

## POLICY

# Child - Safety, Wellbeing and Rights

Required for Parent Folder - Yes

## 1. Purpose / Objective

The purpose of this policy is to inform interested parties about how we ensure the environment we create for our clients supports each individual's rights and wellbeing, while ensuring compliance with our statutory and contractual obligations towards safety and our organisation objectives.

## 2. Application/Scope

This policy applies to the AEIOU Foundation (AEIOU) Board of Directors and sub committees, all workers, including staff, students and volunteers, contractors, and consultants; and all AEIOU children enrolled and attending our centres and their immediate or extended families, guardians, carers and other visitors. This policy applies to all locations that AEIOU operates.

This policy does not cover general organisation facilities management, maintenance or workplace health and safety matters.

## 3. Policy Statement

AEIOU Foundation (AEIOU) is committed to creating a safe, supportive, welcome and respectful educational and therapeutic environment for all children, their families, guardians, carers and visitors to our centres.

The learning environment we create is safe and designed so that young children can interact and explore learning and social experiences which builds upon their capabilities and successes. The environment and culture we promote is equitable and inclusive of the diversity each individual brings, and is respectful of all cultures, individual identity and values the contributions of all who are engaged with us. We work together so the rights and needs of the child is central, and that the role of parents and families are respected and supported.

## 4. Requirements for Performance

### 4.1 Principles

To guide the implementation of this policy, we have adopted human rights principles underpinned by the United Nations Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities. These declarations are embedded in the legislative frameworks for early childhood service delivery, and supported by Education and Care Services National Law, the Early Years Learning Framework and the NDIS Quality and Safeguards Framework.

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The Human Rights principles		
Respect for the inherent dignity, independence of persons and individual autonomy, including the freedom to make one's own choices	Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity	Respect for the evolving capacities of children with disability and respect for the right of children with disability to preserve their identities
Non-discrimination	Equality of opportunity	Active partnerships between services and people with disability, and their families, friends, carers and/or advocates.
Full and effective participation and inclusion in society	Equality between men and women	Accessibility

We act in accordance with our ethical responsibilities and common law obligations under our Duty of Care.

**Duty of Care** - AEIOU has a duty to take reasonable care, for the safety and welfare of all children, employees, volunteers, students, family members, visitors and contractors. This is a legal duty to take reasonable care not to cause harm to another person that could be reasonably foreseen. All employees have a general duty of care to maintain their own safety and the safety of others. Implementing duty of care involves taking all reasonable steps to ensure the safety and welfare of persons, from both known and reasonably expected risks of harm and/or injury.

## 4.2 Rights, Roles and Responsibilities

AEIOU acknowledges the rights of children and their families and our role and responsibilities. Each child and their family have the right to:	
<b>Person-centred support</b> – access supports that promote, uphold and respect their legal and human rights and enable to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.	<b>Child focussed supports</b> – that promote and respect the child’s legal and human rights, support their development of functional skills, and enable them to participate meaningfully and be included in everyday activities with their peers.
<b>Respect for individual values and beliefs</b> – each child and their family accesses support that respect their culture, diversity, values and beliefs.  In the learning setting respect provides for the dignity of all children and the importance of recognising types of diversity and the principles of non-discrimination, best interests of the child, participation, survival and development.	<b>Family centred support</b> – each family receives supports that are culturally inclusive, responsive, and focus on their strengths.
<b>Right to Privacy and dignity</b> – each child and their family access supports that respect and protect their dignity and right to privacy.  Privacy includes consideration of children’s records and children’s personal information (verbal and written), children’s identity, photos and images being protected and kept safe and ensuring appropriate consents are sought for sharing information.	<b>Inclusion</b> – each child access support that engages their natural environment and enables inclusive and meaningful participation in family and community life. Inclusive learning ensures that all children’s experiences are recognised and valued and that all children have equitable access to resources, participation, and opportunities to demonstrate their learning, and to value difference.
<b>Independence, informed choice and decision making</b> – each child and their family is supported to make informed choices, exercise control and maximise	<b>Interpreter services or other support</b> – can be arranged for instances where parents/families require assistance relating to the service.

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<p>their independence relating to support provided and decisions affecting them. Information is accessible and provided in way they understand to enable informed choices for decision-making to occur. Information provides for the 'dignity of risk' in decision-making. Each participant is provided sufficient time to consider their options, to seek advice, and to access an advocate, if they choose.</p>	<p><b>Advocacy support</b> – Involvement of an advocate/support person of their choice to represent their interests is respected and facilitated as needed.</p>
<p><b>Violence, abuse, neglect, exploitation and discrimination free environment</b> - each child and their family access supports free from violence, abuse, neglect, exploitation or discrimination. We have processes in place which actively prevent, act on, support, record, investigate, and report incidents.</p>	<p><b>Elimination of the use of restrictive practices</b> – NDIS and the quality assurance and safeguards system will be implemented including responsibilities for oversight of and reporting on the use of restrictive practices.</p>
<p><b>Complaints management and resolution</b> – each participant has knowledge of and access to the complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed. We have a process in place for people to raise concerns/complaints without fear of retribution, and to have issues dealt with fairly. Information about how to give feedback, make a complaint including avenues with the NDIS Commission and other authorities, and how to access advocacy support is provided.</p>	<p><b>Incidents responsiveness</b> – each participant is safeguarded by our incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learned from.</p>
<p><b>Robust governance and operational management</b> – a well-run organisation with governance and operational management systems in place relevant and proportionate to the size, scale, scope and complexity of the support delivered. Including systems to manage risk, quality, information and continuity of support.</p>	<p><b>Competent, qualified and screened workers</b> – each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, have relevant expertise and experience, and are screened to meet NDIS and State/Territory worker screening rules (criminal history checks). Educator to child ratios will be maintained when providing education and care services, and during rest periods.</p>
<p><b>Support provision</b> – that is accessible and appropriate to the child's needs, goals and preferences. Includes active involvement of parents/guardians in the development of support plans that reflect the child's needs, requirements, preferences, strengths and goals, and are regularly reviewed. Includes clear understanding of the supports chosen and agreed to and how these will be provided and well-planned and coordinated transitions to or from providers.</p>	<p><b>Support provision environment</b> – access support in a safe environment appropriate to the child's needs. A safe environment where property is secure and that medication management processes are effective to prevent errors or incidents, and that effective practices are in place to manage waste, or infectious or hazardous substances, and that effective prevention control practices are in place.</p>
<p><b>Collaboration</b> – coordinated supports are provided from a collaborative team comprising the child's family, and other relevant providers to facilitate the child's development and address family's needs and priorities.</p>	<p><b>Capacity building</b> – each child receives supports that build knowledge, skills and abilities of their family and other people to support the child's learning and development.</p>
<p><b>Evidence-informed supports</b> – each child receives evidence-informed supports with quality standards and validated practices.</p>	<p><b>Outcome based approach</b> – each child receives supports that are outcome based and goal focused.</p>

<b>To assist us in delivering our services as intended parents/guardians/family/carers are responsible for:</b>	
Informing AEIOU of changes to contact details, custodial conflicts or court orders.	Interact with staff and other parents safely, with courtesy and respect the rights of others.
Identify risks the organisation may have to consider in providing services to you.	Make arrival and departure arrangements that meet the specified requirements.
Be involved with and assist in the planning and review of their child's program and decisions affecting them.	Provide necessary medical and health reports which will enable us to develop and provide appropriate services to their child.
Implement home activities/ plans developed as part of their child's ongoing support program.	Follow and adhere to all AEIOU's policies and processes as directed and provided.
Raise incidents, concerns or complaints with us, and work collaboratively with us to resolve issues.	Provide feedback when requested by teaching staff.

### 4.3 Child Safe Code of Conduct

All workers are obliged to abide with Child Safe Code of Conduct.

AEIOU fosters an organisational culture that adopts strategies and takes action to promote child wellbeing and prevent harm to children and young people. We consciously and systematically:

- create an environment where children's safety and wellbeing is the centre of thought, values and actions
- place emphasis on genuine engagement with, and valuing of children
- create conditions that reduce the likelihood of harm to children and young people
- create conditions that increase the likelihood of identifying any harm
- respond to any concerns, disclosures, allegations or suspicions.

### 4.4 NDIS Code of Conduct

All workers are obliged to abide with the NDIS Code of Conduct and complete the NDIS Worker Orientation Module required by the NDIS Quality and Safeguards Commission.

The NDIS Code of Conduct requires workers to do the following in providing supports and services:

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
- Respect the privacy of people with disability.
- Provide supports and services in a safe and competent manner with care and skill.
- Act with integrity, honesty and transparency.
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.
- Take all reasonable steps to prevent and respond to sexual misconduct.

### 4.5 Our Surroundings

We maintain a safe and healthy environment for enrolled children to learn and explore their environment and develop their skills. All equipment and furniture used in providing our services are safe, clean and in good repair.

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## Physical environment

- We provide accessible and inclusive facilities and services and consider reasonable adjustments to facilities and processes where barriers are identified.
- We provide appropriately sized furniture and equipment for the age ranges represented.
- We provide appropriate challenges in the environment that encourages appropriate risk taking as per each child's developmental level, needs and goals.
- We provide a well organised environment so children, educators and others can move around without disrupting other children's activities.
- We incorporate requirements of children with additional needs as seamlessly as possible.
- Premises are designed and maintained in a way that always facilitates supervision of children at the service, having regard to the need to maintain the right and dignity of children.
- We provide ready access to an operating telephone or other similar means of communication to enable immediate communication to and from parents and emergency services.

## Safety controls

- We use compliant soft fall material in places where climbing play equipment, swings or slides are used.
- We install safety fencing in areas to ensure the safety of children.
- We ensure that power points not in use have safety caps, and all power-boards are out of reach of children and all electrical cords are secured.
- We discuss the safety aspects of using toys and equipment with children. When circumstances allow, we will involve the children in setting these rules, where applicable.
- We keep maintenance logs.
- We manage and control identified hazards so that people are not exposed, to the best or reasonable extent possible, and provide personal protective equipment to be used when required.
- We adopt safe work practices and systems that comply with Work Health, Safety legislation, Codes of Practice and relevant Standards.

## Risk management

- We undertake appropriate risk assessments of the service environment and relevant equipment to ensure that risk is minimised at all times.
- We maintain adequate insurance coverage.
- We have adopted a Quality and WHS Management System to manage compliance and continuous improvement of our systems and processes and undertake audits and inspections to ensure we can continue to meet the needs of our clients and the objectives of the organisation.
- We assess and evaluate risks involved in individual activities and community experiences and take steps to control identified risks.

## Amenity

- We provide safe, convenient and accessible toileting, handwashing and drying, eating and sleeping facilities as per the amount of children who attend our service.
- We provide laundry facilities with a washing machine and drier and have arrangements in place for dealing with soiled clothing, nappies and linen, including hygienic facilities for storage prior to their disposal or laundering.
- If children that attend use nappies, we provide hygienic facilities for nappy changes. If children are under three (3) years old, at least one (1) properly constructed nappy change bench will be used. Nappy change facilities are designed, located and maintained to ensure that children cannot access them without being supervised.
- We incorporate natural and artificial lighting, appropriate ventilation, heating and cooling and fresh air into the working environment.
- We provide quiet areas where children can sleep or rest.
- For centres who have baby and toddler rooms, we provide a separate indoor space for children who are under two years of age.

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- A separate space for administration, and a private space for consultation with children’s parents/guardians or carers is provided.

### Experiences and resources to support child’s learning goals

- We provide visual supports to enable non-verbal children to communicate their wants and needs.
- We provide experiences for children to interact with nature by including natural elements (e.g. plants, trees, gardens, rock, mud or water) in our outdoor environment.
- We engage the children in a wide variety of indoor and outdoor experiences and exercise.
- We enable the children to access appropriate furniture, resources, materials, toys and equipment. These resources will be developmentally appropriate, and sufficient in numbers for the amount of children that attend our service.
- We create an environment where children can explore, solve problems, create, construct and engage in critical thinking that is developmentally appropriate in the service.
- We arrange the environment to encourage large or small group or independent activities.
- We use commercial, natural, recycled, home-made and real resources in a variety of ways to encourage children’s learning.

## 4.6 Responsible Person and Nominated Supervisor

The Service/Centre Manager is the agreed nominated supervisor / nominee employed to manage the day-to-day operations of an AEIOU service centre. Other eligible employees identified who meet the criteria for a responsible person must agree and provide written consent to undertake specific responsibilities to support the nominated supervisor, including when the Service / Centre Manager is not present on site.

- The nominated supervisor or responsible person/s in charge will be present, at all times that the service is educating and caring for children during the service’s normal operating hours for the day in accordance with the regulations.
- The prescribed qualification for a supervisor is or is equivalent to an approved Diploma level of education and care qualification and is 18 years of age or more. Any educators under 18 years must be supervised.
- The Service / Centre Manager, and other identified responsible staff members in day-to-day charge will have adequate experience, knowledge and understanding of the provision of education and care to children, and is able to effectively supervise and manage the service and maintain a history of compliance with relevant laws.
- Each nominated supervisor and responsible staff member will have successfully completed child protection training in their jurisdiction.
- The name of each nominated supervisor and responsible staff member will be displayed and visible from the service’s main entrance.
- As the persons responsible for the day-to-day operations of an approved service, nominated supervisors and identified responsible staff have a range of responsibilities including:
  - Ensuring educational programs are:
    - based on and delivered in accordance with the approved learning framework, and AEIOU support program
    - based on the developmental needs, interests and experiences of each child
    - designed to consider the individual differences of each child
  - Ensuring children are adequately supervised, are not subject to inappropriate discipline, and are protected from harms and hazards
  - Ensuring children do not leave the education and care service premises except in accordance with the relevant QLD State/or National Law and Regulations (e.g., with an authorised parent / carer, on an authorised excursion, or for emergency medical treatment)
  - Ensuring that a parent of a child attending the centre may enter the service premises at any time when the child is attending the service, except when:

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- permitting entry would pose a risk to the safety of the children and staff or conflict with the duty of the supervisor under the QLD State/or National Law Regulations, or
  - the supervisor is aware the parent is prohibited by a court order from having contact with the child
  - ensuring an unauthorised person is not at the service while children are present unless the person is under direct supervision
- ensuring adequate health and hygiene practices and safe practices for handling, preparing and storing food are implemented at the service to minimise risks to children
- ensuring children always have access to safe drinking water and are offered food and beverages on a regular basis throughout the day
- ensuring that medication is not administered to a child being cared for by the service unless the administration is authorised (except in the case of anaphylaxis or asthma emergency) and is administered in accordance with the QLD State/or National Law Regulations
- where medication is administered to a child without authorisation in a case of an anaphylaxis or asthma emergency, ensure that a parent of the child and emergency services are notified as soon as practicable
- that while educating and caring for children at the service, all staff must not consume alcohol or be affected by alcohol or drugs (including prescription medication) so as to impair their capacity to supervise or provide education and care to children
- taking reasonable steps to ensure that the needs for sleep and rest of children are met, having regard to the ages, development stages and individual needs of children
- ensuring that a risk assessment is conducted before an excursion in accordance with the QLD State/or National Law Regulations, and specifically that the risk assessment is conducted before authorisation is sought to take a child on the excursion
- ensuring the prescribed educator to child ratios are met and each educator at the service meets the qualification requirements relevant to the educator’s role
- If a nominated supervisor or responsible person ceases to be employed or engaged by the service, or withdraws consent to the nomination, AEIOU must notify the regulatory authority at least seven days prior to the nominated supervisor starting, or as soon as practicable and not more than 14 days after.

## 4.7 Playground, equipment and toy risks – purchases and donations

A playground is defined as an area designed for children’s play, including the site, natural features, built landscape and any manufactured equipment and surfacing. Playground equipment includes equipment structures, including components and constructional elements with, or on which, children can play outdoors or indoors, either in groups, according to their own rules or own reasons for playing which can change at any time. In supervised early childhood services (SECS) the playground is a defined play space for children under school age, which is supervised by educators.

A child’s perception for successful negotiation of risky situations is important for their confidence building and competent risk assessment skills, which leads to children learning how to manage their own safety. In a playground we intend for there to be risk, as this is an essential element of play that keeps a child interested, challenges their current abilities and assists them to learn and develop their physical skills and decision-making abilities.

The management of risk in a playground is the responsibility of all involved in the provision of play, including designers, manufacturers and operators. It should be recognised that risk-taking is an essential feature of play provision and of all environments in which children legitimately spend time playing.

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Play provision aims to offer children the chance to encounter acceptable risks as part of a stimulating and challenging learning environment. Play provision should aim at managing the balance between the need to offer risk and the need to keep children safe from serious harm.

It is recognised that playground equipment and surfacing should prevent permanent injury and death, while contributing positively to a child's ability to learn autonomous risk assessment skills.

We consider the play and learning environments we create very carefully to ensure the safety of children and our staff. This means that purchases or donations used in play must undergo a rigorous process to ensure they are safe and compliant for use by children and staff at our centres. We maintain that some items may not be permitted where compliance or safety risks are identified and cannot be risk managed appropriately.

To establish an overall level of safety for playground equipment, foundations and playground surfaces the playground equipment and surfaces installed must meet current AS 4685.0:2017 Standards, with impact attenuation surfaces to meet AS4422:2016 Standards. A regular cycle of inspections is undertaken by competent people under AS 4685.1:2014 Standards for equipment to meet the supervised early childhood services (SECS) environment. If items become defective or fail to meet the required Standards appropriate steps will be taken to manage the risk.

Toys must be compliant to AS/NZS 8124. Standards where required. Further information can be found at ACCC Product Safety Australia. <https://www.productsafety.gov.au/product-safety-laws/safety-standards-bans/mandatory-standards>

## WARNING!

**NO BUTTON BATTERIES POLICY** - We consider toys purchased or donated to us for children's use so that they are safe and have adopted a strict policy on **button batteries**. Under no circumstances will toys, play equipment or clothing items with button batteries be brought on to an AEIOU centre premises.

Any purchases/donations for toys and equipment that may be accessed by children must be checked to ensure no button battery is part of the item and all toys and equipment purchased must be approved by the Service/Centre Manager. The item, SPEC sheets and manufacturer documentation should be checked before any purchase is made or donations is received. Regular inspections of toys will be undertaken.

**Note:** Medical aids or medical devices that contain button batteries such as hearing aids (for example) used by children or staff must be notified to the Centre Management Team prior to service commencement. A Risk Assessment with treatment plan must be completed so that a safety procedure can be communicated with all relevant staff, understood and implemented. In some cases, it may be insisted that a faulty or damaged device or if security cannot be assured, the device will be excluded from the premises.

**Note:** Contractors or third parties undertaking work for us at a centre from time to time may use tools or equipment devices that contain a button battery. As part of the booking process or during the Contractor WHS Induction process Centre Management will collaborate with the contractor about managing the risk onsite for button batteries. The Centre Manager will undertake a Risk Assessment in the instances where a third party is bringing a device with button batteries on to our site and this assessment will be confirmed with either CEO / GM / or Compliance and Risk Officer.

## 4.8 Active Supervision

Staff will promote children's learning and development by creating physical and social environments that have a positive impact. It is necessary for the staff to be alert and aware of risks and hazards and the potential for accidents and injury, not only in their immediate location but also throughout the service. To

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provide effective supervision, staff need to be conscious of the physical environment and be attuned to the needs of individual children. At AEIOU, active supervision is when staff:

- Know where the children are at all times
- Move with children between spaces
- Respond immediately to a child who is distressed or in a hazardous situation
- Are actively involved with children and are not performing other tasks (cleaning, talking on the phone, completing paperwork)
- Listen to, interact with and observe children
- Effectively communicate between and with children and adults
- Are aware of the environment and its potential risks
- Consider the time of day
- Understand the responsibilities of their daily duties
- Plan and respond to staffing changes
- Make good decisions
- Plan an engaging and effective educational program
- Consider weather conditions
- Understand small and large group dynamics
- 'Know' each child and their family
- Understand child development
- Have correct ratio's at all times

AEIOU is committed to:

- Complying to education and care services local and national regulations and educator to child ratios
- Ensuring that children are supervised at all times
- Considering the design and arrangement, of children's environments to support active supervision
- Using supervision skills to reduce or prevent injury or incident to children and adults
- Guiding staff to make decisions about when children's play needs to be interrupted and redirected
- Providing consistent supervision strategies
- Acknowledging and understanding when supervision is required for high risk experiences and/or the ratio of adults to children need to be increased

## 4.9 Sun Smart Policy

Our services are committed to minimising children's UVR exposure throughout the day and our actions positively influence the long-term behaviour of children.

**AEIOU ensures sun protection strategies are used daily to mitigate risks associated with sun damage.**

Sun protection is used whenever UV levels are 3 or higher. In Queensland, level 3 and higher is experienced all year round. In South Australia, this is most of the year with only some days in June and July recording levels 2. We ensure sun protection strategies are applied in all our service centres daily.

### Checking the UV levels

- UV levels can be checked by accessing the Australian Radiation Protection and Nuclear Safety Agency website:  
<https://www.arpsa.gov.au/our-services/monitoring/ultraviolet-radiation-monitoring/ultraviolet-radiation-index>
- Educators and children are encouraged to access the local sun protection times via the SunSmart widget, or on the free SunSmart App.

The sun protection measures listed are used for all outdoor activities during the daily local sun protection times. The sun protection times are a forecast from the Bureau of Meteorology for the time of day UV levels are forecast to reach 3 or higher. At these levels, sun protection is recommended for all skin types.

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Procedures have been developed and are listed in **the Sun Smart, Sunscreen and Insect Repellent Procedure**. These procedures outline the steps we take to ensure the environment has sufficient shade, and the expected behaviors in regards to:

- Slip on sun-protective clothing
- Slap on a sun protective hat
- Slop on sunscreen, and
- Slide of sunglasses (if practical).

**We:**

- Put in place autism specific activities to promote hat wearing
- Inform parents about this policy and our Sun Smart practices when they enrol their child
- Provide a bucket hat for each child that enters the service, additional or replacements are the responsibility of parents
- Increase shade in the grounds, where possible, by building shelters and planting trees.
- Encourage all staff to act as a positive role model for children in Sun Smart behaviour by:
  - wear broad-brimmed / legionnaire styled hats and appropriate clothing for outdoor activities
  - use SPF 30+ broad-spectrum, water resistant sunscreen
  - seek shade whenever possible.
- Supply communal sunscreen
- Supervise children’s application of sunscreen (SPF 30+)

**We encourage parents / carers to:**

- Provide their own hat if desired. The Cancer Council Queensland recommends 7.5cm broad-brimmed, legionnaire-style
- Ensure that their child’s clothing provides adequate protection from UVR. The Cancer Council Queensland recommends clothing with the following features:
  - dark coloured
  - collars and sleeves
  - closely woven fabric
  - natural fibre
- Apply 30SPF sunscreen on their child before arrival at centre
- Act as a positive role model by demonstrating Sun Smart behaviour.

## 4.10 Clothing

Clothing is an area where staff and families must work together and share responsibility to promote positive outcomes for children. Our clothing policy is designed to promote respect for the child and their family’s wishes, balanced with the activities and environment of the centre and the personal development needs of the child.

**We:**

- Respect each child and their family’s individual decisions, beliefs, values, practices and traditions
- Respect children and their individuality by enabling them to make choices in the clothes they wear when getting dressed. However, if issues are identified that can affect their health or safety we will take steps to manage those hazards appropriately.
- Respect the individual child and family’s attitudes towards privacy and modesty when children change their clothes or when staff dress them. We work to ensure that individual needs and preferences are understood and catered for.
- Acknowledge issues about clothing with families respectfully.
- Work with families to better understand cultural traditions for clothing and understand any cultural and religious differences related to dress.
- Encourage families to label and name their child’s clothes to assist return of lost/misplaced items.

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It is vital that staff support positive messages about clothing and support children’s learning through daily practices and programming. Strategies staff may implement might include:

- Role modelling appropriate clothing strategies.
- Wearing sun protective clothing at all times when outside.
- Wearing appropriate footwear at all times.
- Discussing preferences in clothing where possible.
- Supplying suitable dress up clothes.

### **Clothing for Messy Play**

Messy play forms a large component of our program as it is a practical way to explore a child’s creativity and encourages sensory exploration of new textures and materials.

Examples could include painting and collage experiences or clay and water play. Staff may encourage children to wear provided smocks / aprons during these messy activities.

As this is not always possible /appropriate for children to wear aprons / smocks, families are encouraged to either avoid sending their children in ‘good clothes’ as they may be marked during messy play, or provide an appropriate clothing choice that promotes and does not inhibit the positive play experience.

### **Sleepwear and Safety**

- Staff will monitor the temperature of the rest environment and attend to clothing needs to ensure comfort and safety.
- All garments with hoods or cords are removed before the child has a rest to reduce the risk of choking.
- All sleepwear must take into consideration:
  - Child's age
  - Temperature of the rest environment
  - Bed linen being used
  - Individual needs of the child.

### **Sun Safe Clothing**

- Children will be encouraged to wear appropriate hats and will be provided with individual AEIOU bucket hat when they enter the service.
- Parents are advised to dress their children in sun protection clothing where possible. For example, shirts and dresses with collars or high necks and sleeves, longer shorts or skirts and use of close weave fabric. Refer to the section on Sun Smart Policy in this document for further details.

### **Clothing for Environmental Conditions**

- All children must have an adequate supply of clothing for use during care.
- It is expected that families will supply suitable clothing, hats and footwear which will meet the needs of different weather conditions at the time.
- Children should bring at least one set of spare clothes; if toilet training more changes of clothes will need to be provided.
- Clothes should be easy for the children to manage independently. This encourages self-help skills which extend to include changing clothes for role play.

### **Clothing and Footwear discouraged**

- Hooded jumpers with cords increase choking risk. It is recommended that all children under three years old don’t have cords on their jumper.
- Thongs or Crocs should not be worn, they make it difficult for the child to participate fully in active games.
- Any clothes that inhibit a child's play or development of self-help skills should not be used. For example, overalls and tights are difficult items of clothing to be managed independently by a child.

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- Clothing that offends others should not be worn. For example, shirts or baseball caps with slogans, images or language that could potentially provoke a negative response or offend a particular cultural group.

#### **Clothing to be Identifiable**

- A child's clothing and belonging should be clearly labelled with their name on individual items to assist with returning misplaced or lost items found.

### **4.11 Insect Repellent**

AEIOU understands that at various times of the year, children may be vulnerable to insect bites (eg. sand-flies) and that parents/carers may request for insect repellent to be applied to their child during the day. In order for AEIOU staff members to apply insect repellent, the parent/carer is required to provide the insect repellent with a pharmacy sticker affixed to the container. The pharmacy sticker is required to include usage information.

### **4.12 Delivery and Collection of Children**

Policies and processes are in place to manage the delivery and collection of children enrolled to attend the service. All children must be checked-in and checked-out of the service and any special requirements communicated with the room leader or centre management.

Only authorised parents/guardians or carers can collect a child and all authorisations are documented.

Late collection fees apply, which are detailed in the Terms and Conditions of the service agreement.

Any variations to the enrolment, attendances, needs, absences, authorisations for drop-off and pick-ups, must be communicated to the centre in writing.

Full details about processes to follow are in the **Delivery and Collection of Children Procedure** and **Parent Handbook**.

Individuals visiting our service must sign in when they arrive and sign out when they leave.

### **4.13 Permission to Take Children Outside AEIOU Premises**

A person who is not the parent or legal guardian of a child may only authorise an educator to take a child outside AEIOU premises if they are listed on the **Parent/Carer Authorisations – Quick Kids record**. Such permission may also be revoked by completing the **Parent/Carer Authorisations – Quick Kids record**.

### **4.14 Emergency Care**

AEIOU recognises that there may be occasions where it is in the best interests of a child or children to attend an AEIOU centre on a day which they are not enrolled, and where attendance results in the licensed capacity of that centre being exceeded. This is known as emergency care.

In these circumstances, AEIOU will ensure:

- Emergency care is not provided to the child or children where emergency care was provided on the previous day;
- The amount that exceeds the service's licensed capacity is not more than the number of children receiving the emergency care.

The provision of emergency care must be reported to the department using form **ECS23 Queensland Education and Care Service Complaint and Emergency Care Notification**.

<http://deta.qld.gov.au/earlychildhood/pdfs/ecs-act/ecs23.pdf>

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## 4.15 Food, Beverages and Nutrition

AEIOU promotes a healthy lifestyle, and good nutrition for all of children.

Where a child has an allergy or a special dietary need, or restrictions on some foods or has cultural and religious practices in relation to food, we will factor that into the care we provided to the child. The enrolment process includes questions about special diets.

### Special Diets – non-medical reasons

Where a child is on a special diet for reasons of a non-medical nature (eg. cultural or religious reasons, vegetarian diet or parent belief that a certain food causes discomfort) the parent/carer needs to tell us, and complete the **Special Diet – Non Medical - Quick Kids record**, and tell us when circumstances change.

### Special Diets – non-severe medical reasons

Where the special diet is required due to a non-severe medical condition; for example, coeliac disease, or lactose intolerance, a **Care Plan** provided by a doctor must be provided.

### Special Diets – severe allergy reasons

In the case of severe allergies, which can be life threatening a **Medical Conditions Action Plan** and a **Risk Minimisation and Communication Plan** must be developed. Details are provided in the **Anaphylaxis Severe Allergic Reactions Procedure** and the **Medical Conditions and Medical Administration Procedure**.

## 4.16 Mealtimes – Morning, Lunch and Afternoon Tea

Families supply lunch, morning and afternoon tea for their child/children each day.

We provide a fridge to store children's food in at a safe temperature. It is the interest of food safety that we recommend families provide food that can be stored in the fridge.

If a parent chooses to send in warm food and wishes for it to be stored outside of the fridge, it must be sent in a thermos (clearly marked with the child's name) and the **Request to Store Food outside the Fridge Form** must be completed.

We help children who attend our service to develop good food habits and attitudes. By working with families and educators, we try to positively influence each child's health and good nutrition at home, and respectfully acknowledge the choices made by parents/carers of the food they provide.

## 4.17 Breast and Bottle Feeding

Healthy lifestyles and good nutrition for each child is paramount.

We encourage all families to continue breast feeding their child in line with recommendations for recognised authorities. We will work with families of children who are still being breastfed and provide a supportive environment by feeding children breast milk supplied by their families or by providing a supportive environment for mothers to breastfeed.

We work with families that choose to bottle feed their children. A procedure has been developed which details how breast milk, infant formula and cow milk is to be managed and how feeding takes place. Refer to the **Breast and Bottle Feeding Procedure**.

Families are reminded to keep educators updated about their child's preferences, habits, likes, dislikes, dietary requirements and restrictions.

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## 4.18 Hand Hygiene Practices, Infection Control and Waste Management

Effective processes to manage hygiene, infection control and waste are implemented to ensure the safety and wellbeing of all children who attend our services and for staff working there and visitors. Procedures to follow are detailed in the **Infection Control and Waste Management Procedure**.

Under the COVID-19 pandemic, AEIOU has adopted a COVID Safety Plan for staff to follow, which is regularly reviewed, with relevant supporting guidance from State / Territory Health Departments and Safe Work Australia.

Whilst washing hands with soap and water is the preferred method in good hand hygiene practices, hand hygiene practices include the use of hand sanitisers and if appropriate, the use of hand/baby wipes to wipe hands and use paper towel to dry hands.

### When handling food and beverages, staff:

- Before and after each mealtime apply clean Hand Hygiene practices
- Use tongs or cutlery (serving utensils) when distributing food to more than one child at a time (i.e. cupcakes, birthday cakes), or provide individually packaged food items. Excludes distributing edibles as reinforcers
- Keep sanitisers out of reach of children at all times
- Ensure children can access and are offered safe drinking water frequently, provide water when requested and watch for signs of dehydration.
- Ensure children are offered appropriate foods and beverages throughout the day, considering any dietary requirements. We choose foods based on the individual needs of children whether they are based on likes, dislikes, growth and developmental needs, cultural, religious, and sensory or health requirements. Families are reminded to update this information as necessary.
- Ensure food that is provided for educational purposes is based on the Australian Government's publications:
  - **Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood** (<http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-gug-child-cookbook>) , or
  - **Food for Health: Dietary Guidelines for Children and Adolescents in Australia** (<https://www.health.gov.au/internet/publications/publishing.nsf/Content/gug-family-toc~gug-family-guidelines>)
- Encourage families to provide food using these Guidelines.
- Ensure that food provided for sensory or educational experiences is hygienic.
- Ensure foods and beverages have a reduced risk of choking.
- Ensure babies are fed individually by educators.
- Provide age and developmentally appropriate utensils and furniture for each child.
- At times, food treats may be used as individual reinforcers after individual discussion with parents and staff. Gloves are not required to be worn when providing edible reinforcers. However, regular Hand Hygiene practices must be carried out throughout the day.

### To promote healthy living and good nutrition, staff:

- Develop awareness about health and nutrition.
- Make mealtimes relaxed and pleasant and timed to meet the needs of the children. This can be achieved by educators engaging children in a range of interesting experiences, conversations and routines. Discuss food and nutrition with the children where developmentally appropriate.
- Will not allow children to be force fed.
- Encourage toddlers to be independent and develop social skills at mealtimes.
- Talk to families about their child's food intake and voice any concerns about their child's eating.

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## 4.19 Water Safety

To stop accidents and illnesses relating to wading pools, water troughs and other water vessels our service will:

- Remove any items or objects that could be used to climb into the fenced area of a pool, trough, or water storage unit e.g. chairs, bins, bikes, any overhanging trees.
- Make sure no child swims in any water without:
  - Written permission from family member to learn water safety and swimming
  - Appropriate educator/child ratios in place
  - Having sufficient numbers of educators present who have first aid or recognised water safety and rescue procedures.
- Ensure wading pools, water troughs and other water vessels are emptied when not in use and stored away to prevent the collection of water
- Check grounds after rain or watering and empty any water collected in holes or containers.
- At all times children near water are closely supervised. A child will never be left unattended near any water, and two educators must supervise if children are using a paddling pool/water trough.
- Ensure all water containers, e.g. pond's, spas, nappy buckets, bathtubs are covered or made inaccessible to children and also make sure children's play areas are safely fenced off from water hazards such as rivers, dams, creeks, lakes, irrigation channels, wells etc.
- Ensure wading/water trough are hygienically cleaned, appropriately:
  - On a daily basis remove leaves and debris, hose away surface dirt and scrub inside
  - Children with diarrhoea, upset stomach, open sores or nasal infections should not use the pool/trough
  - All children should wear appropriate bathers/swim nappy, go to the toilet before water play, and follow correct toileting hygiene practices while engaging in water play.

## 4.20 Rest and Relaxation

Reasonable efforts are taken by staff to meet children's individual need for sleep, rest and relaxation in accordance with safe sleeping practices. We ensure children are provided with a high level of safety and supervision when sleeping and resting and reasonable precaution is taken to protect them from harm.

We implement effective sleep and rest strategies to ensure a child feels secure and is safe.

We adopt **Red Nose** evidence-based practices (*Ref 5.1*) as the recognised national authority on safe sleep practices for infants and children. We base our practices on current recommended evidence-based principles and guidelines.

We are responsive to individual needs of the child and consult with families about their child's individual needs and are sensitive to parent's different values and beliefs, cultural or otherwise, associated with sleep and rest.

We recognise that children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which are considered.

Our routines and environments are flexible enough to support children who do not require a sleep and those who seek rest and relaxation throughout the day.

The rest environment, equipment and materials we provide are safe and regularly inspected to be free from hazards, and we ensure appropriate dress, temperature and comfort for the children.

Details of all the practices and process we follow are detailed in the **Sleep, Rest and relaxation Procedure**.

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## 4.21 Community Experiences

Each child can access supports that engage their natural environments and enable inclusive and meaningful participation in their family and community life experiences.

AEIOU acknowledges the value for children to participate in community experience activities, both within the centre and externally in the community. We uphold the right for children and their parent/s to access the community in which they live and learn together from these shared experiences.

In planning an experience, we encourage inclusive decision making to achieve desired learning outcomes with families.

Prior to a community experience taking place a **Community Experience Risk Management Plan** is completed by the service, and a **Community Experience Consent Form** is completed by parent/carer of each child. The **Community Experiences Procedure** provides details about how planning and risk assessment takes place, and the interactions with parents/guardians.

### Transport Considerations

All children with autism that attend a community experience will be transported by their parent or carer. In the case of children attending a non-ASD room (e.g., Sippy Downs Centre), transport can be provided by a person other than their parent or carer.

Under no circumstances is an AEIOU staff member permitted to transport or care for any child while attending a community experience.

## 4.22 Feedback, Complaints Management and Resolution

The key principles and concepts of our feedback management system to our staff and interested parties who wish to provide feedback, raise an issue or concern, or make a complaint or compliment to or about us, regarding our services is contained in the **Feedback, Complaints Management and Resolution Policy**.

The policy is intended to ensure that we handle all feedback and complaints fairly, efficiently and effectively to satisfactory resolution within a reasonable timeframe, that appropriate actions are taken to improve our services where required, and that we provide better outcomes to our stakeholders.

AEIOU Foundation aims to consistently provide services that meet the needs of clients and stakeholders and satisfy applicable statutory, regulatory and contractual requirements. We undertake a range of strategies to adopt a “Best Practice” approach to monitor, measure and respond to and improve customer experience and satisfaction.

### Processes in place

Processes may include directly solicited feedback from our customers and stakeholders by us in a planned, coordinated, purposeful and measurable way. These could include:

- Surveys where parents/carers or other stakeholders can give us feedback on a range of areas in relation to the service, child’s educational program, policy, event, or other topic
- Parent forums, information or education sessions where topics can be presented and discussed
- Individual meetings with parents/carers about their child’s program and service plan reviews
- Improvement plans and actions registered through the relevant Improvement Register
- Audit processes.

We have processes and mechanisms to receive and respond to feedback, compliments and complaints directed to us by any of our interested parties. These include:

- Directly approaching a centre staff member, or central office staff member in person, by phone, or in writing (letter, email) and the staff taking action to address a matter

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- Online website portal for people to lodge feedback, compliments and complaints
- Completing a **Compliments, Complaints and Feedback Form** and sent to us
- By video or audio recording and sent to us
- Complaints or incidents registered in the Improvements Register and actions taken and recorded
- Feedback and compliments appropriately acted upon, recorded and considered.

**Commitment to support complainants** - We are committed to support people in how to provide feedback, raise a concern, make a complaint to us, or to the NDIS Quality and Safeguards Commissioner (NDIS Commission). Our culture provides for a safe environment for people to speak up so we can respond appropriately and acknowledge when our services have not met expectations or applicable standards.

People should feel confident to make a complaint or provide negative feedback without fear of adverse consequences, retribution or loss of service as a result of making a complaint to us, or with the NDIS Commission, about our services or with people who are involved in a reportable incident.

**Protections for worker disclosures** - Workers are supported by management to report incidents and complaints and that there are no negative consequences for doing so. All workers are advised that they can make a complaint on behalf of a person, parent/guardian or child to us, or to the NDIS Commission. All workers are required to comply with the complaints and incident management systems, policies and processes, and be aware of the roles and responsibilities in identifying, managing and resolving incidents and complaints and in preventing incidents or complaints from occurring.

Workers and others who meet the criteria listed under the Corporations Act 2001 who contact the NDIS Commission with concerns in good faith are protected by **Whistle Blower Protections** as well as **Procedural Fairness and Natural Justice Practices**. AEIOU Foundation accepts and supports the application of processes outlined in the **NDIS Procedural Fairness Guidelines** in relation to handling and investigating complaints or incidents.

## 4.23 Incidents and Reportable Incidents Management Plan

An Incidents and Reportable Incidents Management Plan is established to guide the implementation of policy and processes to manage incidents and serious/critical reportable incidents. There is a focus on ensuring that incidents are identified and managed appropriately, that compulsory reporting occurs to the relevant agency in accordance with legislative requirements and that continual improvement processes occur. The term “Serious Incidents” is used collectively for all types of reportable incidents to external agencies.

We promote the health, safety and wellbeing of our clients and workers, and have established processes to be followed in identifying, managing, reporting and resolving incidents.

Incidents will be managed to ensure:

- Timely and effective responses to incidents to address the safety and wellbeing of our clients and workers
- Effective and appropriate monitoring, investigation and reporting of incidents
- Learning from incidents and patterns of incidents, to reduce the risk of harm to clients and workers, and improve the quality of services and support
- Report required incidents to the appropriate agency/authorities utilising a system which fulfils reporting compliance and legal requirements
- Accountability.

Training will be provided to workers in the use of, and compliance with, the incident management system. The form and method of training will be appropriate for our service and supports. Incidents management training will form part of the organisations training program that includes induction and on boarding training, policy and procedure awareness, on-the-job coaching, and essential child protection training

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completed and refreshed annually. Full details about framework and processes are in the **Incidents and reportable Incidents Management Plan**.

## 4.24 Worker Screening

Working with children checks are now mandatory in all States and Territories in Australia, and these checks provide a safer environment for children in early childhood education and care services and for children with disability.

AEIOU workers are subject to meet criminal history screening and clearance processes which apply to the State/Territory and Commonwealth requirements where the service operates.

Worker screening rules are applied under the NDIS Worker Screening Rules, Disability Services Acts and Regulations, Working with Children (Risk Management and Screening) Act 2000 (Qld) and the Working with Children (Risk Management and Screening) Regulation 2011 (Qld), Children’s Protection Act (SA) and other State/Territory legislations.

## 4.25 First Aid

AEIOU is committed to ensuring a high level of immediate care is given to an ill or injured person. The Work Health & Safety Act 2011 and the Work Health & Safety Regulation 2011 require that we:

- Provide first aid equipment in the workplace
- Ensures every worker has access to the first aid equipment
- Provide access to facilities for the administration of first aid; and
- Establish an adequate number of workers trained to administer first aid.

We have systems in place to ensure a high level of immediate care to an ill or injured person until more advanced care arrives or the person recovers. The key procedures we have in place to facilitate first aid are:

- **WHS First Aid Procedure**
- **First Aid for Burns Procedure**
- **CPR for Children of 12 Months Procedure**
- **Poisoning Action Plan Procedure**

We have in place procedures specifically related to **medical conditions and medicine administration**, shown in the following section.

### First Aid Kits

The contents of first aid kits is appropriate and maintained for the types of injuries and illnesses likely to occur in the workplace. A workplace may have in place a range of differently stocked kits – for example:

- **Main first aid kit.** This is the centre’s ‘master’ first aid kit which needs to be kept in a central position within the centre, but out of reach of children. All workplaces are required to have at least one main first aid kit.
- **Satellite first aid kit.** These are kits which contain only the most frequently required first aid contents. Each children’s room may have a satellite first aid kit and at least one should also be located in or near the outdoor play area. Each manager and/or health and safety representative may determine whether satellite kits are needed and if so, what contents are appropriate.
- **Emergency first aid kit** – This is a portable kit which contains a limited number of first aid items and is to be taken by a staff member when the centre is evacuated due to an emergency or dill.

### First Aid Qualifications and Training

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We provide a minimum of one staff member present at all times who has a current First Aid, CPR, Anaphylaxis and Asthma certificate, and additional training for centre staff where a medical condition action plan requires special training for a child's disclosed medical condition.

If the need arises, qualified first aiders will administer First Aid and stabilise the victim until emergency services arrive. Each centre will ensure that:

- All staff are made aware of where the first aid kit is located as part of their induction process.
- A separate travelling first aid kit is taken on excursions.
- Two or more ice packs are kept in the freezer at all times.

We ensure that a parent of a child is notified as soon as practicably possible if their child is injured, becomes ill or suffers a trauma. Parents will be notified no later than 24 hours after the involvement of their child in the abovementioned experiences.

We ensure an **Incident Report** or **temperature tracking record** is completed then signed by parent/ guardian.

## 4.26 Medical Conditions and Medication Administration

Children with medical conditions that require support plans and strategies to manage risks are given the necessary care and support they need. Information on how we meet a child's medical support needs at any AEIOU Foundation (AEIOU) centre is detailed in the **Medical Conditions and Medical Administration Procedure**. Plans, systems and processes are designed to ensure that risks are managed to the best extent possible, which are regularly reviewed to ensure health, safety and wellbeing of the child. **Medical Condition Action Plans (MCAPs)** are implemented and first-aid applied, as required.

Medical conditions could include:

- Asthma, with a supporting **Asthma Procedure** in place
- Diabetes
- Enteral feeding support
- Allergies, with a supporting **Anaphylaxis Severe Allergic Reactions Procedure** in place
- Anaphylaxis or diagnosed at risk of anaphylaxis
- Epilepsy
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner during enrolment.
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner at any point during the child's education and care at the service.

Our processes follow the principles to observe the known eight (8) Medication Rights and apply our duty of care responsibilities.

## 4.27 Supporting Children through Difficult Situations

When a child, family, educator or the service as a whole experiences a stressful or traumatic situation such as a bushfire, car accident, sudden illness or death, crime or violent situation it is important to provide appropriate support so they can recover from the ordeal. A child's reaction to a stressful or traumatic situation will depend on factors such as their age, stage of development and impact of the event on people around them. Staff are aware that children may react in unexpected ways. If required, parents may be referred to other agencies for support.

Staff are aware that the way in which they respond to the stressful or traumatic event may affect the child's response. Children look to their families and educators to find ways to deal with a situation they probably don't understand. Children need their family members (and other adults who are close to them) to help them understand the situation and their emotions and offer comfort and support. If adults are distressed about a situation it is important for them to seek help for themselves.

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At the service, we wish to help in whatever way we can if a family has undergone a tragedy. Families are encouraged to talk to educators (or confidentially to Centre Management) and staff will endeavour to work with families and children to support all parties through the situation.

Should it be required, educators will liaise with appropriate authorities, such as the Department of Education and Children’s Services, and follow any recommendations made by these authorities.

## 4.28 Injurious Behaviour

Injurious behaviour represents an act by a child which causes harm or injury to a child, staff member, visitor or volunteer.

These acts can take the form of any of the following:

- Biting (Broken skin or bruising)
- Scratching
- Kicking others
- Hair pulling
- Pushing other children
- Hitting others (using hands, other parts of body or objects)
- Pinching.

Staff recognise that injurious behaviour:

- Always serves a purpose
- Can be the result of limited communication / language skills
- Can be the result of sensory issues / overload
- Requires patience, understanding and empathy
- Requires commitment to seek constructive solutions and alternatives
- Must be functionally assessed in order to understand and teach appropriate replacement skills
- May require complex and / or prolonged problem-solving which includes a continual review process to ensure that the program in place is being implemented with fidelity across settings and staff members.

### When a child injures another

- Firstly, the child’s parents/carers will be informed and if warranted by assessment at the time of the incident a **Positive Behaviour Support Plan** may be developed.
- Should a child continue to cause injury to other children and /or staff, the parents/carers in conjunction with centre or program management and appropriate centre staff will reevaluate suitable strategies to manage the child’s behaviour.
- If, after all reasonable and appropriate strategies have been put in place and the behaviour continues with the same or increased intensity, one of the following may be put into effect:
  - Exclusion of the child for a part of the day, where staff ratios do not allow for the safe supervision of all parties given the child’s behaviour
  - Exclusion of the child for a number or specified days during the week
  - A request that parents /carers of the child seek additional assistance for their child which assists in positive behaviour outcomes
  - Termination of the child’s placement.
- The managers and parents will review the plan at an agreed date with a view to the child resuming usual access to the centre.

## 4.29 Bullying Amongst Children

AEIOU management and staff will choose from the following strategies to deal with bullying behaviour amongst children:

- Our educators will practice all-encompassing and socially inclusive care

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- Daily programs will recognise, value and reflect the social and cultural diversity of our community
- Our educators will role model and actively encourage appropriate behaviours
- Our educators will empower children by giving them responsibilities that will make them feel valued
- Our educators will help children deal with their anger. This includes offering alternative dispute resolution techniques that are socially acceptable
- Our educators will seek the support of children’s services professionals when it is necessary
- Our educators will respond promptly to children’s aggressive or bullying behaviour.

### 4.30 Advocacy Support and Services

Access to advocacy support aims to promote, protect and ensure a person with a disability has full and equal enjoyment of all human rights enabling full community participation.

Advocacy may involve speaking, acting, or writing on behalf of a client who has limited ability to exercise his/her rights. Advocacy is used to facilitate a client’s right.

Families will be provided with relevant advocacy services information to enable them to access an independent support person/advocate if they wish. Staff will liaise with relevant organisations when appropriate for culturally and linguistically diverse clients and for clients with communication difficulties. Access to an interpreter or translator can be made. Alternatively, a staff member at AEIOU may act as a client’s advocate when requested or required to facilitate the client’s care or wishes.

Procedures are in place to facilitate an advocate and to inform how our clients can access advocacy services. Details are in the **Advocacy Services Procedure**.

An **Advocacy Information Sheet** is available and can be provided to parents/families who may need them.

### 4.31 Alcohol, Illicit Drugs and Tobacco Free Environment

We provide an environment that is free from the use of alcohol, illicit drugs, and tobacco’.

No staff member or volunteer is permitted to be ‘affected by alcohol or drugs, including prescription medications, whilst on duty, where it can impair his or her capacity to supervise or provide regulated education and care’.

### 4.32 Competent workforce

Our professional allied health and teaching staff hold the necessary qualifications and experience required under the legislative quality frameworks that apply.

We provide opportunities for adequate and ongoing supervision, training, induction, orientation, performance monitoring and professional development for new and existing staff and provide volunteers with relevant induction relevant to their role.

## 5 References / Information

### 5.1 Knowledge/ Competency Requirements

Competency Requirements	
Staff to understand processes relevant to their role in implementing the Child Safety Wellbeing and Rights policy and/or know how to access the information when required or if they have a question.	
At least one staff member must be on duty that hold current relevant first aid qualifications.	
Red Nose – Safe Sleeping – latest evidence-based advice. <a href="https://rednose.org.au/section/safe-sleeping">https://rednose.org.au/section/safe-sleeping</a>	

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## 5.2 Monitoring and Measuring Results

We monitor the performance of policy through audits and quality review. We take into consideration any complaints or incidents, data/information, corrective actions, and external audit reports.

## 5.3 Privacy, Confidentiality and Records Requirements

Privacy - is a human right. Rights related to privacy are set out in Commonwealth Privacy Act 1988, the Australian Privacy Principles and State and Territory Information Privacy laws.

Details about how we implement the privacy principles are detailed in our **Privacy Notice Policy** which is available to all clients. We have developed a range of consent forms to support our obligations for informed consent based on our obligations towards the collection of the client's personal information, how we use this information in the delivery of our services, and our obligations to disclose information to third parties who have a direct interest in the services we provide to the client. We will not disclose information for any other purpose without informed consent from the client, or unless a legal obligation exists for us to disclose information we hold in our control.

## 5.4 Related Documents

Doc Number	Title
POL1.1	Risk Management Policy
PRO1.1	Risk Management Procedure
POL4.01	Child Protection Policy
POL1.4	Incidents and Reportable Incidents Management Plan Policy
F1.4.1A	Incident Report
POL5.0	Feedback Complaints Management Resolution Policy
PRO5.01	Feedback Complaint and Resolution _Client Procedure
PRO4.02	Anaphylaxis Severe Allergic Reactions Procedure
F4.02A	Anaphylaxis Consent for EpiPen Form
F4.02B	Anaphylaxis Notification Letter
F4.02C	ASCIA Action Plan Allergic Reactions 2018 (external)
PRO4.03	Asthma Procedure
F4.03A	Asthma Care Plan for Early Childhood 2018 (external)
PRO4.01	Poisoning Action Plan Procedure
PRO4.04	First Aid for Burns Procedure
PRO4.05	CPR for Children over 12 Months Procedure
PRO4.06	Community Experiences Procedure
F4.06A	Community Experience Consent Form
F4.06B	Community Experience Risk Management Plan
PRO4.07	Death of a Child Procedure
PRO4.08	Medical Conditions and Medication Administration Procedure
F4.08A	Risk Minimisation and Communication Plan
F4.08C	Epilepsy Management Plan Seizure x 1(external)
F4.08D	Epilepsy Management Plan Seizure x 2 (external)
F4.08E	Room Medication Record
F4.08F	Epilepsy Emergency Medication Plan
F4.08G	Long Term Medication Form
F4.08H	Medical Action Management Plan - Sample
F4.08I	Authorisation to Administer Controlled Medicine

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F4.08J	Controlled and Restricted Medicines Register
PRO4.09	Sunsmart, Sunscreen and Insect Repellent Procedure
F4.09A	Sunscreen and Insect Repellent Checklist
PRO4.010	Advocacy Services Procedure
F4.010A	Advocacy Information Sheet
F4.010B	Nominate or Change of Support Person Advocate Form
PRO4.013	Sleep, Rest and Relaxation Procedure
F4.0B	Nursery Sleep Chart
PRO6.13	WHS First Aid Procedure
PRO6.14	Infection Control and Waste Management Procedure
PRO6.16	Hazardous Chemicals Procedure
POL1.3A	Privacy Notice Policy - Internal
POL1.3B	Privacy Notice Policy - Public
F4.10A	Child Safe Code of Conduct
F4.10B	Childrens Record File Note
F4.10C	Alleged Actual Sexual Physical Assault Abuse Neglect of Child
F4.10D	Identifying and Responding to Child Protection Concerns
PRO.015	Delivery and Collection of Children Procedure
PRO.016	Breast and Bottle Feeding Procedure
F4.0A	Special Diet – Non Medical Form (is in Quick Kids record at enrolment)
F6.12D	Request to Store Food outside the Fridge Form
	NDIS Code of Conduct (external)

## 5.5 Legislation and Other Relevant Information

Key legislation and information to be aware of for further information and guidance.

Australian Consumer Law, the Competition and Consumer Act 2010 and related Regulations 2010
ACNC Act
Children’s Protection Act 1993 (SA)
Children’s Protection Act 1999 (QLD)
Coroner’s Act
Corporations Act 2001
Disability Services Act 2006 and Regulations 2006 (QLD)
Disability Services Act 1993 (SA)
Education and Care Standards National Law Act 2010
Education and Care Services National Regulations
Education and Early Childhood Services (Registration and Standards) Act 2011 (SA)
Education and Early Childhood Services (Registration and Standards) Regulations 2011 (SA)
Education and Care Services Act 2013 (QLD)
Education and Care Services Regulations 2013 (QLD)
Fair Work Act 2009
Human Rights Act (Qld)
NDIS Act 2013 – and Rules
NDIS (Incident Management and Reportable Incidents) Rules 2018, and Explanatory Statement
NDIS (Restrictive Practices and Behaviour Support) Rules 2018, and Explanatory Statement
NDIS (Code of Conduct) Rules 2018, and Explanatory Statement
NDIS (Procedural fairness) Guidelines 2018
NDIS (Complaints Management and Resolution) Rules 2018, and Explanatory Statement
NDIS (Practice Standards – Worker Screening) Rules 2018
NDIS Quality Indicators Guidelines 2018

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NDIS Quality and Safeguards Commission Incident Management System Guidance
NDIS Quality and Safeguards Commission Reportable Incidents Guidance
NDIS Quality and Safeguards Commission Behaviour Support Competency Framework
NDIS Code of Conduct – Guidance for Workers
NDIS Code of Conduct – Guidance for Service Providers
Privacy Act 1988
Information Privacy Principles 1992 (SA)
Information Privacy Act (QLD)
Work Health and Safety Act and Regulations 2011 (QLD)
Work Health and Safety Act and Regulations 2012 (SA)
Work Health and Safety Act 2011
Working with Children (Risk Management and Screening) Act 2000 and Regulation 2011 (Qld)
United Nations (UN) Convention on the Rights of Persons with Disabilities
United Nations (UN) Convention on the Rights of Young Children
National Framework for reducing and eliminating the Use of Restrictive Practices in the Disability Sector.
The Australasian Society of Clinical Immunology and Allergy (ASCIA) <a href="http://www.allergy.org.au/">http://www.allergy.org.au/</a>
Allergy & Anaphylaxis Australia <a href="http://www.allergyfacts.org.au">www.allergyfacts.org.au</a>
Health (Drugs and Poisons) Regulation 1996 (Qld)
Therapeutic Goods Act 1989
Controlled Substances Act 1984 and the Controlled Substances (Poisons) Regulations 2011 (SA)

## 5.6 Quality Standards Map

NDIS Practice Standards - Quality Indicator	
QI 6	<p><b><u>Rights and Responsibilities</u></b>  <b>Person – centred supports</b> (6.1, 6.2, 6.3)  <b>Outcome:</b> Each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.</p>
QI 7	<p><b>Individual values and beliefs</b> (7.1, 7.2)  <b>Outcome:</b> Each participant accesses supports that respect their culture, diversity, values and beliefs.</p>
QI 8	<p><b>Privacy and Dignity</b> (8.1, 8.2, 8.3)  <b>Outcome:</b> Each participant accesses supports that respect and protect their dignity and right to privacy</p>
QI 9	<p><b>Independence and informed choice</b> (9.1, 9.2, 9.3, 9.4, 9.5)  <b>Outcome:</b> Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.</p>
QI10	<p><b>Violence, Abuse, Neglect, Exploitation and Discrimination</b> (10.1, 10.2, 10.3)  <b>Outcome:</b> Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.</p>
<b><u>Governance and Operational Management</u></b>	
QI 12	<p><b>Risk Management</b> (12.1, 12.2, 12.3)  <b>Outcome:</b> Risks to participants, workers and the provider are identified and managed.</p>
QI13	<p><b>Quality Management</b> (13.1, 13.2, 13.3)  <b>Outcome:</b> Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.</p>
QI14	<p><b>Information Management</b> (14.1, 14.2, 14.3, 14.4)  <b>Outcome:</b> Management of each participant’s information ensures that it is identifiable, accurately recorded, current and confidential. Each participant’s information is easily accessible to the participant and appropriately utilised by relevant workers.</p>
QI15	<p><b>Feedback and Complaints Management</b> (15.1, 15.2, 15.3, 15.4)  <b>Outcome:</b> Each participant has knowledge of and access to the provider’s complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.</p>
QI16	<p><b>Incident Management</b> (16.1, 16.2, 16.3)</p>

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Q117	<p><b>Outcome:</b> Each participant is safeguarded by the provider’s incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.</p> <p><b>Human Resource Management</b> (17.1, 17.2, 17.3, 17.4, 17.5, 17.6)</p> <p><b>Outcome:</b> Each participant’s support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.</p> <p><b>Provision of Supports</b></p>			
Q124	<p><b>Safe Environment</b> (24.1, 24.3)</p> <p><b>Outcome:</b> Each participants accesses supports in a safe environment that is appropriate to their needs.</p>			
Q126	<p><b>Management of Medication</b> ( 26.1, 26.2, 26.3)</p> <p><b>Outcome:</b> Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.</p>			
Q127	<p><b>Management of Waste</b> (27.1, 27.2, 27.3, 27.4)</p> <p><b>Outcome:</b> Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.</p> <p><b>Specialist Behaviour Support Module</b></p> <p><b>Specialist Behaviour Support</b></p>			
Q139	<p><b>Restrictive Practices</b> (39.1, 39.3, 39.4, 39.8)</p> <p><b>Outcome:</b> Each participant is only subject to a restrictive practice that meets any state and territory authorisation requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.</p>			
Q141	<p><b>Supporting the implementation of Behaviour Support Plans</b> (41.1, 41.2, 41.4, 41.7)</p> <p><b>Outcome:</b> Each participant’s behaviour support plan is implemented effectively to meet the participant’s behaviour support needs.</p>			
Q142	<p><b>Behaviour Support Plan Monitoring and Review</b> (42.2, 42.4, 42.6)</p> <p><b>Outcome:</b> Each participant has a current behaviour support plan that reflects their needs, improves their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of restrictive practices, where these are in place for the participant.</p>			
Q143	<p><b>Reportable Incidents involving the Use of Restrictive Practices</b> (43.2)</p> <p><b>Outcome:</b> Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.</p>			
Q144	<p><b>Interim Behaviour Support Plans</b> (44.2)</p> <p><b>Outcome:</b> Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan which minimises the risk to the participant and others.</p> <p><b>Implementing Behaviour Support Plans</b></p>			
Q147	<p><b>Behaviour Support in the NDIS</b> (47.1)</p> <p><b>Outcome:</b> Each participant accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.</p>			
Q148	<p><b>Regulated Restrictive Practice</b> (48.1, 48.6, 48.7)</p> <p><b>Outcome:</b> Each participant is only subject to a regulated restrictive practice that meets any state and territory authorisation requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.</p> <p><b>Monitoring and Reporting the use of regulated Restrictive Practices</b> (51.3)</p>			
Q151	<p><b>Outcome:</b> Each participant is only subject to a restrictive practice that is reported to the Commission.</p> <p><b>Reportable Incidents Involving the Use of a Restrictive practice</b> (53.1, 53.2, 53.3, 53.7)</p>			
Q153	<p><b>Outcome:</b> Each participant that is subject to an unauthorised use of a restrictive practice has the use of that practice reported and reviewed.</p> <p><b>Interim Behaviour Support Plans</b> (54.1, 54.2, 54.3)</p>			
Q154	<p><b>Outcome:</b> Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others.</p> <p><b>Early Childhood Support</b></p> <p><b>The Child</b> (56.1, 56.2, 56.3, 56.4)</p>			
Q156	<p><b>Outcome:</b> Each child participant accesses supports that promote and respect their legal and human rights, support their development of functional skills, and enable them to participate meaningfully and be included in everyday activities with their peers.</p> <p><b>The family</b> (57.1, 57.2, 57.3, 57.4, 57.5, 57.6, 57.7, 57.8)</p>			
Q157	<p><b>Outcome:</b> Each family receives family-centred supports that are culturally inclusive, responsive, and focus on their strengths.</p>			
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QI58	<b>Inclusion</b> (58.1, 58.2, 58.3, 58.4) <b>Outcome:</b> Each participant accesses supports that engage their natural environments and enable inclusive and meaningful participation in their family and community life.
QI59	<b>Collaboration</b> (59.1, 59.2, 59.3, 59.4) <b>Outcome:</b> Each participant receives coordinated supports from a collaborative team comprising their family, the provider and other relevant providers, to facilitate their development and address the family's needs and priorities.

## 6 Document Management and Review

The organisation shall review, amend and/or update this document from time to time. Document reviews are scheduled in accordance with document management and Quality Management System Policy and Continual Improvement processes.

### 6.1 Document Ownership and Review

<b>Approver</b>	Finance and Risk Committee
<b>Document owner</b>	General Manager
<b>Content owner</b>	Executive Management Team, Risk and Compliance Officer
<b>Contributor/s</b>	Executive Management Team, Risk and Compliance Officer, Centre Management
<b>Metadata</b>	Safety, wellbeing, rights

### 6.2 Document History

Version	Revision detail / section	Date of issue
1	Re-release of policies in new format POL4.0, 4.1, 4.2, 4.3, 4.4, 4.8, 4.9, 4.10, 4.11, 4.13, 4.14	29-Apr-2014
2	Addition of form F2.5J to "Delivery and Collection of Children"; Revision of forms related to Community Experiences; Addition of Children's Protection Act (SA) 1993 to 'other related documents'; Addition of section 'Duty of Care' and relevant Acts	06-Jun-2014
3	Section 'Key Stakeholders' added; Section 'Policy' reference to car seats and booster seats removed; Section 'Food, Beverages and Nutrition' text added relating to the provision of food treats as reinforcers; Section 'Rest & Relaxation' note added relating to prompting children to stay on beds at rest time; provision for heating of formula and cow's milk by microwave removed	18-Sep-2014
4	Addition of clause confirming AEIOU's right to refuse entry to AEIOU's premises	21-Sep-2015
5	Addition of clause requiring children in a nursery to be regularly checked when sleeping	16-Nov-2016
6	Sections on Medication and Medical conditions updated to reflect addition of new medical condition action plan templates (asthma, epilepsy, anaphylaxis) and the requirement for medication to only be administered by trained personnel (if required)	15-Jan-2016
7	Amendment to the nursery check section – from 18 months to 15 months	12-Feb-2016
8	Inclusion of procedure for the installation of a chicken coop at Sippy Downs. Updated related policies and procedures and forms and removed hyperlinks in this section	7-Mar-2016
9	Update to hygiene practices in relation to food handling	12-May-2016
10	Update to include reference to Room Medication Record	27 May 2016
11	Amendments to Authorisations, Room Medication Records and Breast Milk	13-Jul-2016
12	Removal of requirement for milk/formula/breastmilk to be stored only in the body of a refrigerator (any place in a refrigerator is acceptable)	2-Aug-2016
13	Inclusion of insect repellent	20-Oct-2016
14	Inclusion of new Procedure – Trampolines	10-Nov-2016
15	Inclusion of new Form – Special Diet Form (Non Medical)	26-Apr-2017
16	Additional clause for storage of warm food in thermos	26-Feb-2018
17	Complete review and realignment with NDIS requirements	19/07/2019

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18	Updated Qld and SA legislation – Education and Care Services Act 2013 and related regulations 2013 QLD, and Education and Early Childhood Services (Registration and Standards) Regulations 2011 (SA).	30/10/2019
19	Added Enteral Feeding.	24/04/2020
20	Added section “Active Supervision”. Issue 4 Mango platform	18/06/2020
21	Added section on responsible person, nominated supervisor, playgrounds, equipment and toys, and a no button battery policy. Other minor general updates.	20/11/2020