However, concise means ensuring all the important details are included. Omit words that do not add value and interfere with readability. For example:

Wordy – at this point in time, it has been determined necessary that we submit an incident report form document.

Concise – we should submit an incident report.

A good report is specific

Vague reports do not give much information. Ensure the dates, times and content is specific. For example:

Vague – the child had a high fever.

Specific – the thermometer showed the child had a fever of 39.5°C.

Vague – the child had a fall.

Specific – the child fell from a child sized table onto the floor in the preschool room.

A good report is factual and objective

Well written incident reports are factual, fair and impartial. A fact is something real that can be either proved or disproved. Opinions and inferences should be avoided. For example:

Factual/objective – the child looked flushed and sweaty. He vomited twice in an hour. The thermometer showed his temperature was 38.4°C.

Inference – he was sick with gastro as he was vomiting and sweaty.

Opinion/subjective – the child has low immunity and gets sick like this a lot.

Objective reports are fair and impartial, not influenced by emotion or opinion. One key to being objective is to avoid words which change the tone of the report.

Subjective – The child **targeted** the **little** girl sitting next to him, **biting her hard** on the arm.

Objective – The child turned to the girl on his right and bit her on the arm.

An objective report includes both sides of the story and does not favour one side or another. The first account below is objective. However, the second and third are slanted to favour the wife and husband, respectively. Only the first one is appropriate.

Objective – Five parents reported seeing the couple arguing in the parking lot. According to their reports, Mr. Reilly allegedly hit his wife in the face during the argument. Mrs. Reilly came into the centre with a bloody nose.

Slanted – Numerous parents reported that the couple had been fighting because Mr. Reilly hadn't paid his child support. Mr. Reilly slugged his wife in the face because he was angry. Mrs. Reilly came into the centre with severe injuries to the face, including a badly bloody nose.

Slanted – Several parents reported that the couple had been arguing because Mrs. Reilly kept nagging her husband to pay his child support. Mrs. Reilly became so hostile that her husband momentarily lost control and slapped her in the face. When Mrs. Reilly came into the centre, she claimed to have been badly beaten, but she had only a little bit of blood beneath her nose and a slightly red cheek.

Statements from parents, witnesses, and other people may not be objective. However, when you include those statements in your reports, you need to make it clear that you are quoting someone else. You should also never quote someone unless you are absolutely certain of their exact words.

A good report is light on abbreviations

Including standard abbreviations in incident reports is acceptable. However, using too many abbreviations or using them inappropriately can detract from your description and make it hard to understand.

Objective

At Guardian, we have a responsibility to ensure the health, safety and wellbeing for the children in our care. Guardian's Educators will be present and providing care in a family home, for the period as booked. This policy addresses the way the care of children is smoothly transitioned from Educator to their family at the end of the booked care session.

When a parent has not arrived after the end of the booked care session

If a family has not returned home by the time the booked session ends, the family will incur the Late Fee (\$25 for the first 15 minutes, then an additional \$5 per minute). Further details below.

Educators will follow the following steps if a family is not home to transition care at the end of the booked session.

Educators:

1. remain at the family home with the child/ren
2. attempt to contact the child/ren's parents (or emergency contacts if the parents cannot be reached), using the information on the child's enrolment record
3. If the child/ren's parents (or emergency contact persons) do not answer their phones:
 - a. leave a voicemail message that the child has not been collected and to call you as soon as possible
 - b. record the details of each attempt to contact a parent or emergency contact person on the **Late Collection Record** in your Educator Pack. This should include the following details:
 - i. Name of the parent/emergency contact person and their phone number.
 - ii. Time you called/the time they called you back.
 - iii. The result, for example, 'no answer, went to voicemail' or 'emergency contact called back'.
 - iv. The voicemail message you left, or details of the conversation you had with the person.
4. contact your Manager if no contact has been made with one of the child's parents or emergency contact persons within 20 minutes after the end of the booked care session. Your Manager will advise you what to do next.

When to involve the police

If no contact has been made with the child/ren's parents or emergency contact persons 40 minutes after the end of the booked care session, the Manager will make a decision about whether the local police should be called, and who will make the call. The phone number for local police is at the front of your Educator Pack.

The police will provide further advice about when the situation becomes a police matter. If they decide it is safest for the child to remain with the Educator at the family home, the Educator will continue to provide appropriate care arrangements until otherwise notified.

The Educator is to remain at the family home until a parent, emergency contact person, authorised officer of a state/territory child protection agency (**Child Protection Officer**), or another authorised person arrives to care for the child (ren). These persons must provide you with proof of their identification.

If it becomes necessary for the child/ren to be taken from the family home by police or a Child Protection Officer, Educators should take a photo of the person's identification and record the details on the Late Collection Record in your Educator Pack.

The child/ren's parents will be advised by email and text that their child has been collected by police or a Child Protection Officer. Educators will place a sign on the family home's front door with the following text:

**No children remain on the premises.
Please call [#### ### ###]**

The phone number displayed should be the number of a person who can tell the parent where the child is, for example the Manager or General Manager. For privacy reasons, it is important that no details relating to the child, the family or the situation are displayed.

When the family returns home after the end of the booked care session

Educators:

1. record the correct time of arrival on the **Late Collection Record** in your Educator Pack and inform the parent or other authorised person that the Late Fee will be charged
2. ensure the parent or other authorised person signs the **Late Collection Record**
3. sign the **Late Collection Record**
4. send an SMS photo of the completed Late Collection Record to your Manager
5. send a scanned copy of the **Late Collection Record** to enrolments@guardian.edu.au no later than 1 business day after the end of the booked care session. Please cc your Manager into the email and ensure you explain the circumstances regarding the late collection.

Late Fee payment

The Late Fee is payable where a parent or other authorised person has not collected the child by end of the booked care session (\$25 for the first 15 minutes, then an additional \$5 per minute). The fee will apply from the end of the booked care session, with the Late Fee being added to the family's account for the following Ezidebit payment. Educators will record time in minutes, on their time sheet, that they were required to stay back in these circumstances.

While extenuating circumstances may be considered in some situations (e.g. last-minute train strike or a medical emergency), parents are responsible for making arrangements to ensure an authorised person arrives to care for their child after the booked care session ends. Whenever possible, if a parent knows they are going to be late, they should contact the Manager by phone to inform the Educator.

Objective

To provide for the wellbeing of children with medical conditions and specific health needs by ensuring that Educators can effectively respond to and manage medical conditions in children including (but not limited to) asthma, diabetes and anaphylaxis. This includes being aware of medical management plans and treatments for children who may require emergency medication or intervention.

Risk minimisation

- While all care is taken to minimise a child's exposure to any known allergens or triggers, Guardian cannot guarantee that exposure will never occur.
- At the time of enrolment, parent(s) will be asked to identify if their child has a medical or health condition, by recording it on the enrolment form. A medical condition might include the diagnosis of asthma, anaphylaxis, allergies or diabetes, or any other specific medical condition(s).
- Educators will review the child's enrolment form for this information before the child's first booked care session to ensure they are fully aware of the relevant details to allow them to effectively respond to and manage the child's medical condition.
- Where a child already enrolled with Guardian develops/is diagnosed with a medical condition, the Educator will ensure that the family records the updated information in the child's enrolment form, and that the appropriate plans are developed to support the child's particular health need.

Planning for children with medical conditions

A medical management plan must be prepared for every child who is enrolled who has a specific health care need, allergy or relevant medical condition. Generally, a registered medical practitioner will have been consulted in the diagnosis and management of a specific health care need, allergy or relevant medical condition. Upon arriving at the child's home for the first time, the Educator will discuss the medical management plan with the family.

Medical management plans

A medical management plan for the child must be provided by the child's parent/s to Guardian before their first booked care session. This medical management plan must be followed by the Educators in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition. Best practice is that the child's registered medical practitioner is consulted by parents in the development of the medical management plan and that the advice from the medical practitioner is documented in the medical management plan.

Families must ensure that the child's medical management plan is displayed at their home so it is clearly visible and known to the Educator.

You can use the *Medical Management Plan Template*

as a guide, but whatever format the family chooses, the medical management plan should detail the following:

- details of the specific health care need, allergy or relevant medical condition including the severity of the condition
- any current medication prescribed for the child
- the response required from the service in relation to the emergence of symptoms
- any medication required to be administered in an emergency
- the action required if the child does not respond to initial treatment

- when to call an ambulance for assistance.

Educators:

- hold a current first aid certificate, including certification in the management of asthma and anaphylaxis.
- ensure they have a current, up to date medical management plan for each child before commencing each booked care session.
- ensure they are aware of the child/ren's medical conditions and are familiar with the medical management of each child diagnosed with a medical condition.
- consult the medical management plan to ensure they are aware of their communication responsibilities.

Management of anaphylaxis, asthma and diabetes

Families of children with anaphylaxis must ensure their anaphylaxis medical management plan (action plan) is signed by a Registered Medical Practitioner. Families must ensure the child's adrenalin auto-injection device, asthma medication or insulin is stored in a location that is known to the Educator, easily accessible (not locked away), inaccessible to children, away from direct sources of heat and has not expired.

Educators will not be able to care for a child with anaphylaxis who does not have an accessible prescribed adrenalin auto-injection device before the commencement of each booked care session.

Educators:

- ensure they know where the child's adrenalin auto-injection device, asthma medication

or insulin is located within the child's home (if the child requires the device/medication under their medical management plan).

- check the expiry date of all devices/medication before each booked care session.
- ensure that they are familiar with the symptoms of signs and symptoms and the emergency treatment of a low blood glucose level.
- respond to the immediate needs of children who present with symptoms of anaphylaxis, asthma and/or diabetes.
- administer emergency medication in accordance with their training, as required.
- encourage children to seek their reliever medication as soon as their symptoms develop where practical (children with asthma).
- ensure that a child's individual medical management plan (action plan) is signed by a Registered Medical Practitioner.
- call an ambulance if they feel emergency treatment is required.

Please refer to the procedure for administering medication in an anaphylaxis/asthma emergency.

Dietary requirements and food safety

Families must identify if their child has any food allergies or dietary requirements on their child's enrolment form.

Educators will read the child's enrolment form before they attend the child's first booked session to ensure they are aware of foods they should not bring with them for their lunch and other snacks throughout the day.

Policy: Payment of Fees

Objective:

To ensure families using Guardian in-home and in-centre back up care understand the processes for:

- payment of fees
- cancellation of bookings
- changes to fees
- issuing fee payment statements
- child absences and public holidays, and
- debt management and debt recovery.

Principles

Payment of fees

- Parents are responsible for the payment of the relevant 'co-pay' amount, which represents the fee payable for care provided while your child/ren is in a Guardian centre and/or under the care of a Guardian Educator in the family home.
- The 'co-pay' amount will be charged at the time of booking, and refunded where the booking has been cancelled, minus any cancellation fees (please refer to the cancellation of bookings section below).
- Fees must be paid by direct debit or credit card via Ezidebit. No other form of payment will be accepted.
- Families must complete a Direct Debit Request (DDR) form and return it to Guardian prior to the child's first booked session of care. Families should email their DDR form to enrolments@guardian.edu.au.
- Money owed will be automatically deducted from the family's nominated bank account by direct debit on the following Friday.

Additional charges – other than fees

Cancellation of bookings

- Guardian requires at least 24 hours' notice of any booking cancellation.
- Parents can cancel bookings by calling or emailing the Guardian Enrolments Team on 1300 001 119 or enrolments@guardian.edu.au.
- If bookings are cancelled outside of the 24-hour notice period, the following cancellation fees will be applied:
 - Less than 24 hours, more than 12 hours: **50%** of the booked session fee
 - Less than 12 hours: **100%** of the booked session fee

Uncollected Children

- A Late Fee is payable where a parent or other authorised person has not collected the child by end of the booked care session as follows:
 - For the first 15 minutes: \$25 flat fee
 - After the first 15 minutes: \$5/minute
- The fee will apply from the end of the booked care session, with the Late Fee being added to the family's account for the following EziDebit payment.
- Please refer to the **Uncollected Children Policy** for more information.

Debt management

If a family's account has not been settled for two consecutive months, the family:

- will not be able to book any further sessions
- will be notified when Guardian's preferred Collection Agency has been engaged to commence full recovery of the outstanding debt
- will be required to pay the cost associated with this debt recovery route. The cost could be an additional 25% of the outstanding amount plus costs for serving documents at \$100 per occasion, court filing fee of up to \$200 and professional fees starting from \$800.

Objective

To ensure that information and records held by Guardian services are stored securely and that personal and sensitive information is handled appropriately.

Responsibilities:

Guardian:

- inducts its Educators on Guardian's Privacy Policy (<https://www.guardian.edu.au/privacy-policy/>).
- ensures Educators, at the commencement of their employment, read and sign the Confidentiality Statement as it relates to privacy and confidentiality.
- ensures all personal information is stored safely and securely, minimising the risk of unauthorised access, use or disclosure. Archived files will be stored safely and securely for the appropriate number of years.
- ensures that information held by Guardian about Guardian employees is not divulged or communicated, directly or indirectly, to anyone other than Guardian staff who require an employee's health and/or personal information to carry out legitimate functions of their role.

Educators:

- act in accordance with the Guardian's Privacy Policy (<https://www.guardian.edu.au/privacy-policy/>).
- respect the privacy rights of enrolled children and their families; Educators and staff and their families, and any other associated persons.
- sign a Confidentiality Statement as it relates to privacy and confidentiality of information.
- ensure that information about children and families is not divulged or communicated, directly or indirectly, to anyone other than:
 - other Guardian Educators or staff who require the child's health and/or personal information to adequately provide education and care to the child.
 - authorised agencies, with the consent of the child's parent/guardian. For example, medical staff (speech therapists, child psychologists etc.) and only after parents have given written permission.

Authorised persons³ may request to view any information kept on their child.

³ In this context, and **authorised person** means a custodial parent.

Objective

To meet the individual needs of children for sleep, rest and/or relaxation by ensuring that:

- Educators are able to respond to children's cues and offer appropriate opportunities for each child to sleep or rest in accordance with their individual needs and preferences.
- Educators discuss children's needs for sleep or rest with families, respecting family preferences, and considering them when responding to children's sleep or rest cues in ways that best meet the child's individual needs.
- Educators will follow the Red Nose Guidelines at all times.

Responsibilities

Guardian:

- inducts Educators with a comprehensive overview of the sleep, rest and relaxation policy and procedures.
- supports Educators to follow the policies and procedures that relate to children's rest, sleep and relaxation, and provides additional and ongoing education, coaching and support where required.

Educators:

- ensure their educational program for the day provides opportunities for the child to sleep or rest, and relax as required, based on the child's needs and preferences.
- consult with families about their child's sleep and rest needs.
- record the child's sleep and rest patterns for families each day.
- respect family preferences regarding sleep and rest, and consider these while ensuring that children's needs are met and their rights and dignity are respected. Conversations with families may be necessary to remind them that **children will neither be forced to sleep nor prevented from sleeping.**
- offer each child the opportunity to rest or sleep, but do not expect or force any child to rest if they choose not to (not for any length of time). Alternative choices should be made available to any children who choose not to sleep or rest on a bed. These choices should not be limited to a couple of books or puzzles – this, like any other time of the day, is an opportunity for learning. Think purposefully about what experiences will appeal to these children and be intentional about the choices you provide.
- subject to their age, quiet, subdued, relaxing experiences will be offered to children during the middle of the day, to allow their bodies time to naturally relax and rest.
- provide a range of opportunities for relaxation throughout the day.
- create a calming atmosphere for sleeping and resting children by playing soft relaxation music or reading stories, dim lights and ensuring children are comfortably clothed.

- By providing a quiet, relaxing environment, children will choose to sleep if their body needs it.
- encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing. The room temperature will be considered to ensure maximum comfort and safety for the children.
- follow Red Nose guidelines which recommend that necklace/bracelets (including Amber Teething Necklaces) must be removed while children sleep. Any necklaces and bracelets are a choking and strangulation hazard.
- give bottle-fed children their bottles before going to bed. **Children will not be put in cots or in beds with bottles.**
- maintain adequate supervision at all times.
- will complete sleep/rest (cot checks) every 10 minutes.
- will not sleep in the same bed/room with the child.

Children in cots

Educators will support families to provide a safe sleep environment for their child in accordance with Red Nose Safe Sleeping recommendations (<https://rednose.com.au>).

In addition to other advice found on their website, **Red Nose** recommends the following:

- Use a safe cot that meets the current Australian standard **AS2172**.
- Use a safe mattress: firm, clean, flat (not tilted or elevated), and is the right size for the cot.
- Sleep the child on his or her back.
- Keep the child's head and face uncovered.
- Position the child's feet at the bottom of the cot.
- Tuck blankets in firmly or use a safe baby sleeping bag.

Red Nose strictly advises ***against***:

- having pillows, doonas, soft toys, cot pumpers or lambswool *anywhere in the cot*.
- putting the child to sleep on a water bed or bean bag.

Educators:

- encourage families to provide a child safe sleeping bag for their infant. The sleeping bag must be the correct size for the infant with fitted neck and arm holes to ensure there is no risk of the child's face being covered.
- ensure there are no pillows, large soft toys, quilts, doonas or thick blankets in an infant's cot. Children who need⁴ a special comfort item for sleep may have it in the cot – Educators must ensure that the item does not obstruct the child's breathing or cover their face. **The item must be removed from the cot once the child is asleep.**
- tuck any covering sheet or light blanket securely at the end of the cot and sides, to reduce the risk of it coming loose and covering a child's face during sleep. The infant's feet will be positioned at the end of the cot.
- place infants on their backs to sleep, not their tummy or side. When they are able to move around they will be able to find their own sleeping position. Infants who can roll will no longer be wrapped.
- position infants with their feet at the bottom of the cot.

⁴ In this context, 'need' means it is essential to the child's sleep routine i.e. they will not settle to sleep without it.



Objective

To ensure children are adequately supervised at all times that they are being educated and cared for. Supervision can prevent and reduce accidents through early detection of potential hazards, and an awareness of the children and their activities.

Responsibilities

Guardian:

- provides families with information about organising their home before their booked session of care to support and maximise the Educator's ability to supervise all areas accessible to children.

Educators:

- take into consideration the layout of the premises and grounds; any higher risk activities; the abilities and interests of children; the presence of any animals; and the location of activities, kitchens, bathrooms and sleep spaces.
- shall hear or see the child/ren at all times, and no child will be left alone. Educators must be able to hear the child/ren for the entire duration of a toilet break.
- respectfully arrange the space to maximise their ability to supervise all areas accessible to children. This must be discussed and approved by the family prior to moving any furniture around.
- ensure that supervision arrangements are respectful and that interactions with children are meaningful. Educators shall encourage children's independence while respecting individual abilities and needs.
- scan the environment while interacting with a child or small group of children. Educators shall position themselves to maximise their view of the space and the child/ren's play.

Policy: Outings

Objective

To ensure the safety of children while on outing, preventing and reducing accidents through planning, communication and sufficient awareness of the children and their activities.

Responsibilities

Guardian:

- Asks families to fill out the Outing Form, which identifies areas considered to be suitable for an outing within 15-minutes' walking distance from the home.

Educators:

- Take into consideration the location of the outing destination, the proposed method of travel and any typical risks present in that environment.
- Shall implement effective supervision of the children while on outing in accordance with the Supervision Policy.
- Shall work to identify any potential risks on arrival at the outing destination, and shall give particular consideration to:
 - Any water hazards
 - Any risks associated with water-based activities
 - The safety of the proposed activities
 - The proposed duration of the outing, and access to toileting facilities if necessary
 - Items that should be taken including water, food, a hat, sunscreen, a first aid kit, a mobile telephone and a copy of the child's medical management plan (where applicable), and any required medication.
- Will only transport the children to the outing destination on foot and will not cross any major roads. A major road includes any main road including a state highway, freeway or controlled access road. Children are not to be transported in the Educators' car or on public transport.
- Will ensure that the parent has completed an Outing Form.
- Will only take the child to an appropriate location, for example a local park or café. The educator will not take the child to the movies, water, or any area where they cannot be readily observed by members of the public.
- Will not take children out of the home before it is light, or after dark.

Lost child:

Where a child is lost, the Educator will search for the child. If the child cannot be found after searching the venue or surrounding area, and taking into account the environment, the number of people in that location, potential risks at that location and the child's disposition, the Educator will:

- 1) Notify the local police station
- 2) Notify the parents of the child, stating clearly and briefly that the child is missing and that the police have been alerted. Stress the importance of them remaining contactable.
- 3) The outing itinerary will be adhered to as best as able.
- 4) The Educator will remain in the vicinity from which the child went missing to liaise with police.

Authorisation

Medication (including prescription, over-the-counter and homeopathic medications) must not be administered to a child without authorisation by a parent or person with the authority to consent to administration of medical attention to the child as authorised on the child's enrolment form.

In the case of an emergency, it is acceptable to obtain verbal consent from a parent, or a registered medical practitioner or medical emergency services if the child's parent cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible.

The administration of medication

Educators may only administer medication to a child:

- a) that has been prescribed for that child by a registered medical practitioner **OR**
- b) with the written direction of a registered medical practitioner. For example, an over the counter medication may be administered, providing it is accompanied with written advice from a registered medical practitioner on the practitioner's letterhead that includes the name of the child, the name of the medication, the dosage to be administered and the date and time the medication is to be administered (or in lieu of the time, the circumstances under which it should be administered).

The child's parent (or authorised person⁵) must complete the medication details section of the **medication record** and show the Educator the safe storage location of the medication. The medication must be in its original container, have a current expiry/use by date, and have the prescription label attached (or be accompanied by written advice from a registered medical practitioner).

The **medication record** is used to ensure all required elements of administering medication are noted and understood. It is also used to record each time authorised medication is administered. The **illness record** is used for an emergency administration of medication (a one off).

Emergency Authorisation

Where verbal authorisation is required to administer medication in an emergency, the Educator must make a note of that conversation with the parent, registered medical practitioner or medical emergency services, on the **illness record** as soon as practicable. *Please note that in the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent/s and emergency services must be contacted as soon as possible.*

This type of emergency administration of medication (requiring verbal authorisation), may apply where a child with known allergies exhibits mild symptoms (that do not yet require the treatment with an adrenaline auto injection device) and may require a dose of oral antihistamine. Another situation may be where a child has a high fever - refer to the procedure for **administering paracetamol to a child with a fever**.

In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation.

When the family returns home, written notice of the administration of medication must be given to a parent or family member. The Educator must ask parent/family member to sign and date the **illness record** to indicate they have been advised.

A. Administering medication in an emergency (not anaphylaxis/asthma emergency)

Educators:

1. obtain authorisation from the child's parent, authorised person, registered medical practitioner or emergency services (except in the case of an anaphylaxis or asthma emergency where you should refer to procedure B, below)

⁵ A person authorised in writing in the child's enrolment form, by the child's parent, to consent to the administration of medication.

2. ensure the medication is in its original container with the child's name officially printed on it
3. record the name of the medication on the illness record (the brand, type and strength). For example:

Not enough information

Age of child	
Name of medication	<i>Baby Panadol</i>

Panadol Colour free baby Drops 1 Month-2 Years (Paracetamol - 100mg/ml)

4. check the expiry date of the medication for currency
5. record the expiry date on the illness record
6. administer the medication strictly in accordance with the instructions on the label
7. record the administration of medication on the illness record
8. sign and date the illness record
9. Ensure the parents sign and date the illness record as soon as practicable (when they return home).

B. Administering medication in an *anaphylaxis/asthma* emergency

Educators:

1. ensure the medication/device is in its original container with the child's name officially printed on it
2. check the expiry date of the medication/device for currency
3. administer the medication strictly in accordance with the instructions on the label, or relevant **ASCIA** guide. This can be found in your Educator Pack and should be attached to the child's **medical management plan**
4. phone 000 for an ambulance
5. phone the family
6. go with the child in the ambulance to the hospital and meet the family there
7. complete, sign and date the illness record
8. ensure the parents sign and date the illness record as soon as practicable.

Procedure: Administering paracetamol to a child with a fever

Authorisation

To administer paracetamol to a child who has a fever, written or verbal authorisation from a parent or authorised person is required (a person authorised in writing by the child's parent(s) to consent to the administration of medication to their child). In the event that a parent or authorised person cannot reasonably be contacted, verbal authorisation can be given by a registered medical practitioner or emergency services. Verbal authorisation must be documented on the illness record. The parent/family member must be asked to sign and date the illness record when they return home.

Administering paracetamol

Paracetamol must only be administered from its original container with the child's name officially printed on it.

Educators:

1. obtain authorisation from the child's parent, authorised person, registered medical practitioner or emergency services
2. ensure the paracetamol is in its original container with the child's name officially printed on it
3. record the name of the medication on the illness record (the brand, type and strength). For example:

Not enough information

Age of child	
Name of medication	Baby Panadol

Name of medication	Panadol Colour free baby Drops 1 Month-2 Years (Paracetamol - 100mg/ml)
--------------------	--

4. check the expiry date of the paracetamol for currency
5. record the expiry date on the illness record
6. administer the paracetamol strictly in accordance with the instructions on the label
7. record the administration of paracetamol on the illness record
8. sign and date the illness record
9. Ensure the parents sign and date the illness record as soon as practicable (when they return home).

Procedure: Safe storage and preparation of breast milk & formula

Storing breast milk

Breast milk can be stored⁶:

- in the fridge (4°C or lower) for up to 72 hours after it has been expressed – the best spot is the back of refrigerator where it's coldest
- in the freezer compartment inside a fridge for two weeks after it has been expressed
- in the freezer section of fridge (with separate freezer door) for three months after it has been expressed, or

⁶ Raising Children Network, 2015

- in the deep freeze (-18°C or lower) for 6-12 months after it has been expressed.

Preparing breast milk

Wash your hands thoroughly before preparing the breast milk (following the procedure for **handwashing**).

You do not need to wear gloves, unless you have cuts or open skin on your hands.

Breast milk should be warmed by using a bottle warmer on low setting. Follow the manufacturer's instructions.

Frozen breastmilk can also be prepared this way, though it will take longer to warm. If you have time, you should thaw it first in the refrigerator or by placing it in a bowl of cool water.

Do not warm the breastmilk for longer than 10 minutes – bacteria starts to grow once the milk is warm.

Always shake the bottle or container gently, and test the temperature of the milk before feeding it to a baby.

Never use a microwave oven to thaw or warm breast milk because heating can occur unevenly and burn the child's mouth.



Preparing formula

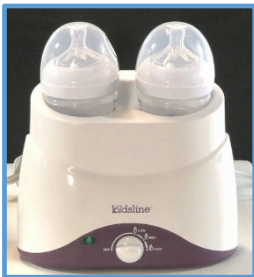
Wash your hands thoroughly before preparing or warming the formula (following the procedure for **handwashing**). You do not need to wear gloves.

Warming refrigerated pre-prepared formula

To warm a bottle of pre-prepared formula, use a bottle warmer on low – medium. Follow the manufacturer's instructions.

Do not warm the formula for longer than 10 minutes – bacteria starts to grow once the prepared formula is warm.

Always shake the bottle or container gently, and test the temperature of the milk before feeding it to a baby.



Preparing fresh formula

To prepare a bottle of formula (mixing formula powder with water), make sure you have a clean preparation area and that you have washed your hands thoroughly.

Step 1: Warm the water in the bottle, using your bottle warmer on low – medium. Follow the manufacturer's instructions.

Step 2: Carefully unscrew the bottle collar and place it on the bench in your clean preparation space.

Step 3: Empty the correct amount of powdered formula into the bottle, then screw the collar back on.

Step 4: Tap bottle gently so powder falls down into water. Shake bottle well to mix powder and water.

Step 5: Test the temperatures of the warmed formula before feeding it to a baby.

Using a microwave to warm bottles of formula or cow's milk

Because microwaves heat unevenly, there is a risk of scalding a child's mouth if there is a hot spot in the bottle. For this reason, they are not recommended for routine use. **Breast milk must NEVER be heated in a microwave.**

Cleaning bottles

If a bottle has been warmed, it must never be re-warmed or re-refrigerated. Once a bottle has been warmed and the child has been drinking from it, do not keep it for later. Any unused formula or milk must be discarded no more than 1 hour after a feed has started⁷.

Once used, children's bottles should be emptied of any remaining milk/formula, rinsed with water and left to be washed properly later on.

⁷ Department of Health, Government of South Australia, 2010

Procedure: When a child makes a disclosure

Educators will follow this procedure when a child makes a disclosure to them that they (or another child) has been/is being abused:

Listen to the child

- Listen to the child. Let the child talk at their own pace. You don't need to stop them talking, but avoid pressure on them to tell you more.
- Use a calm reassuring tone and talk at the child's level.
- Believe the child.
- Comfort the child.
- Avoid expressing judgement, doubt or shock.
- Avoid negative emotional reactions to the child's story.
- Don't make promises that you cannot keep.
- Take notes of what is said - either during (if practical and appropriate) or immediately after the disclosure.

Convey the following messages to the child

- It is not their fault.
- It was right to tell.
- It is not okay for adults to harm children – no matter what.
- Acknowledge the concerns of the child about “what will happen next?” and “what will happen to the person doing the harm?”.
- Explain what will happen next - Tell them you will need to talk to other people whose job it is to help keep children safe.

Things that you must avoid

- Remember it is not your role to investigate in this situation, so do not question the child about the details of the abuse/neglect, as legal proceedings may be jeopardised.
- Never make promises you cannot keep.
- Never try to 'close down' the conversation – this conveys the message to the child that they have done something wrong, and that it is not alright to tell anyone.
- Do not make negative comments or pass judgement about the alleged perpetrator – the child is telling you because they want you to help to stop the abuse occurring. The child may (and probably does) love the person they are talking about.

Record your notes about the disclosure as soon as possible and discuss the matter with your Manager.

Procedure: Handwashing

When to wash your hands

Educators wash their hands regularly and thoroughly. The NHMRC (2013) recommends that you wash your hands 'before you touch anything that should stay clean (such as before eating or preparing food) and after touching anything that might contaminate your hands (such as after using the toilet or wiping a child's nose)' (p.41). For example:

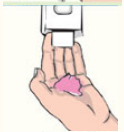
- ✓ before starting your shift
- ✓ before preparing or serving food
- ✓ before eating
- ✓ between handling raw and cooked or ready-to-eat food
- ✓ before changing a nappy or assisting a child with toileting
- ✓ before assisting a child to apply sunscreen
- ✓ before administering medication or first aid
- ✓ after going to the toilet
- ✓ after changing a nappy or assisting a child with toileting
- ✓ after using a tissue
- ✓ after handling rubbish
- ✓ after handling animals
- ✓ after administering medication, delivering first aid or attending to a sick child.
- ✓ after assisting a child to apply sunscreen
- ✓ after cleaning and after handling dirty laundry

Effective handwashing

The NHMRC (2013) advises that washing your hands with liquid soap and running water (following steps below) is the most effective method of handwashing (this process should take around 30 seconds):



1. Wet hands with running water (preferably warm water, for comfort).



2. Apply soap to hands (use liquid soap, not bar soap or antibacterial soap⁸)



3. Lather soap and rub hands thoroughly, including the wrists, the palms, between the fingers, around the thumbs and under nails.



Rub hands together for at least 15 seconds (for about as long as it takes to sing 'happy birthday' once).



4. Rinse thoroughly under running water.



5. Thoroughly dry your hands with disposable paper towel (dry hands are less likely to pick up bacteria than damp hands).

⁸ The NHMRC (2013) advises that antibacterial soaps should not be used routinely in education and care services (p.12).

Alcohol based hand rub (hand sanitiser)

Washing your hands with soap and water is the best way to effectively clean your hands (and children's hands), and should be used when hand washing facilities are available.

If your hands are not visibly dirty/soiled, hand sanitiser can be an effective alternative to soap and water when hand washing facilities are not available. Times when it would be appropriate to use hand sanitiser instead of washing your hands with soap and water could include:

- when on outings, where hand washing facilities are not available, or
- in situations where using the available hand washing facilities would compromise the supervision of children e.g. you are in the outdoor environment and going inside to wash your hands would mean leaving children unattended (in this situation, you should wash your hands with soap and water as soon as you can safely go inside).

For hand sanitiser to be effective, you should follow these steps (NHMRC, 2013, p.42):



1. Apply the amount of hand sanitiser recommended by the manufacturer to palms of **dry hands**.



2. Rub hands together, making sure you cover in between fingers, around thumbs and under nails.



3. Rub until hands are dry.

Hand sanitiser – risks to children

The NHMRC (2013) advises that children may be at risk from hand sanitiser if they eat or drink it, inhale it, or splash it into their eyes or mouth. For this reason, hand sanitiser should not be used with babies or young toddlers who are likely to mouth the product or rub it in their eyes. Hand sanitiser should be stored well out of reach of children and only used with close adult supervision (NHMRC, 2013, p.11-12).

Infant and toddler handwashing

Infants and toddlers need to wash their hands as often and as thoroughly as older children. If a child can stand at a basin, they should be encouraged to wash their hands in the same way as older children.

For children who are not able to stand at a hand basin, you can wash their hands with a clean wash cloth that has been dampened with warm water and soap - make sure their hands are rinsed to remove any soap, then dried thoroughly.

Procedure: Nappy change

Educators will follow these steps to ensure nappies are changed hygienically. If you need a demonstration, [this video](https://www.youtube.com/watch?v=qj9aFWqEvG8) (https://www.youtube.com/watch?v=qj9aFWqEvG8) shows an educator changing a nappy using this procedure.

Preparation	Changing	Cleaning
1. Ensure that the nappy change area is well stocked with everything you need in easy reach.	4. Remove the child's nappy and put any disposable nappy in a bin. Place any soiled clothes (including cloth nappy) in a plastic bag. The child must be closely supervised on the change table at all times. Do not step away from the table for any reason.	13. After each nappy change, clean the change mat with neutral detergent mixture (diluted according to instructions).
2. Wash your hands	5. Clean the child's bottom with a baby wipe, wiping front to back. Put the used wipes in a hands free lidded bin.	14. Wash your hands
3. Put disposable gloves on both hands	6. Remove the paper from under the child and put it in a hands free lidded bin.	
	7. Remove your gloves by peeling them back from the wrists and put them in the bin.	
	8. Place a clean nappy on the child	
	9. Dress the child	

A ▼ An infant or child who is unable to stand at a sink to wash their hands	B ▲ A child who is able to stand at sink and wash their hands
10. Wash the child's hands with a clean wash cloth that has been dampened with warm water and hand soap. Then rinse their hands to remove any soap, and dry with a hand towel. Use hand sanitiser to cleanse your hands (While you have a baby on the change mat it is not safe for you to wash your hands at the sink).	11. Take the child away from the change table. If the child is able, they should be encouraged to use the nappy change steps to climb down, rather than being lifted (even though it takes longer!) Only lift and carry children who are not able to use the steps.
12. Take the child away from the change table	12. Wash your hands & the child's hands

Opportunities for learning and building trusting relationships

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

(Guide to the Education & Care Services National Law & the Education and Care Services National Regulations 2011, p.66)



- Make the area inviting and appealing for children. Include a couple of items/objects of interest as provocations for conversation.
- Use this one to one time as an opportunity for conversation with the child. Remember to smile and make eye contact. You could also sing a song to engage the child – be sensitive to the individual preferences and styles of children and tailor your language and behaviour to them.
- Allow children to take their time. It is important for educators to slow down to the child's pace, rather than rushing them through at yours.
- Respond to children cues and allow them to be active participants in the process. Talk to the child about what is happening and let them know what you are going to do.
- Respect and support children's independence and encourage them to do as much as they can themselves. For example, if a child is able, they should be encouraged to use the steps to climb up and down, rather than being lifted (this is important to protect your back as well).



Mandatory reporting

Mandatory reporting is a legal requirement for certain people to report suspected cases of child abuse and neglect to government authorities⁹. Mandatory reporting laws are specific to each state/territory, and are not all the same. The mandatory reporting requirements for NSW are:

Who in Guardian is mandated to report?	What must be reported?	Types of abuse & neglect that must be reported	Relevant section of legislation	Who to report to?
<p>A person who:</p> <ul style="list-style-type: none"> • in the course of their work delivers children's services. • holds a management position in an organisation with direct responsibility for providing, or directly supervising children's services. <p>This means all Educators and staff in Guardian's NSW centres AND NSW Managers, Quality & Compliance Managers and Mentor Teachers are mandatory reporters.</p>	<p>Reasonable grounds to suspect that a child is at risk of significant harm; AND those grounds arise during/because of, their work (paid employment).</p>	<ul style="list-style-type: none"> • Physical abuse • Sexual abuse • Emotional/psychological abuse • Neglect • Exposure to domestic violence 	<p>Sections 23 & 27 of the <i>Children and Young Persons (Care and Protection) Act 1998 (NSW)</i></p>	<p>Department of Family and Community Services NSW Government</p>

When to make a report to the NSW Child Protection Authority

If you are classed as a mandatory reporter, you must report, based on the grounds specified under mandatory reporting legislation in NSW (please see above).

If you are **not** classed as a mandatory reporter, you can still make a report. In fact, you should make a report if you have reasonable grounds to believe that a child is at risk or experiencing abuse or neglect. At the very least, you should contact your Manager to discuss your concerns. The Manager may recommend that you make a report, even if you are not legally required to do so. As an early childhood educator you have professional and ethical responsibility to 'act in the best interests of all children'¹⁰.

How to make a report to the NSW Child Protection Authority

Step 1

Use the online Mandatory Reporter Guide (<https://reporter.childstory.nsw.gov.au/s/mrg>) to determine if the child is at risk of significant harm.

Once you have made your way through the questions, the site will recommend the action you should take, which could include making a report to the Child Protection Helpline.

⁹ <https://www3.aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

¹⁰ Early childhood Australia, (2006), [Code of Ethics](#).

Step 2

You should print out the decision report and keep it as evidence of the recommendation and advice.

These are the possible recommended actions (known as decision points) you may see, once you have made your way through the online Mandatory Reporter Guide:

- **Document and Continue Relationship/Monitor**
- **Report to Family & Community Services**
 - Immediate report to the Child Protection Hotline: 132 111, or
 - eReporting, available at: <https://kidsreport.facs.nsw.gov.au> (you can only access this through Internet Explorer 8, 9, 10 and 11; Mozilla Firefox (32 bit only) and Apple Safari).
- **Consult with a Professional/Refer to CWU (Child Wellbeing Unit)**
- **Referrals**

Step 3 (a)

If, after completing the mandatory reporter guide, the recommended decision is 'Document and continue relationship/monitor', the Educator involved will continue to record clear, dated, objective and simply stated observations, including indicators, on the child. All documentation will be kept in a confidential file. Educators will discuss any new observations or evidence recorded before filing.

If the Educator remains concerned but is unsure about the evidence, the Educator will seek further advice from their Manager. The Manager may call the Child Protection Hotline to seek further advice, or advise the Educator to contact the hotline and seek advice.

Step 3 (b)

When the use of the Mandatory Reporter Guide recommends 'Report to Family & Community Services', the mandatory reporter must make a report as directed, **within 24 hours**.

The Child Protection Helpline will assess the information that you provide, along with information that may be known to Family & Community Services, to determine whether or not it meets the legislative threshold for risk of significant harm. The Helpline then may do one of the following:

- Screen out the report because it does not meet the threshold for risk of significant harm;
- Refer the report to *Brighter Futures*;
- Assess the report but not open it for ongoing services;
- Offer ongoing services/further assessment to the child/young person, other individual family members, or to the family together; or
- Arrange protective placement for the child/young person.

Step 3 (c)

When the use of the Mandatory Reporter Guide recommends 'Consult with a Professional/Refer to CWU', you should follow the actions listed under Step 3(a). You might also:

- contact the Family Referral Service in your area. See the website at: <http://www.familyreferralservice.com.au/> (Family Referral Services assist families with children and young people who do not meet the statutory threshold for child protection intervention but would benefit from accessing support to address current problems and prevent escalation of risk of harm).
- consult HSNet for referral options <http://www.hsnet.nsw.gov.au>.
- consult the FamS website <http://www.nswfamilyservices.asn.au>.
- seek additional information under exchange of information provisions. Advice about information exchange is located at <http://www.keepthemsafe.nsw.gov.au>.

Before acting on any of these referrals, discuss the plan of action with your Manager.

Step 3 (d)

When the use of the Mandatory Reporter Guide recommends 'Referrals', you should follow the actions listed under Step 3(a). In this instance, there is no suspected significant harm or risk of significant harm, but the family may benefit from services and appear open to services. You may respond in a number of ways depending on your knowledge of and relationships with family members. You may wish to consult with the Family Referral Service in your area. See the website: <http://www.familyreferralservice.com.au> (You can call them for information to pass to the family, or you may provide relevant information to the Service so they can contact the family directly).

Before acting on any of these referrals, discuss the plan of action with your Manager.

If the circumstances involve child-related misconduct by an employee, you will need to consider whether it needs to be reported to the NSW Ombudsman. 'Employee' also includes all volunteers, students, contractors and sub-contractors that are engaged to provide services to children. Please refer to the procedure for **responding to child protection allegations against employees**.

Procedure: Reporting and responding to suspected abuse and neglect

Educators will follow this procedure where they suspect a child may be experiencing abuse/neglect OR if they suspect a child may be at risk of experiencing abuse/neglect.

Step 1: Where you have concerns about a child, where abuse or neglect may be indicated, you should record your observations (including date and time, and descriptions of any suspect marks or behaviour and any other evidence).

Your concerns might be based on your first-hand observation of the child or family OR something the child, parent or other person has disclosed to you OR something that could reasonably be inferred based on your professional training and/ or experience.

Step 2: Discuss the matter/concern in confidence with your Manager as soon as possible, and have written observations available for discussion (if relevant).

At this stage, **if there is an immediate danger to the child, the local police station and/or the Child Protection Authority in your state/territory should be contacted immediately** – please refer to the procedure for **making a report to a Child Protection Authority**.

Step 3: At this stage, the Manager may ask you to continue to monitor the situation and gather further observations, before making a decision about whether or not your suspicions/observations should be reported to your local Child Protection authority. If there is confusion or disagreement about the proposed plan of action, your General Manager will be able to provide advice about the best way to proceed.

Regardless of any of your managers' advice, you should always make sure you comply with any mandatory reporting obligations that apply to you.

Step 4: Where you (or you and your Manager) determine there are reasonable grounds to suspect a child may be experiencing abuse/neglect OR may be at risk of experiencing abuse/neglect, certain people will need to be notified. They will be able to support you through any child protection process. These could include:

- **Your Manager** – You have likely already discussed this with your manager.
- **General Manager** – Your Manager will notify the General Manager if a report to a child protection authority is indicated/likely.
- **Guardian Quality & Compliance Manager** – The Manager will notify the Quality & Compliance Manager if a report to a child protection authority is indicated/likely.
- **Child Protection Authority** - Does the situation need to be reported to the child protection authority in your state/territory? Refer to the mandatory reporting guidelines for your state/territory and the procedure for **making a report to a Child Protection Authority**.
- **Ombudsman** - Does the situation need to be reported to the Ombudsman in your state/territory? Refer to the procedure for **responding to child protection allegations against employees**.
- **Guardian Early Learning Group, Head of People and Culture** – If the suspicion relates to a Guardian employee, the Head of People and Culture will need to be informed, so far as it relates to the employee. The matter will need to be investigated as soon as possible. Refer to the procedure for **responding to child protection allegations against employees**.
- **Parents of the child/ren involved** – unless the suspicion relates to an allegation made against a Guardian employee, it is not usually appropriate to speak to the child's parents about your suspicions, because it could:
 - place a child at increased risk
 - place an adult at risk, and/or
 - interfere with the investigation of a criminal offence.

In these circumstances, follow the guidance of the above Guardian managers and/or your local Child Protection authority, and/or the Police.

Manager's role

You will support the Educator to determine if they should make a report to the child protection authority or Ombudsman (if applicable) in your state/territory. You do not need to do this alone. You should contact your Manager to support you.

If it is determined that the Educator should make a report directly to the child protection authority in your state/territory, you will:

- ensure the appropriate Guardian staff have been notified (as above).
- start and maintain a timeline of events that records the 'storyline' of all of your documentation and actions.
- ensure all conversations and decisions are documented. This means, you should make your own notes, clearly recording any risks considered, decisions made, people or resources consulted. Your notes should include details like the date, time and length of discussions, as well as the names of people present at meetings or names of people you spoke with on the phone etc.

Your notes should be dated with the day you created them. An efficient way of recording your notes could be to send an email to yourself – this way, the date and time you created the note will be electronically recorded. However, you need to be sure that the email address you are using cannot be accessed by anyone else but you (or you need to file your emails and sent items in a secure place).

- Ask the Educator if they feel they have gathered enough information about the incident for reporting, and help them prepare to make the report.
- Ensure the Educator has the telephone number of the appropriate Child Protection Authority or details of the appropriate contact mechanism (refer to the procedure for **making a report to a Child Protection Authority** for this information).
- Remind the Educator to obtain the reference number provided by the child protection authority, and (if making the notification by phone) the name of the person they spoke with.
- Where possible, stay with them while they make the report, so you can provide necessary support.
- Once the report has been made, email your Manager, including the following details:
 - **Subject heading:** 'Child Protection Incident – report made to Child Protection Authority.'
 - The **body of the email** should include:
 - name of the child
 - date and time the report was made
 - first name of the educator who made the report
 - the report reference number, and
 - if the report was made by phone, the name of the person who took the report details.

Initial response to allegation

1. Clarify the allegation (exactly what has been alleged? Who, what, when, where?)

If the allegation was made verbally, your first step is to ask the person to provide the details of the allegation in writing. For example, you might ask them to send you an email with the details or provide you with a hard copy of their allegation (paper accounts should be signed and dated where possible).

These are the main details you need to clarify about the allegation in the initial stages:

- The identity of the person making the allegation
- The names of the child/ren involved
- The name of the employee against whom the allegation has been made, and any witnesses
- Details of when and where the alleged incident or incident/s occurred, including dates and times where possible.

2. Play your role in the reporting chain

NSW Ombudsman – In NSW, reportable conduct and allegations of reportable conduct must be reported to the NSW Ombudsman within 30 days of Guardian becoming aware of the allegation. ‘Employee’ also includes all volunteers, students, contractors and sub-contractors that are engaged to provide services to children. Guardian’s Quality & Compliance Team will coordinate the submission.

What is your role? Report any possible reportable conduct to your Manager as soon as possible. This means if you become aware of any information alleging that an employee is or has been involved in *reportable conduct*, you must report this information to your manager for further investigation.

If you are not happy with the way that Guardian has handled your concerns, talk to your Manager or General Manager. If you are still dissatisfied, you can make a complaint to the NSW Ombudsman on 1800 451 524.

RECORD KEEPING

- Begin keeping records from the day you are advised of the allegation.
- Create a secure file for your records.
- Clearly record the initial and any subsequent allegation(s).
- Document the planning process.
- Ensure all records are legible, signed and dated
- Confirm accuracy and consistency.
- Avoid subjective language.
- Include all notes in the file (however rough).
- Document all discussions and place on file (including copies of all emails sent and received).
- Document all advice, both given and received.
- Document all decisions and their rationale.
- Be mindful of confidentiality.



What is reportable conduct?

Section 25A(1) of the Ombudsman Act 1974 (NSW) defines 'reportable conduct' as:

- any sexual offence or sexual misconduct committed against, with or in the presence of a child - including a child pornography offence
- any assault, ill-treatment or neglect of a child
- any behaviour that causes psychological harm to a child – even if the child consented to the behaviour.

Section 25A(1) of the Act also states that reportable conduct does not extend to:

- a) conduct that is reasonable for the purposes of the discipline, management or care of children, having regard to the age, maturity, health or other characteristics of the children and to any relevant codes of conduct or professional standards
- b) the use of physical force that, in all the circumstances, is trivial or negligible, but only if the matter is to be investigated and the result of the investigation recorded under workplace employment procedures.

Examples of conduct that constitute reportable conduct include touching a child to attract their attention, guide them or comfort them, a school teacher raising their voice to attract attention or restore order in the classroom, or conduct that is established to be accidental.

****You can find more information about each of these categories in the [Child Protection in the Workplace – Responding to allegations against employees:](#)**

<http://www.wiseworkplace.com.au/LiteratureRetrieve.aspx?ID=35215>. In particular, the flow charts on pages 33, 80 and 97 provide sound guidance.

Office of the NSW Children's Guardian – In NSW, we must notify the Office of the Children's Guardian if an employee has been the subject of **a finding** of:

- sexual misconduct committed against, with or in the presence of a child, including grooming
- any serious physical assault of a child.

If an employee has been the subject of a finding of an assault of a sexual nature of a child as outlined above, Guardian will terminate the employee's employment. Guardian's Quality & Compliance Team will coordinate the submission to the Office of the Children's Guardian.

Hygiene and safety considerations

If you are assisting a child in the bathroom you should:

1. wash your hands before and after assisting a child with toileting
2. wear disposable gloves on both hands if you are likely to come in contact with body fluids, and wash your hands after removing them
3. change gloves between children if assisting more than one child
4. encourage children to wash their hands with soap and water, and remind them to dry them thoroughly. While in the bathroom, talk to them about why this is important for their health
5. clean up any spills immediately, to prevent falls and cross contamination.

Opportunities for learning and building trusting relationships

- Allow children to take their time. It is important for Educators to slow down to the child's pace, rather than rushing them through at yours.
- Respond to children's cues and allow them to be active participants in the process, giving help in ways that empower - give just enough help to encourage the child to persevere and be successful.
- Be sensitive to the individual preferences and styles of children and tailor your language and behaviour to them.
- Respect and support children's independence and encourage them to complete personal care tasks themselves. Give praise for attempts as well as success. When you need to give direct assistance, talk with the child about what is happening and let them know what you are going to do.
- Allow children to go to the toilet on their own schedule. They should never be forced to wait to go to the toilet or forced to go when they have indicated that they don't want to.

This does not mean that you can't ask children if they need to go, or offer to go with them, if you see that they are displaying signs that they may need to go.

- Respond calmly when children have toileting accidents and never react with disapproval.

