Looking After our Community

DOCUMENT ON EXHIBITION

Family Day Care Policy

1. Child Protection Policy
2. Provide a Child Safe Environment Policy
3. Medical Conditions and Medication Administration Policy

Exhibition Period: 28 days
21st October – 17th November 2022

Please address any queries to:
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Manager Community & Cultural Services

Please submit your feedback in writing addressed to the General Manager

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TOWARDS 2030

Mid-Western Regional Council

CHILD PROTECTION

BACKGROUND

Every child has a right to be cared for in a secure environment at all times. It is important that every child is kept safe, is nurtured and is respected and valued as an individual.

The Scheme will implement and review procedures in accordance with the current child protection law, including any obligations that they may have under that law, to ensure all stakeholders within the ~~childcare service~~scheme are informed of their responsibilities in child protection matters.

POLICY

- The Coordinator, Child Development Officers and Educators are to hold a recognised child Protection qualification at all times;
- To ensure that all Coordination Unit Staff, Educators and household members hold a Working with Children Clearance at all times;
- To ensure all ~~stakeholders~~ Educators, Co-ordination staff, and household members are aware of their Child Protection responsibilities in keeping children safe within the Scheme is paramount;
- To recognise and fulfil our responsibility with regard to Mandatory Reporting Requirements;
- To fulfil ~~requirements of NSW Interagency Guidelines for Child Protection Intervention.~~obligations as a child safe organisation and uphold the National Child Safe Principles and Standards;
- To provide support to Educators in their role when faced with challenging circumstances and / or during the development of reports after a disclosure or suspicions;
- Maintain privacy, confidentiality and a professional approach at all times;

PROCEDURE

• All Eeducators and Coordination Unit staff of our service are Mandatory Reporters and are required to report to the Child Protection Helpline (24 hours) (Phone: 132 111 or eReport at: https://reporter.childstory.nsw.gov.au/s/) if they have reasonable grounds to suspect a child or young person is at risk of significant harm and have current concern about the safety, welfare or wellbeing of a child or young person.

The Mandatory Reporter Guide will be used, to guide decision making and determine whether or not to report to the Child Protection Helpline under the new risk of significant harm reporting threshold.

In the event that an Educator or Coordination Unit staff member believes that a child or young person is in immediate danger, the following steps need to occur immediately:

1. Call the appropriate emergency services via 000 and follow operator instructions
2. ~~C~~When next appropriate, call the Coordination Unit immediately and speak with the Coordinator
3. A written observation, including the date and full name of child, identifying the concern/ incident must be documented immediately and be based on:
   - first hand observation of the child, young person or family
   - what the child, young person, parent or other person has disclosed
   - what can reasonably be inferred based on professional training and/or experience
   - Have written observations of the child available for discussion
4. Access the Mandatory Reporter Guide (MRG) (https://reporter.childstory.nsw.gov.au/s/mrg) to see if the child is at Risk of Significant Harm.
   - Print out the decision report
   - Retain report in the child's confidential file.
   - Forward a copy to the Coordination Unit

   a) If MRG informs child is AT RISK OF SIGNIFICANT HARM
      - Mandatory Reporter must make a report directly via the ChildStory Reporter site or via the Child Protection Helpline on 132 111

      Or

   B) If MRG informs the child is NOT at Risk of Significant Harm
      - Continue to record clear, dated, objective observations.
      - Maintain documentation in a confidential file
      - Discussed with the Nominated Supervisor before filing.
      - Work closely to support the child and family

      Or

   C) If MRG informs child is NOT at Risk of Significant harm BUT staff remain concerned contact the Child Protection Helpline on 132 111 to seek further advice.

5. The Coordinator or the Manager of Community and Cultural Services is to upload information into the National Quality Agenda IT system within 24 hours of notification.

In the event that child or young person makes a disclosure to an Educator or Coordination Unit staff member

Follow procedure above AND:

- Remain calm and objective and Comfort the child
- Listen to and believe the child
- Don't make promises that you cannot keep
- Convey messages that it is not their fault and it was right to tell
- Tell them you will need to talk to other people whose job it is to help keep children safe
- Report to the Coordinator as soon as possible that same day.

• If a child makes a disclosure in a group situation, calmly follow through on issues discussed with all children regarding protective behaviours. As soon as possible without removing the child from the group inappropriately, move to a quiet area and follow the steps outlined above.

Note that our role is to support the wellbeing of the child, not to investigate the disclosure. Do not question the child about the details of the abuse/neglect as legal proceedings may be jeopardised.

Following are Indicators of Abuse:

There are many indicators of harm to children. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be considered in the context of other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing, and may be intentional or unintentional.

General indicators of abuse and neglect

• marked delay between injury and seeking medical assistance

• history of injury

• the child gives some indication that the injury did not occur as stated

• the child tells you someone has hurt him/her

• the child tells you about someone he/she knows who has been hurt

• someone (relative, friend, acquaintance, sibling) tells you that the child may have been abused.

Neglect

Child neglect is the continued failure by a parent or caregiver to provide a child with the basic things needed for his or her proper growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision.

Some examples are:

• inability to respond emotionally to the child

• child abandonment

• depriving or withholding physical contact

• failure to provide psychological nurturing

• treating one child differently to the others

Indicators of Neglect in children:

• poor standard of hygiene leading to social isolation

• scavenging or stealing food

• extreme longing for adult affection

• lacking a sense of genuine interaction with others

• acute separation anxiety

• self-comforting behaviours, e.g. rocking, sucking

• delay in development milestones

• untreated physical problems

Physical Abuse

Physical abuse is a non-accidental injury or patter of injuries to a child caused by a parent, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers:

• make direct admissions from parents about fear of hurting their children

• have a family history of violence

• have a history of their own maltreatment as a child

• make repeated visits for medical assistance

Indicators of Physical Abuse in children:

• facial, head and neck bruising

• lacerations and welts

• explanations are not consistent with injury

• bruising or marks that may show the shape of an object

• bite marks or scratches

• multiple injuries or bruises

• ingestion of poisonous substances, alcohol or drugs

• sprains, twists, dislocations

• bone fractures

• burns and scalds

Indicators of Emotional Abuse in children

Emotional abuse occurs when an adult harms a child's development by repeatedly treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. Some examples are:

• constant criticism, belittling, teasing of a child or ignoring or withholding praise and affection

• excessive or unreasonable demands

• persistent hostility, severe verbal abuse, rejection and scape-goating

• belief that a particular child is bad or "evil"

• using inappropriate physical or social isolation as punishment

• exposure to domestic violence

Indicators of emotional abuse in children:

• feeling of worthlessness about them

• inability to value others

• lack of trust in people and expectations

• extreme attention seeking behaviours

• other behavioural disorders (disruptiveness, aggressiveness, bullying)

Sexual Abuse

Sexual abuse is when someone involves a child in a sexual activity by using their power over them or taking advantage of their trust. Often children are bribed or threatened physically and psychologically to make them participate in the activity. Educators will be particularly aware of looking for possible sexual abuse if parents or caregivers are suspected of or charged with child sexual abuse or display inappropriate jealousy regarding age appropriate development of independence from the family. Sexual abuse includes:

• exposing the child to sexual behaviours of others

• coercing the child to engage in sexual behaviour with other children

• verbal threats of sexual abuse

• exposing the child to pornography

Indicators of Sexual Abuse in children:

• they describe sexual acts

• direct or indirect disclosures

• age inappropriate behaviour and/or persistent sexual behaviour

• self-destructive behaviour

• regression in development achievements

• child being in contact with a suspected or know perpetrator of sexual assault

• bleeding from the vagina or anus

• injuries such as tears to the genitalia

Psychological Abuse

Psychological harm occurs where the behaviour of the parent or caregiver damages the confidence and self-esteem of the child, resulting in serious emotional deprivation or trauma. In general, it is the frequency and duration of this behaviour that causes harm. Some examples are:

• excessive criticism

• withholding affection

• exposure to domestic violence

• intimidation or threatening behaviour.

Indicators of psychological abuse in children include:

• constant feelings of worthlessness

• unable to value others

• lack of trust in people

• lack of people skills necessary for daily functioning

• extreme attention seeking behaviour

• extremely eager to please or obey adults

• takes extreme risks, is markedly disruptive, bullying or aggressive

• suicide threats

• running away from home

Indicators of Domestic Violence in children:

• show aggressive behaviour

• develop phobias and insomnia

• experience anxiety

• show systems of depression

• have diminished self esteem

• demonstrate poor academic performance and problem-solving skills

• have reduced social competence skills including low levels of empathy

• show emotional distress

• have physical complaints

All Educators and Educators' Household Members over 18 years are to have a current and relevant Working with Children Check (WWCC) clearances and have a current National Police Record Check (NPC) arranged by Council before they can commence their Family Day Care Service. They must give provide the Coordination Unit with their WWCC number to be verified through the Human Resources (HR) Department at Council. WWCC's last for are valid for 5 years and must be renewed before they expire (if not cancelled beforehand). Should an Educator or Household member's WWCC expire or be cancelled the service will need to cease operation until clearance is received.

Coordination Unit Staff will –

- Seek verification of WWCC clearance for stakeholders through HR.
- Support Educators in the event that they need to make a report regarding child protection
- In the event that there are suspicions or allegations regarding an Educator, report as outlined above.
- Keep documentation on interviews, discussions, phone calls in relation to the Educator / family/ matter involved.

Educators will –

- The Educator must nNotify the Scheme, if an Educator or any person who is normally a resident at the home of the Educator has been charged with or convicted of such an offence.
- If a person wishes to People who reside for longer than three weeks on a property (not just in the home) of an Educator, they will also need to obtain a Working with Children Check clearance to be verified through the Human Resources Department at Council.
- Notify the Nominated supervisor Iif they or an Educator or Household member is charged or is under investigation for any criminal offence, the Coordination UnitNominated Supervisor will use their discretion as to whether the Service will remain open until the issue is resolved.
- All Coordination Unit Staff, Educators (AND HOUSEHOLD MEMBERS AT THE DISCRETION OF THE COORDINATOR)

are to have a current National Police Record Check (NPC) arranged by Council.

- Educators will uUndertake Child Protection Refresher Training on responding to and recognising the signs of child abuse at during their initial Registration process, and must undergo the full child protection course- CHCPRT001 – Identify and respond to children and

young people at risk within 12 months of starting their Family Day Care Service, should their qualification require updating.

- ~~Coordination Unit staff~~Coordinators ~~must undertake a refresher annually, and Educators will k~~Keep informed of current Child Protection matters by participating in professional development in the form of a refresher course, at least every two years or sooner if qualification requirements change.~~.~~

- ~~Educators and staff are mandated to r~~Report suspected cases of abuse to children less than 16 years of age. Parents are informed that Educators and Coordination Unit staff are mandatory reporters at enrolment (Parent Handbook).

~~An Educator or staff member may report directly to the NSW Departments of Education and Family and Communities and Justice (DCJ) viay Services via the helpline or via fax after completing the online mandatory reporters guide on The ChildStory Reporter Community website. Educators should maintain a diary of concerns. For example: child bruising, disclosures or comments from children, parents/guardians etc.~~

~~If an Educator has concerns they would like to clarify, they may speak with a member of the Coordination Unit. The Coordination Unit staff should keep written notes on interviews, discussions, phone calls in relation to the Educator / family/ matter involved.~~

- If an Educator has concerns about ~~a~~ one of the Council's Coordination Unit staff member they should contact the Nominated Supervisor or the Manager of Community and Cultural Services, and provide any documentation that they have collected. Council will follow their own Children and Vulnerable Person's ~~p~~Policy and Procedure~~.~~

Reportable conduct definitions

The Children's Guardian Act 2019 defines reportable conduct as:

• a sexual offence

• sexual misconduct

• ill-treatment of a child

• neglect of a child

• an assault against a child

• an offence under s 43B (failure to protect) or s 316A (failure to report) of the Crimes Act 1900; and

• behaviour that causes significant emotional or psychological harm to a child.

Sexual offence

A sexual offence is an offence of a sexual nature under a law of NSW, another state/territory, or the Commonwealth committed against, with or in the presence of a child, such as:

• sexual touching of a child;

• a child grooming offence;

• production, dissemination or possession of child abuse material.

An alleged sexual offence does not have to be the subject of criminal investigation or charges for it to be

categorised as a reportable allegation of a sexual offence.

Sexual misconduct

The Act defines sexual misconduct to mean any conduct with, towards or in the presence of a child that is

sexual in nature (but is not a sexual offence) and provides the following (non-exhaustive) examples:

• descriptions of sexual acts without a legitimate reason to provide the descriptions;

• sexual comments, conversations or communications;

• comments to a child that express a desire to act in a sexual manner towards the child, or another

child. Note - crossing professional boundaries comes within the scope of the scheme to the extent that the alleged conduct meets the definition of sexual misconduct. That is, conduct with, towards or in the

presence of a child that is sexual in nature (but is not a sexual offence).

Assault

Technically, any form of unwarranted touching can, depending on the context in which it occurs, constitute an assault. However, the Act explicitly exempts from notification assaults that are, in all the circumstances, trivial or negligible – as long as they are investigated under workplace procedures. Generally, physical force that does not result in more than transient injury and which had no potential to result in serious injury –

with consideration to the context and circumstances in which the alleged assault took place – would be considered 'trivial or negligible'.

Under the Act, an assault can occur when a person intentionally or recklessly (ie. knows the assault is possible but ignores the risk):

• applies physical force against a child without lawful justification or excuse - such as hitting, striking, kicking, punching or dragging a child (actual physical force); or

• causes a child to apprehend the immediate and unlawful use of physical force against them – such

as threatening to physically harm a child through words and/or gestures and regardless of whether

the person actually intends to apply any force (apprehension of physical force).

Allegations of 'serious physical assault', if proven, must be reported to the OCG for the purpose of the Working with Children Check. Therefore, it is important to obtain the information necessary to determine whether the alleged assault, if proven, will constitute a serious physical assault.

Serious physical assault

A physical assault is not serious where:

- it only involves minor force; and
- it did not, and was not ever likely to, result in serious injury.

A physical assault is serious where:

- it results in the child being injured, beyond a type of injury like a minor scratch, bruise or graze; or
- it had the potential to result in a serious injury; or
- the injury suffered may be minor, but the assault is associated with aggravating circumstances (in this regard, aggravating circumstances might include associated inhumane or demeaning behaviour by the employee, for example kicking a child, pulling a child by grabbing the child around the neck)

Ill-treatment

The Act defines ill treatment as conduct towards a child that is:

- unreasonable; and
- seriously inappropriate, improper, inhumane or cruel.

Ill-treatment can include a range of conduct such as making excessive or degrading demands of a child; a pattern of hostile or degrading comments or behaviour towards a child; and using inappropriate forms of behaviour management towards a child.

Neglect

The Act defines neglect to mean a significant failure – by a person with parental responsibility for the child, or an authorised carer or an employee if the child is in the employee's care – to provide adequate and proper food, supervision, nursing, clothing, medical aid or lodging for the child that causes or is likely to cause harm to the child.

Neglect can be an ongoing situation of repeated failure by a caregiver to meet a child's physical or psychological needs or a single significant incident where a caregiver fails to fulfil a duty or obligation, resulting in actual harm to a child or where the failure is likely to cause harm.

Examples of neglect include failing to protect a child from abuse and exposing a child to a harmful environment.

Child Safe Standards

The Child Safe Standards recommended by the Royal Commission into Institutional Responses to Child Sexual Abuse provide a framework so organisations can create cultures and adopt strategies to keep children safe from harm.

STANDARD 1: Child safety is embedded in organisational leadership, governance and culture.

STANDARD 2: Children participate in decisions affecting them and are taken seriously

STANDARD 3: Families and communities are informed and involved.

STANDARD 4: Equity is upheld and diverse needs are taken into account.

STANDARD 5: People working with children are suitable and supported.

STANDARD 6: Processes to respond to complaints of child abuse (or other concerns) are child focused.

STANDARD 7: Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.

STANDARD 8: Physical and online environments minimise the opportunity for abuse to occur.

STANDARD 9: Implementation of the Child Safe Standards is continuously reviewed and improved.

STANDARD 10: Policies and procedures document how the organisation is child safe.

Educating Children about Protective Behaviour

• Educators will be supported to complete the Safe Series training created by Office of Children's Guardian NSW. https://www.ocg.nsw.gov.au/child-safe-organisations/training-and-resources/webinars-and-faceto-face-training/safe-books-and-workshops

• Educators will use books and resources attained from Office of Children's Guardian NSW through Safe Series

• Educators will regularly include child protection issues in the curriculum. For example, they will intentionally teach children:

- about acceptable/unacceptable behaviour, and appropriate/inappropriate contact in a manner suitable to their age and level of understanding

- that they have a right to feel safe at all times

- to say 'no' to anything that makes them feel unsafe

- the difference between 'fun' scared that is appropriate risk taking and dangerous scared that is not okay

- to use their own skills to feel safe

- to recognise signs that they do not feel safe and need to be alert and think clearly

- that there is no secret too awful, no story too terrible, that they can't share with someone they trust

- that educators are available for them if they have any concerns

- to tell educators of any suspicious activities

- to recognise and express their feelings verbally and non-verbally

- that they can choose to change the way they are feeling.

INFORMATION EXCHANGE

The Children's Legislation Amendment (Wood Inquiry Recommendations) Act 2009 expands the information sharing provisions of the Children and Young Persons (Care and Protection) Act 1998 to allow a freer exchange of information between prescribed bodies (Government agencies and non-government organisations) relating to a child or young person's safety, welfare or wellbeing.

Certain agencies can share information regarding the safety, welfare and wellbeing of children and young people and their families without the families' consent; however, where possible, client consent should be sought.

CONTACTS

Child Protection Helpline 132 111 (Mandatory reporters line only)

~~Keep Them Safe Support Line www.keepthemsafe.nsw.gov.au/contact_us~~

~~Ombudsman's Office: Email: nswombo@ombo.nsw.gov.au~~

Office of ~~Chidren's~~Children's Guardian www.ocg.nsw.gov.au

RELEVANT LEGISLATION

Children's Guardian Act 2019

Children (Education and Care Services) National Law 2010 (NSW)

Education and Care Services National Regulations 2018 (NSW)

Children (Education and Care Services) Supplementary Provisions Regulation 2019 (NSW)

Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 (NSW)

Children and Young Persons (Care and Protection) Act 1998 (NSW)

~~Ombudsman Act 1974 (NSW)~~

~~Ombudsman Amendment (Child Protection and Community Services) Act 1998 (NSW)~~

Child Protection (Working with Children) Act 2012 (NSW)

Child Protection (Working with Children) Regulation 2013

Crimes Act 1900

Adoption Act 2000 (NSW)

Children and Young Persons (Care and Protection) Act 1998 (NSW)

Community Services (Complaints, Reviews and Monitoring) Act 1993 (NSW)

Disability Inclusion Act 2014

Anti-Discrimination Act 1977

KEY RESOURCES

National Quality Standard (ACECQA)

Child Care Provider Handbook (Department of Education and Training)

~~"Keep Them Safe: A shared approach to child wellbeing", NSW Government www.keepthemsafe.nsw.gov.au~~

www.community.nsw.gov.au

www.kids.nsw.gov.au

Office of Children's Guardian https://ocg.nsw.gov.au/

NSW Mandatory Reporter Guide https://reporter.childstory.nsw.gov.au/s/mrg

United Nations Convention Rights of a Child

PROVIDE~~ING~~ A CHILD SAFE ENVIRONMENT

BACKGROUND

Our service has a moral and legal responsibility to ensure that the rights and best interests of the child are paramount and that we will provide training, resources, information and guidance to support this in order to:

• ensure that the health, safety and wellbeing of children at the service is protected at all times;

• ensure that people educating and caring for children at the service act in the best interests of the child;

• protect and advocate the rights of all children to feel safe, and be safe, at all times;

• maintain~~ing~~ a culture in which children's rights are respected;

• encourage~~ing~~ active participation from and collaboration with families ~~at the~~ of each service, ~~supporting~~to support a partnership approach to and shared responsibility for children's health, safety, wellbeing and development.

The Scheme is committed to providing a safe environment for the children who are in care within the Services and understands ~~the~~ our.

~~The Scheme has a~~ ~~responsibility~~responsibility to advocate for the wellbeing of children and young people in a holistic and community context.~~.~~

~~The Scheme~~ We understand and recognise~~s~~ the vulnerability of children of all ages and the need to exercise vigilance in regard to their wellbeing and take reasonable precaution to protect them from any harm ~~and~~ or hazard which has the likelihood to cause injury ~~.~~

POLICY

- ~~The Scheme will aim to~~To provide safe~~,~~ and respectful and ~~ethical~~ environments ~~and~~ paying careful consideration, preparation and attention to the potential dangers posed to children and young people in a childcare setting.
- ~~The Scheme will o~~Operate in accordance with the current child protection laws ensuring current reporting obligations are met.
- Recognise and fulfil our responsibility with regard to Mandatory Reporting Requirements.
- Fulfil obligations as a child safe organisation and uphold the National Child Safe Principles and Standards.

- ~~The Scheme will a~~Actively play a role in informing and supporting families ~~and communities. The Scheme will, in addition,~~ by facilitating ~~e~~and maintaining community liaison with partners who exist to support families and children.

- ~~Educators will facilitate nurturing emotional environments and monitor each child's overall wellbeing and care.~~

PROCEDURE

The Coordination Unit ~~and Educators~~ will ~~:~~

- Within the limits of their obligations, ensure that children are protected from child abuse and facilitate wellbeing as defined in the Children and Young Persons (Care and Protection Act) 1998 and UNICEF Convention on the Rights of the Child 1989.

- Facilitate a culture of commitment to child protection through a range of policies, procedures and practices.

Ensure the prompt notification and investigation of allegations of risk of harm where allegations involve Educators, their family or Coordination Unit staff where there is an obligation to notify, irrespective of supporting evidence.

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- Educators will -

- Ensure all children are adequately supervised at all times ~~by establishing and maintaining procedures~~ to ensure all those with ~~unsupervised~~ access to children are screened to ensure they are not a prohibited person~~s~~ and to ensure only ~~suitably qualified and able~~ authorised persons have responsibility for children.

- ~~Facilitate the reporting of children and young persons at risk of harm~~

- R~~Provide a system of r~~eporting of any allegations of reportable offences in compliance with mandatory reporting requirements of ~~the Ombudsman Act 1974~~ the Office of the Children's Guardian as per Child Protection Policy; ~~.~~

- ~~Ensure the prompt notification and investigation of allegations of risk of harm where allegations involve Educators their family or staff where there is an obligation to notify, irrespective of supporting evidence.~~

- Ensure every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury through undertaking routine safety checks, home and premises risk assessments and educating children and Educators in safety awareness.

- Deal with injury, trauma and illness, as effectively as possible, when they happen, then complete any required paperwork and within the required/legislative timeframe; ~~.~~

- Apply preventative measures, source and attend appropriate training, ~~adher~~adhere~~ing~~ to Scheme Policy and procedures, regulatory requirements and forward planning will ensure the ~~Service~~ Scheme's aims to protect children from harm and hazard are met; ~~.~~

- Ensure comprehensive and current knowledge about the health and special requirements of every child in their Services is obtained, ~~and~~ documented and kept up to date as per the Medical Conditions and Medical Administration Policy; ~~.~~
- Adhere to the Scheme's adopted Code of Ethics, Code of Conduct and Child Protection Policies.

Child Protection Requirements

• Ensure that all Coordination Unit staff, Educators, household members over the age of 18 years, students and volunteers have current working with children check clearances (or equivalent as required by state ~~or territory~~ specific legislation as updated from time to time).

• Ensure that all staff and Educators are given information and/or training about child protection law and any obligations they have under that law.

• Refer to the Child Protection Policy.

• Refer to the Acceptance and Refusal Authorisations Policy

RELEVANT LEGISLATION

Children's Guardian Act 2019

Children (Education and Care Services) National Law 2010 (NSW)

Education and Care Services National Regulations 2018 (NSW)

Children (Education and Care Services) Supplementary Provisions Regulation 2019 (NSW)

Children and Young Persons (Care and Protection) Act 1998 (NSW)

~~Children and Young Persons (Care and Protection) Act 1998 (NSW)~~

Child Protection (Working with Children) Act 2012 (NSW)

Child Protection (Working with Children) Regulation 2013

~~Ombudsman Act 1974 (NSW)~~

~~Public Interest Disclosures Act 1994 (NSW)~~ ?

Crimes Act (1900)

Adoption Act 2000 (NSW)

Children and Young Persons (Care and Protection Act) Act 1998 (NSW)

Disability Inclusion Act 2014

Anti-Discrimination Act 1977

KEY RESOURCES

National Quality Standard (ACECQA)

Office of Children's Guardian https://ocg.nsw.gov.au/

NSW Mandatory Reporter Guide https://reporter.childstory.nsw.gov.au/s/mrg

Child Care Provider Handbook (Department of Education and Training)

Early Childhood Australia Code of Ethics www.earlychildhoodaustralia.org.au

UNICEF Convention on the Rights of the Child 1989

CHILD SAFE STANDARDS

MEDICAL CONDITIONS AND MEDICATION ADMINISTRATION ~~– (REGULATIONS 90, 92, 93 95, 95,96)~~

BACKGROUND

The Scheme is committed to providing a safe and healthy environment for all children, Educators, staff and other persons attending the Scheme and individual Services.

Coordination Unit staff and Educators will respond immediately to the needs of a child who is ~~is~~ ill while attending the Service and ensure safe and appropriate administration of medication in accordance with legislative and regulatory requirements.

POLICY

- To ensure that all precautions are taken to provide a safe and healthy environment for the children in care with the Scheme and its Services.
- To ensure a child receives appropriate care whilst sick and any appropriate treatment involving medication.
- To provide procedures to be followed when a child requires medication while attending a Service.
- To outline the responsibilities of the Coordination Unit, Educators and parents/guardians to ensure the safe administration of medications.
- To ensure that a child with ongoing medical conditions is not discriminated against in any way.
- To ensure that any child, Educator or Coordination Unit staff member has a medical management plan and a risk minimisation and communication plan for any diagnosed medical condition, or as soon as practicable after a diagnosis.

PROCEDURE

Medication (including prescription, non-prescription, over the counter and homeopathic medications) must not be administered to a child at a Service without the written~~written~~ authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

In the case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from the registered medical practitioner or medical emergency services if the child's parent / guardian cannot be contacted.

In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation following the direction of the child's medical ~~management~~ management plan.

In this circumstance, the child's parent/guardian and/or emergency services must be contacted as soon as possible.

~~When Educators are required to administer medication, they must abide by specific regulatory requirements (regulation 95) complete medication form, medication must be in original label and container with name of child, dosage and expiry date., such as written consent, and must follow the guidelines of this policy and procedures.~~

If medication is administered to a child by an educator, the medication must:

- Be from its original container, bearing the original label and instructions and before the expiry or use by date; and
- If prescribed by a registered medical practitioner, that original container must also bear the original label with the name of the child to whom the medication is to be administered.

The medication must be administered in accordance with any instructions:

- Attached to the medication; or
- Any written or verbal instructions provided by a registered medical practitioner; and
- The parent or authorised nominee and Educator are to complete a Medication Authorisation from any time medication is administered.

MEDICAL CONDITIONS

If an enrolled child has a specific health care need, allergy or relevant medical condition, parents are to provide a medical ~~management~~ management plan from a doctor at enrolment ~~(~~ and then updated annually~~)~~ or as soon after the diagnosis as possible or at anytime a child's requirements change. These include, but are not limited to, asthma, diabetes, epilepsy or a diagnosis that a child is at risk of anaphylaxis.

Prior to~~At~~ registration the parent will be required to ~~Minimisation~~ provide a current medical ~~management~~ management plan. A medical ~~management~~ management plan is to be completed by the child's medical practitioner not by the parent. The plan is to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

A Risk Minimisation and Communication plan is required to be completed by the parent prior to the child commencing at the service~~.~~ or as soon as practicable after a medical condition has been diagnosed by a medical practitioner.

The Risk Minimisation and Communication Plan ~~(eg. Asthma Plan)~~ will -

- ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and

- if relevant, ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
- if relevant, ensure that practices and procedures to ensure that parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- ensure that practices and procedures ensuring that all staff members~~,~~ , students and volunteers can identify the child, the child's medical ~~management~~ management plan and the location of the child's medication ~~n are developed and implemented~~; and
- if relevant, ensure that practices and procedures ensuring that the child does not attend a Service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition ~~are developed and implemented~~.
- ensure that relevant staff members, students and volunteers are informed about the medical conditions policy and the medical ~~management~~ management plan and risk minimisation plan for the child; and
- ensure that a child's parent ~~can~~ communicates any changes to the medical ~~management~~ management plan by providing updated management plan and updates the child's risk minimisation and communication plan for the child, setting out how that communication can occur.

~~The medical conditions policy of the Scheme must set out practices in relation to self-administration of medication by children over preschool age if the Scheme permits that self-administration.~~

A copy of the Medical Conditions and Medication Administration Policy is provided to the parent of a child who has a specific health care need, allergy or other relevant medical condition, upon registration and at anytime the policy changes/updates.

The Educator ~~who will be~~ caring for the child must~~will~~ have a copy ~~be informed about~~of the plans stored with the child's medication~~to be followed.~~

Educators and Coordination Unit staff responsible for the child with a medical condition shall:

- ensure a copy of the child's medical ~~management~~ management~~action~~ plan is visible and known to other Educators and Coordination Unit staff in the Service and during playsessions.
- follow the child's medical management action plan in the event of a reaction / seizure / incident.
- ensure that the medical ~~management~~ management ~~action~~ plan signed by the child's medical practitioner and in the case of anaphylaxis a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical ~~management action~~ management plan) is provided by the parent/guardian for the child while at the Service.
- ensure that the auto-injection device kit is stored in a location that is known to all Educators, Coordination Staff, and residents at the Educator's Service, including students and volunteers; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.

- ensure that the auto-injection device kit containing a copy of the medical ~~management~~ managementaction plan for each child at risk of anaphylaxis is carried by a staff member or Educator accompanying the child when the child is removed from the residence or venue (e.g. on excursions that this child attends).
- ~~regularly~~Regularly check the adrenaline auto-injection device expiry date.
- The adrenaline auto-injection device is disposed of responsibly~~ly~~ once used or upon redundancy.
- Ensure emergency contact details for parents and authorised persons are accessible, current and up to date

Parents / guardians are responsible for -

Ensuring that their child's enrolment details are up to date, and providing~~ding~~ current details of persons who have lawful authority to request or permit the administration of medication.

Providing a current medical management plan when their child requires long term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed medical condition in an emergency. This may be, but are not limited to –

- Asthma
- Anaphylaxis
- Diabetes
- Epilepsy
- ADHD

Physically handing~~ing~~ the medication to the Educator and informing them of the appropriate storage and administration instructions for the medication provided.

Ensuring that prescribed medications to be administered at the Service are within their expiry date. Taking all medication home at the end of each session/day, unless both the parents/guardians and Educator agree to store those medications at the service for future administration, if required~~.~~

Providing a ~~f~~Fitpack to dispose of diabetes needles appropriately.

Informing the Service if any medication has been administered to the child before bringing them to the Service, and if the administration of that medication is relevant to or may affect the care provided to the child at the Service.

~~Providing a current medical management management plan when their child requires long term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed medical condition in an emergency. This may be, but are not limited to –~~

- ~~Asthma~~
- ~~Anaphylaxis~~
- ~~Diabetes~~

- ~~Epilepsy~~
- ~~ADHD~~

MEDICATION ADMINISTRATION

Any medication is only to be given to a child with the written permission of the parent.

Ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who has lawful authority to request and permit the administration of medication to the child.

There should be one medication form per child. The form must be completed before the medication is administered. Medication Authorities are to be completed by the Educator and parent and kept in the appropriate family files and returned to the Coordination Unit once the child ceases care with the service.

Medication is to be clearly labelled with the child's name and in its original container with pharmacy labels.

Children should not be given medication that is prescribed for another person.

Expired medications are~~will~~ not ~~be~~ administered.

Medication to be stored at safe, prescribed temperatures and inaccessible to children in care. No medications should be left in the child's bag.

Children will be excluded from care for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.

Herbal medications or remedies must be accompanied by a letter from the practitioner detailing the child's name, dosage and expiry date for the medication.

A child over preschool age may self-administer medication with written authorisation from their parents and their doctor. (Regulation 96)

(a) an authorisation for the child to self-administer medication is recorded in the medication record for the child under regulation 92; and

(b) the medical conditions policy of the service includes practices for self-administration of medication.

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 will be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible. Where emergency services or medical practitioners become involved in the medical needs of a child, the Educator ~~service~~ must consider the requirements for notifying the ~~Scheme~~ Nominated Supervisor of a serious incident. (Incident, Injury, Trauma and Illness Policy).

Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance. Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness. Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and Coordination Unit staff will:

• ensure children do not trade food, utensils or food containers

• prepare food in line with a child's medical management plan and family recommendations

• use non-food rewards with children, for example, stickers for appropriate behaviour

• request families to label all bottles, drinks and lunchboxes etc with their child's name

consider whether it's necessary to change or restrict the use of food products in craft, science

experiments and cooking classes so children with allergies can participate

• sensitively seat a child with allergies at a different table if food is being served that he/she is allergic to, so the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection

• hold non-allergic babies when they drink formula/milk if there is a child diagnosed at risk of anaphylaxis from a milk allergy

• closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food

Allergic reactions and anaphylaxis are also commonly caused by:

- animals, insects, spiders and reptiles

- drugs and medications, especially antibiotics and vaccines

- many homeopathic, naturopathic and vitamin preparations

- many species of plants, especially those with thorns and stings

- latex and rubber products

- Band-Aids, Elastoplast and products containing rubber-based adhesives.

Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. Educators and staff will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack.

These triggers include:

• dust and pollution

• inhaled allergens, for example mould, pollen, pet hair

• changes in temperature and weather, heating and air conditioning

• emotional changes including laughing and stress

• activity and exercise

To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children's exposure to asthma triggers are minimised. This may for example,

• plan different activities so children are not exposed to extremes of temperature eg cold outsides and warm insides

• restrict certain natural elements from inside environments

• supervise children's activity and exercise at all times

• keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels etc

Diabetes Management

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a "hypo") if their blood sugar levels are too low. Things that can cause a "hypo" include:

• a delayed or missed meal, or a meal with too little carbohydrate

• extra strenuous or unplanned physical activity

• too much insulin or medication for diabetes

• vomiting

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

RELEVANT LEGISLATION

Children (Education and Care Services) National Law 2010 (NSW)

Education and Care Services National Regulations 2018 (NSW)

Children (Education and Care Services) Supplementary Provisions Regulation 2019 (NSW)

Work Health and Safety Act 2011 (NSW)

Work Health and Safety Regulation 2017 (NSW)

KEY RESOURCES

National Quality Standard (ACECQA)

Staying Healthy in Childcare (NHMRC)

Anaphylaxis Australia: www.allergyfacts.org.au

Asthma Australia: www.asthmaaustralia.org.au

Diabetes Australia www.diabetesaustralia.com.au

Epilepsy Action Australia www.epilepsy.org.au

Immunise Australia Program: www.immunise.health.gov.au

National Prescribing Service (NPS) www.nps.org.au

NSW Department of Health www.health.nsw.gov.au