Kindergarten & Pre-preparatory Centres

Introduction – Policies, Procedures & Associated Documentation

Policies and procedures have been informed by latest research, legislation, Government Guidelines, Catholic Education – Diocese of Rockhampton policies and procedures, quality practices in the sector and approved ACECQA documentation (including approved learning frameworks). The policies and procedures and associated support documents have been allocated under the seven National Quality Areas:

- Educational Program & Practice
- Children's Health & Safety
- Physical Environment
- Staffing Arrangements
- Relationships with Children
- Collaborative Partnerships with Families & Communities
- Leadership and Service Management

Personnel Referenced in Documentation

The Roman Catholic Trust Corp. Diocese of Rockhampton, as the Approved Provider, has appointed Leesa Jeffcoat, Director Catholic Education: Diocese of Rockhampton as their representative. Therefore, in reading these documents, the key contact in all references made to the Approved Provider should be understood to be the Director Catholic Education: Diocese of Rockhampton or her delegate. Additionally, when a document refers to the Nominated Supervisor, it is also intended that this should be read as Nominated Supervisor or delegate. When parents are referred to in policies, procedures and associated documents it is intended that this includes carers and/or guardians.

Accessibility

The policies and procedures should be readily available for families (and potential families), staff, volunteers and regulatory authorities to read and review. The Early Learning & Care web page is to be accessible to all diocesan services.
Symbolic Segments

Each National Quality Area is symbolised by a segment within a cyclic representation. This highlights the interconnected nature of the policies and procedures in the National Quality Framework. Even though a document may have been allocated to one particular Quality Area, it possibly could also be applicable to another.

Review & Consultation Processes

The policies are approved at a diocesan level and are only to be modified with the approval of the Approved Provider. They are formed in consultation with services, families, parish and diocesan personnel. This process is conducted annually. Procedures, however, may be modified in consultation with your education and care communities. Any adjustments must align with current legislation and Catholic Education – Diocese of Rockhampton protocols. Consultation with Diocesan Coordinators – Health & Safety, Indigenous Education, Child Protection, Early Learning & Care, as well as diocesan finance and ESS department managers, is required when considering making changes to procedures.

All procedures will be reviewed annually in consultation with children (where applicable), service personnel, service communities, diocesan personnel, parish and schools (where applicable). Current research and legislation will also act as a change-agent in regards to policies and procedures.

The services must give 14 days’ notice to families before making any change to a policy or procedure that would:

- have a significant impact on any enrolled child
- affect the family’s ability to utilise the service, or
- affect the fees charged or the way fees are collected.

The notice period is not required if the change to a policy or procedure is to address an issue in relation to the safety, health or wellbeing of any child enrolled at a diocesan service.

Version control will indicate amendments to policies and procedures

Special Thanks & Acknowledgement of Referenced Material

Special thanks to: Alana Crouch, Acting Manager, Centacare Childcare Brisbane; Irene Goodrich – Consultant Early Learning and Care Catholic Diocese of Cairns; the many Faith Education & Care educators and finally DCEO personnel who contributed through the sharing of resources and knowledge, offering of feedback and proof-reading of documents.
This quality area of the *National Quality Standard* focuses on ensuring that the educational program and practice is stimulating and engaging and enhances children’s learning and development. Quality Area 1 provides a strong focus on enhancing children’s learning and development through the:

- pedagogical practices of educators and co-ordinators
- development of programs that promote children’s learning across five learning outcomes.

(Adapted from *Guide to the National Quality Standard 3*)

**Policies & Procedures**

Program & Practice Procedure .................................
Program & Practice Procedure

Support Documentation

Approved Guidelines:

QSA (2010) Queensland Kindergarten Learning Guideline

Diocesan Guiding Documents:


Principle: 1 Description

Catholic Education kindergarten and pre-prep centres within the Diocese of Rockhampton promote learning in the early years that aligns with Catholic ethos. The kindergarten program provides flexible learning environments and is reflective of the implementation of the QLD Kindergarten Learning Guideline (as part of the Early Year’s Learning Framework for Australia) and the Diocesan Spirituality in the Early Years document.

This procedure supports decision making to extend and enrich children’s learning in the early years. The kindergarten program is one year in the early years phase from birth to eight years.

Catholic Education in the Diocese of Rockhampton acknowledges the importance of the kindergarten year as a significant part of life long and life wide learning. Learning in the early years is the foundation of a child’s cognitive, spiritual, emotional, social, creative and physical self. Through nurturing a love of learning and inquiry children make meaningful relationships and connections with their world. Central to learning in the early years is relationships – relationships with self, with families, with the world and with God.

Principle: 2 Practice

2.1 Educators will implement the following practices in kindergartens and pre-preparatory centres in the Diocese of Rockhampton:

- Engage with a philosophy of learning that aligns with contemporary theory and practice and relevant guidelines such as the QLD Kindergarten Learning Guidelines and Spirituality in the Early Years.
- Plan a program based on the Planning Cycle – Ongoing observations, Questioning, Planning, Actioning, Critically Reflecting
- Reflect critically on their ongoing practice and in turn implement a program based on these reflections.
- Model and engage in reflection with children.
- Provide supportive and respectful contexts where everyone’s ideas and misconceptions are challenged.
- Appoint qualified early year’s practitioners in line with legislative requirements.
- Use the contexts of learning - play, real life situations, investigations, routines and transitions, focused teaching and learning, teachable moment.
- Acknowledge children learn from adults (especially families), peers and others in the community and ensure they are integral in the learning community.
- Implement a program whereby children are part of a community of learners where individual, small group and large groups contribute varied knowledge and expertise to solve real life problems.
- Provide families with information that supports quality learning in early years.
- Engage the child in meaningful real-life experiences as well as encouraging them to effectively participate in our rapidly changing and globalised world.
- Acknowledge and partake in inclusive practices that are responsive to the diversity of learners.
- Develop programs collaboratively with children, families and the wider community that recognise children as able and competent.
- Respect every child’s history, culture and community.
- Provide continuity and routine.
- Provide an extensive range of teaching and learning principles where children are challenged and supported to deepen their understandings.
- Ensure safe and ethical practices are in place.

### Principle: 3 Required Documentation

2.1 Educators will ensure the following planning documentation is available on request:

- **Daily/Weekly Programs** - based on observations, critical reflections and collaboration with all stakeholders. This program will have the following components:
  - Routines and Transitions.
  - Balance of planning for individual, small group & whole group experiences.
  - Reference to and links with the QLD Kindergarten Learning Guidelines Learning & Development Areas (Identity, Connectedness, Wellbeing, Active Learning, Communicating).
  - Planning for the environment that connects children to their natural, man-made and globalised world.
  - Connections with the previous observations/learning stories/ anecdotal records and critical reflections from previous interactions with children.
  - Who has initiated the program element e.g. child, educator, family, celebration
  - Prayer/liturgy/ opportunities for children to connect with their spirituality and God.
  - Short term and long term projects or interests that have been negotiated with children and families.
  - Appropriate resources and/or provocations.
  - Real-life and play experiences embedded throughout the day.
  - This program is to be shared with families and displayed within the centre.
  - There are varied ways to provide daily programs including webbing with children, templates, scrap books etc.

- **Transition Statements** – throughout the year collation of information pertaining to children’s learning will be mapped in reference to the QLD Kindergarten Learning Guideline Companion, Continua of Learning, including reference to the QKLG Learning & Development Areas.

This information will inform the Transition Statement to be completed by all teachers in the final term of the kindergarten year and shared with families. Periodically throughout the year, teachers will meet with families to share their child’s learning journey. The Transition Statement is the property of the family and it is at their discretion whether they share this with their prospective school. Teachers are not to forward Transition Statements under the Kindergarten Funding Guidelines with associated school personnel without parent permission.
- **Portfolios, Learning Journals** e.g. – Educators will regularly gather with children and families the learning journey of children into a portfolio or journal of learning. This is a collaborative document where all stakeholders are contributors.

  The child’s portfolio/Learning Journal may include, but is not limited to, learning stories, children’s work, observations, shared stories, dictated text, annotated photographs, shared projects etc. Links are to be made to the *QKLG Learning & Development Areas*.

  They do not contain information regarding the child’s journey on the Continua or sensitive information as this is to be kept for viewing by educators and the child’s family to share throughout the year.

- **Children’s Files** – Within a child’s file that will comprise of copies of Enrolment Forms, Birth Certificates and other relevant documentation including immunisation status, educators will include anecdotal records, mapping of children’s learning according to the QLD Kindergarten Learning Guideline Companion, Continua of Learning, including reference to the *QKLG Learning & Development Areas*. This information will be available to families on request.

  Children may also have Individual Learning Plans (IEPs) if they have a disability or identified additional needs. A Form 1 must be signed by families to enable sharing of information with regard to a child who has a disability or identified additional needs.

- **Critical Reflections** - In order for educators to be effective in their practices they must engage in the processes of analysis, reflection and experimentation. Kindergarten educators are to engage in ongoing learning and reflective practice and these are to be recorded to inform planning and practice. The following may guide critical reflection:

  o **What happened?** *(Deconstruct)*
  
  Describe what has happened consider particularly practices that has been described as normal or the right way to do things.

  o **What is working well, What are your challenges?** *(Confront)*
  
  Examine the issues, thinking about things that you may not have previously questioned and put yourself in the perspective of others.

  o **What information/ research/resources or experience helps you to understand what is happening?** *(Theorise)*
  
  Draw on a range of information and ideas – where did you get your ideas from?

  o **What do you need to change about your practice, What are the first steps?** *(Think otherwise)*
  
  Think outside the usual ways of thinking and perhaps come up with other ways of thinking and doing and practicing.

This quality area of the National Quality Standard focuses on safeguarding and promoting children’s health and safety. This area also focuses on promoting each child’s wellbeing, growing competence, confidence and independence (adapted from Guide to the National Quality Standard 3). The welfare of all who gather in a diocesan workplace is an ongoing priority.

Policies & Procedures

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Alcohol & Illicit Drug-free Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- Health (Drugs and Poisons) Regulation 1996
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the Work Health and Safety Act 2011, the employer has a duty of care to its employees and children/families, to ensure their safety.

Consuming alcohol while at work can affect consumer’s health and safety as well as the health and safety of their co-workers and children in care.

**Catholic Education – Diocese of Rockhampton approved services must ensure the environment is free from the use of tobacco, illicit drugs and alcohol.**

**Principle: 1 Alcohol**

An employee or volunteer must arrive at work with a blood alcohol level of 0.00.

Where an employee or volunteer has a duty of care to children, that worker must maintain their blood alcohol level at 0.00 at all times.

If an employee or volunteer does not have a duty of care to children (for example an administration position) but is driving a vehicle as part of their work, that person must stay under the legal limit as stated by the Queensland law, which is at or below 0.05 blood alcohol level for persons on an Open Driver’s Licence and 0.00 for persons on a Provisional Driver’s Licence. The blood alcohol level should not be exceeded during work hours regardless of whether a staff member is required to drive.

If at work, an employee who attends meetings which take place at lunch or dinner and they are not responsible for children, the consumption of alcohol should be restricted according to the guidelines stated by Queensland Health. In these circumstances staff must remain aware that they are representing the Diocese of Rockhampton and the service and behave accordingly.

If an employee or volunteer is to be starting a shift and there is not enough time for their blood alcohol level to return to 0.00, they are not permitted to commence work.
If an employee or volunteer is driving a vehicle above the legal limit during their work time, when they do not have a duty of care to children, they will receive disciplinary action on an individual basis from the Catholic Education Office – Diocese of Rockhampton.

If an employee or volunteer is found to be on shift, whilst they have a duty of care to children and they are suspected of being under the influence of alcohol, disciplinary action will be taken. They will be dismissed if it is proven that they have a blood alcohol level above 0.00.

When reading the Standard Drinks Guide below, workers must take into consideration their own body size, their health and any medication they are taking when using the guidelines and consume less if they are aware of any effects.

### A GUIDE TO STANDARD DRINKS

<table>
<thead>
<tr>
<th>1 MIDDY (285 mL) Low-strength Beer (less than 3% alcohol/volume)</th>
<th>1 GLASS (100 mL) Wine (13% alcohol/volume)</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 0.5 Standard Drink</td>
<td>= 1 Standard Drink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 MIDDY (285 mL) Mid-strength Beer (3-4% alcohol/volume)</th>
<th>1 GLASS (60 mL) Fortified Wine (port, sherry) (16% alcohol/volume)</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 0.8 Standard Drink</td>
<td>= 1 Standard Drink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 MIDDY (285 mL) Full-strength Beer (4-5% alcohol/volume)</th>
<th>1 SHOT (30 mL) Spirits (60% alcohol/volume)</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 1 Standard Drink</td>
<td>= 1 Standard Drink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 CAN (375 mL) Full-strength Beer (4-5% alcohol/volume)</th>
<th>1 BOTTLE (330 mL) Alcoholic Soda (0.5% alcohol/volume)</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 1.5 Standard Drinks</td>
<td>= 1.5 Standard Drinks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 CAN (330 mL) Spirit + Soft Drink/Fruit Juice</th>
<th>1 BOTTLE (330 mL) Alcoholic Cola (4.5% alcohol/volume)</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 1.75 Standard Drinks</td>
<td>= 1.2 Standard Drinks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 BOTTLE (375 mL) Alcoholic Lemonade (4.2% alcohol/volume)</th>
<th>1 STUBBY (375 mL) Cider (4-5% alcohol/volume)</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 1.25 Standard Drinks</td>
<td>= 1.5 Standard Drinks</td>
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</table>

### Principle: 2 Drugs and Medication

An employee or volunteer has an obligation to make sure that they do not place at risk the health and safety of any person at the workplace, this includes their own and the public’s health and safety. DCEO does not condone or support the use, possession, or trafficking of illicit drugs or the misuse and abuse of prescription or other medication.

The consumption of drugs (legal or illegal) has the ability to affect the way in which employees are able to meet their duty of care to children in care. An employee or volunteer are not to consume, arrive at work under the influence or have in their possession, illicit drugs.

An employee or volunteer suspected of being under the influence of illicit drugs at work will be suspended immediately. An investigation will be initiated and if it is proven that the employee or volunteer has consumed or has in their possession an illicit drug, they will be dismissed. The police will be contacted regarding the employee or volunteer and will be informed of the matter.
Medication prescribed by a doctor may cause decreased mental or physical functioning of the body and drowsiness. Taking prescribed medication that has possible side effects with other drugs (i.e. alcohol) will increase the effects on the body. If such affects interfere with an employee or volunteer’s duty of care to children, the following procedures must be adhered to:

- The worker must notify their Nominated Supervisor and discuss the issue as well as possible side effects that could have the potential to affect their work performance;
- The worker must read the label or enclosed leaflet giving information about the drug. A label will usually state that the drug will affect a person’s ability to drive a car or operate machinery. There may also be a warning not to mix the medication with alcohol; and
- If the medication is available over the counter, that is without a prescription, or administered by a naturopathic practitioner, the employee must still seek information on the drug to ensure they are aware of any potential side effects that will influence their ability to execute their duty of care.

**Asbestos Procedure**

**Quality Area Procedure: Health & Safety**

**Ratified by: Approved Provider**

**Coordinating Responsibility: Nominated Supervisor**

**Legislation & Support Documentation**

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Asbestos is a substance that can have potentially fatal health effects. While asbestos is now banned from use, it was a component of thousands of different products used in the community and industry.

**Principle: 1 Identification of asbestos**

1.1 From November 2002 owners of buildings built prior to 1989 must arrange for a qualified person to inspect the workplace and provide an asbestos material report. The report must identify:

- If there is asbestos materials in any plant or building on site;
- If so, the type of asbestos, form and condition of the asbestos; and
- The health risks.

1.2 It is often very difficult to identify the presence of asbestos by sight. The only way to be certain is to have a sample of the material analysed by a laboratory. Sampling of anything suspected of containing asbestos is itself hazardous and should only be done by a competent person and analysed only in accredited laboratories. Only people who are competent in the identification of asbestos-containing materials (ACM) are permitted to carry out these tasks. Asbestos identified in the workplace must be recorded in a register of ACM.
1.3 Part 9 of the Asbestos Management Code requires that owners of workplaces must ensure all ACM in their workplace are identified. An owner must identify the location of all ACM and determine whether any inaccessible areas are likely to contain ACM identify the type and condition of the ACM. Warning signs and labels to identify ACM in the workplace should also be used to ensure that the asbestos is not unknowingly disturbed without the correct precautions being taken. If asbestos is identified the owner of the building must keep an asbestos register and make it available to all contractors who may be exposed to the asbestos by working on the site.

Principle: 2 Services

2.1 Services should speak to the Diocesan Catholic Education Office (DCEO), regarding asbestos.

2.2 Should any asbestos be present in the building the service should participate in the monitoring process and report any damage to asbestos to the principal or DCEO.

2.3 If contractors are engaged to undertake work in a service he/she must be informed of any places where asbestos is present.

2.4 If asbestos is damaged or if work will disturb asbestos material professional advice must be sought immediately to determine if alternative premises are required until the material is dealt with.

Chemicals & SDS Procedure

Quality Area Procedure: Health & Safety

Ratified by: Approved Provider

Coordinating Responsibility: Nominated Supervisor

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011

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Under the Work Health and Safety Act 2011, the employer has a duty of care to its employees and children/families, to ensure their safety.

Many substances may present as hazards at work. But if the hazards are known and understood, appropriate precautions can be taken so that they can be used safely.

Principle: 1 Safety Data Sheets

A Safety Data Sheet (SDS) will assist a workplace to gather necessary information to safely manage the chemicals.

The Nominated Supervisor or Work Health & Safety Advisor should ensure contact is made with the supplier to obtain a SDS. The SDS will state the chemical properties of the product and if it is hazardous.

Part 13 (Hazardous Substances) of the WorkHealth and Safety Regulation 2011 (the WH&S Regulations) provides that a supplier must provide a copy of a current SDS to a service and provide a copy of a SDS when requested.
Part 13 (Hazardous Substances) of the *WH&S Regulations* provides that a service must:

- obtain an SDS for a hazardous substance from the supplier;
- keep a register containing a list of all chemicals used at the workplace in conjunction with a copy of any SDS;
- take reasonable steps to ensure the SDSs are not altered other than by the manufacturer or importer; and
- keep the SDSs close to where the substance is being used.

The currency of SDS should be checked at least every 5 years.

**Principle: 2  Labelling**

Precautions need to be taken with all chemicals, the containers the substances are stored in and any instruments associated with the products. Therefore, Personal Protective Equipment (PPE) is to be used in accordance with SDS instructions.

Under Part 13 (Hazardous Substances) of the *WH&S Regulations* the suppliers are required to affix a label to a hazardous substance’s container. Further, it requires a service to ensure a label is affixed to a hazardous substance’s container and to ensure warnings are given about using chemicals.

If products are purchased in bulk and decanted for the purposes of dilution the Nominated Supervisor must ensure that the decanters are correctly labelled. A copy of the original label should be affixed to the decanter or a second label obtained from the supplier.

If a product is diluted the proportions must also be recorded on the decanted bottle.

**Principle: 3  Consultation on Chemicals**

Precautions need to be taken with all chemicals, the containers the substances are stored in and any instruments associated with the products. Therefore Personal Protective Equipment (PPE) is to be used in accordance with SDS instructions.

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**Principle: 4  Training**

An obligation is placed on Nominated Supervisor to give a worker, who may be exposed to a hazardous substance, induction and ongoing training about the substance and to keep a record of the induction and training for 5 years. The record of induction and training must include:

- the date of the session;
- topics dealt with in the session;
- the name of the trainer;
- the name of the workers who attended the session; and
- the signature of each worker who attended the session.

People who should be trained include:

- workers who may be exposed to a hazardous substance at work;
- supervisors of workers at risk from exposure to a hazardous substance;
- work health & safety advisors;
- Workers responsible for the purchasing of chemicals, control equipment, PPE and for the designing, scheduling, organisation and layout of work; and
- Those who have direct involvement in line or other emergency action.

**Principle: 5  Managing risks from chemicals**

In order for appropriate control measures to be developed, firstly all chemicals must be identified. Therefore each staff member, including the cleaner must make a list of **ALL** chemicals used by them at the workplace. SDSs should then be collected from the manufacturer/supplier for each product by contacting that manufacturer/supplier whose name will appear on the container. This will identify which chemicals are hazardous substances.

Enter all of the chemicals particulars into the *Chemicals/Hazardous Substances Register*. A template of this register is provided in the Appendix 1.

Risk assessments should then be completed on the spreadsheets provided in the Child Protection Policy. The Hierarchy on Controls (Risk Management Policy) must be applied.

As a preventative mechanism, staff should be advised to minimise the amount of chemicals used and stored in the workplace to minimise the number of risk assessments required.

Consultation with workers using chemicals is an effective way of assisting in identifying the level of risk – “significant” or “not significant”.

The risk assessments should be filed with the relevant SDS in the administration office. The location of each substance should be noted on the risk assessment. A copy of the risk assessment and SDS for each hazardous substance should be kept at the location where they are stored.

Where the same product is used consistently and not changed at a minimum every five (5) years this procedure should be repeated, using updated SDS obtained from the supplier. This is required by law in case products ingredients have changed. Where products are changed regularly, new staff members are handling the product or an incident has occurred, the risk assessment process will need to occur more frequently.

Ensure all staff including the cleaners and grounds persons and any other person who will use the substance at the workplace reads and familiarises themselves with the contents of the risk assessment and SDS for each product prior to them using the substance.

Before handing a SDS to any person who will be handling and using the substance, bring to the person’s attention these areas listed on the SDS:
- Health hazards;
- Precautions for use;
- First Aid treatment;
- What to do in the case of a spill; and
- Disposal methods.
Dealing with Infectious Diseases & Immunisation Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid Code of Practice 2004
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton aims to provide a safe and healthy workplace for staff and to minimising the risk of spreading of infectious diseases and ensuring appropriate management of illness, incident, injury and trauma in services.

To ensure that children are cared for in an environment, which incorporates practices, that minimise the risk of spreading infectious diseases, staff need to be kept up to date with information on best practice in minimising the risk of spreading infectious diseases and to minimise the risk of contracting contagious diseases and spreading infection to others.

Services should also notify families of exclusion periods for infectious conditions, through a poster displayed in the centre. Additionally, where a child has been diagnosed as at risk of anaphylaxis, a notice stating this must be displayed at the service. This notice needs to respect the child and family’s confidentiality.

Catholic Education – Diocese of Rockhampton aims to minimise the risk of spreading infectious diseases by encouraging staff at occupational risk to obtain vaccinations as identified by the National Health and Medical Research Council (in the most recent edition of Australian Immunisation Handbook). In addition to this the Nominated Supervisor will provide up to date information on both vaccine preventable and non-vaccine preventable diseases and safe work practices which will minimise the risk of spreading infection.

Please refer to the Diocesan First Aid Procedures for Catholic Schools & Services in the Rockhampton Diocese for detailed First Aid procedures.

Principle: 1 Immunisation for Staff

- All non-immune child care staff are encouraged to be vaccinated against: Hepatitis A and B; MR (Measles, Mumps and Rubella); Varicella (Chicken Pox); Pertussis (Whooping Cough)

- The staff member will be responsible for the upfront costs associated with the visit to their local general practitioner and the administration of any of the above vaccinations.

- During outbreaks of measles and whooping cough non-immune staff may be excluded from the centre for the period recommended by the National Health and Medical Research Council (NHMRC) as directed by QLD Public Health.

- Staff members are required to inform Nominated Supervisor as soon as possible if they are pregnant, and follow the recommendations of QLD Public Health.
• All staff members will be provided with up to date information about vaccine preventable diseases and non-vaccine preventable diseases.

• The Nominated Supervisor will support families in accessing factsheets on immunisation and disease prevention.

• Staff will be kept up to date with information available on minimising the risks of spreading infectious diseases through updates to policy and procedures.

• Good hygiene practices are essential in minimising the risk of spreading infection. Staff must take responsibility for following all hygiene policies and procedures.

• Exclusion Guidelines for infectious diseases are to be applied to both children and staff. After the exclusion period staff are required to provide a medical certificate stating that they are clear to return to work.

• Staff will be made aware of their responsibilities through the staff Induction process and staff handbooks.

**Principle: 2 Training of Staff**

• Staff must complete the Staff Information Kit Checklist – Staff Immunisation Schedule is to be offered to staff to complete at their discretion, as a part of the induction process.

• Staff are also to be informed of the location of all relevant documentation and that exclusion guidelines apply to staff as well as to children.

• Staff are supported in gaining appropriate first aid training through a qualified training organisation.

• Staff will be offered training by relevant diocesan personnel on request with regard to Health & Safety and Education & Care Services requirements.

**Principle: 3 Children Suffering from an Infectious Disease**

• A parent must not send a child to the centre if the parent knows or ought reasonably to know that the parent’s child has a contagious condition (s.161, Public Health Act 2005).

• Parents are required to inform the service/centre of their child’s immunisation status on the enrolment form. If the family objects, does not provide their child’s immunisation records or indicates that the child has not been immunised, the parents are to be informed that their child may, depending upon advice from the public health unit, be excluded from care during outbreaks of some infectious diseases (such as measles and whooping cough), even if their child is well.

• Parents are required to inform the Nominated Supervisor as soon as possible if their child/ren is suspected or diagnosed as having the symptoms of an infectious disease so staff may monitor and protect other children, parents and staff.

• If a staff member suspects that a child has a suspected prescribed condition then they are to advise the Nominated Supervisor immediately (s162, Public Health Act 2005). The Nominated Supervisor is to contact the Diocesan Catholic Education Office to inform the Diocesan Work Health & Safety Coordinator of the contagious disease. Advice will be sought from the Public Health Unit Medical Officer (PHMO) at Queensland Health.

• In such circumstance the Exclusion Guidelines are to be implemented. The Nominated Supervisor may advise at least one parent of the student suspected of having a contagious condition. The Nominated Supervisor may also advise the parents of their obligation not to send the student to the service (s 163 Public Health Act 2005).

• The service must notify the parent of their obligation to observe the prescribed period of time out of the centre for the child’s condition.

• The responsible person must keep written records of all advice received regarding contagious conditions.

• Parents are to provide a medical certificate stating the child no longer has a contagious condition or the prescribed period of exclusion has been fulfilled prior to the child returning to the centre.
• Where a child exhibits symptoms whilst in care the Nominated Supervisor will contact the parents to collect the child. Where the parents cannot be contacted authorised emergency contacts will be contacted to arrange the collection of the child.

• Parents are required to maintain current information of contact details at all times.

• In the case of non-school age children, parents are encouraged to maintain current immunisation information.

• When an outbreak of an infectious disease occurs, the service will display health alerts informing parents of disease and related symptoms. A notice must be displayed for all families at the entrance of the centre informing of the occurrence of the infectious disease (of a child or staff member) at the centre. This should be done in a manner that is not prejudicial to the rights of any child or staff member.

• The Nominated Supervisor may advise the parent of a child not vaccinated about the suspicion of a vaccine preventable condition. (If the Nominated Supervisor reasonably suspects that a child attending the service has a contagious condition that is a vaccine preventable condition, they may also advise at least 1 parent of a child who has not been vaccinated for the contagious condition and may be at risk of contracting the condition due to contact with another child who is suspected of having the vaccine preventable contagious condition - s,165, Public Health Act 2005).

• There are penalties under the Public Health Act 2005 exist for failure to act in certain circumstances and failure to heed a lawful direction.

Actions for vaccine preventable conditions

• if the contagious condition is a vaccine preventable condition and there is a reasonable suspicion that another unvaccinated child may be at risk of contracting the condition:
  
  • complete the required information within the Letter to Parent: Child who is not immunised against a contagious disease

• if the unvaccinated student continues to attend the service or the parent advises that they still intend to send the student to the centre, seek advice from either the Diocesan WH&S Coordinator in the first instance, PHMO or another doctor, e.g. the student's treating Medical Practitioner.

• At the conclusion of the contagious period, allow an unvaccinated student to be re-admitted if satisfied, on reasonable grounds, that the student is no longer at risk of contracting the condition

Information sharing with Queensland Health

• If requested, provide the PHMO with the following information:
  • the contact a particular child suspected of having a contagious condition has had with other children at the service;
  • names of all the children, including the child suspected of having had contact with the contagious condition
  • places and dates of birth of all these children
  • home addresses of all these children
  • contact details of a parent for each child
  • if the condition is vaccine preventable, advise whether the relevant children have been vaccinated against the contagious condition (if known)
  • request information held by Queensland Health regarding a child attending the centre where it is necessary for the management of a contagious condition at the centre e.g. whether the child has been vaccinated for a vaccine preventable condition.
**Principle: 4 First Aid** *(Also refer to First Aid Procedures)*

First Aid means the immediate care given to an ill or injured person until more advanced care arrives or the person recovers.

**Who will administer First Aid?**
A person with current anaphylaxis and asthma training, First Aid and CPR qualifications must be present at all times that the service is in operation. (Education & Care Services National Reg.). Where possible, the most experienced person will administer first aid.

**First Aid Sign**
The use of well recognized, standardized first aid signs assists people to easily locate first aid equipment and facilities. Examples of suitable signs should comply with AS13119-safety signs for the occupational environment.

**First Aid Equipment**
A first aid kit must provide for not only children, but also for staff in case of injury. *Refer to First Aid Procedures for detailed lists of suggested contents of first aid kits.*

**Record Keeping**
A first aid recording system should be maintained at the workplace for a number of reasons including:

- To identify areas or processes that are likely to give rise to injury
- To review safety procedures for preventing further problems
- To implement safer and healthier work practices
- To identify what and where first aid facilities are services are most needed
- For workers compensation purposes

**Staff:** A copy of the first aid record if possible, should accompany the injured or ill person if the person is transferred for medical treatment. A worker should be given a copy of their first aid record or have access to that record upon request. All staff must complete an incident report when they incur an injury in the workplace.

**Children:** The First Aid/Incident Register is to be used to record all first aid administered to children. The *DCEO Incident Report - Child* should be completed when the injury is considered to be of a serious nature or a head injury. The original record should be retained at the service.

At least one person with a current Senior First Aid/CPR and anaphylaxis and asthma training qualification must be present on site whenever a service is in operation.

**Emergency Contacts & Medical Plans**
All rooms should display:

- A list of emergency contacts for emergency services
- Individual Medical Plans required for the care of staff and children (the confidentiality of information regarding children and their families is to be considered in all cases)
- First Aid – Accident response plans: please consider the procedures outlined in the First Aid Procedure to inform these plans

**Principle: 5 Temperature Control - Illness**

**Temperature Illness and Procedure Recording Form** *(Procedures align to those advocated by Queensland Health)*

**Temperature Recording Form**
The Temperature Recording Form is to be used to track the temperature should a child exhibit high temperatures whilst in care. If the form is completed and the temperature has still not reduced, the parents are to be notified to come and collect the child. Please note, as body temperature is *only one indicator* of illness, it is important for educators to monitor all signs and symptoms before deciding on the most appropriate course of action.
**Monitoring**

If a child presents at or becomes unwell during the course of the session their symptoms are to be monitored for 30 minutes or for a shorter period as determined by the Nominated Supervisor (*see below for indicators of when to become concerned*). If they do not improve during this time, the parents should be contacted. Children who are unwell are to be placed in a quiet, comfortable space and monitored by staff. A sick bed, bean bag, comfortable chair, etc. may be used for this purpose. Should vomiting occur, the health and hygiene precautions for managing the clean-up of body fluids apply.

**Body temperature**

Body temperature is tightly controlled to allow the body to function normally. It is regulated by a part of the brain called the hypothalamus, which acts like a thermostat. Normal body temperature ranges from 36°C to 37.3°C and varies slightly with the time of day. In the evening, the temperature may be up to half a degree higher than it is in the morning. A temperature greater than 41.5°C is called hyperthermia. Hyperthermia is not fever it is caused by drugs, heat stroke or damage to the brain and is a medical emergency.

There are two main ways in which the body may increase its temperature; by increasing the amount of heat it produces (for example, by shivering) and by decreasing the amount of heat it loses to the surroundings (for example, ‘goose bumps’ and reducing the blood flow to the hands and feet).

There are a number of reasons why someone may develop a fever:
- infection (ie. bacteria, parasites, viruses)
- inflammatory conditions (eg. rheumatoid arthritis, inflammatory bowel disease)
- heat stroke
- malignancy
- drug side effect (eg. allopurinol, antihistamines, certain antibiotics)

**Signs and symptoms**

Signs and symptoms may vary depending on the reason why you developed a fever. Some of the more common associated symptoms and signs include:
- sweats
- rigors and Chills
- chattering teeth
- headache
- nausea

*When should I be concerned?*

Fever itself is not dangerous; it is part of the body's normal response to Infection/Inflammation, is beneficial and supports the immune system. However fevers can be a sign of serious illness so it is important to contact the child’s parent if you are concerned.

Other reasons to contact parents for the child to be collected include:
- failure to improve after three days
- worsening symptoms
- febrile convulsion/seizure
- confusion, lethargy, drowsiness
- a temperature greater than 40°C (38°C for 0-3-month olds and 39°C for 3-6-month olds)
- severe headache
- vomiting, neck stiffness, skin rash
- recent overseas travel

**Treatment**

Supportive treatment is also an important part of managing a fever. This includes maintaining hydration by drinking water regularly; as well as using physical aids such as a wet sponge, or cool fan to reduce the body temperature. However, it is important not to become too cold, as this will cause the body to trap more heat.

In all cases where a child presents with signs of illness, first aid procedures are to be followed.
Dealing with Medical Conditions
Procedure

Legislation & Support Documentation

Legislation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid Code of Practice 2004
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

This procedure is to assist in caring for children attending the service who have support needs and to aid in the provision of emergency care for children who become unwell during care due to a medical condition. The aim of this procedure is to implement best practice and management of specific conditions. It is aimed at raising the awareness of educators, in the administration of prescribed medications and first aid and the management of specific conditions.

By providing clear guidelines and expectations, educators working with children with support needs, can effectively implement management and procedures effectively. Services rely on and value the co-operation of parents, medical practitioners, health services and relevant agencies to support them in this role, and will work in conjunction with all stakeholders to ensure the needs of children are met.

First Aid and Medial Administration Procedures should be adhered to in conjunction with this procedure.

Principle: 1 Medication Administration

1.1 Staff must assist with the administration of prescribed medication or health care procedures to children who exhibit signs outlined in their individual health plans at the immediate onset of any symptoms. First aid or the administration of health care procedures in the event of an emergency is the responsibility of all personnel. Individual health plans and emergency response kits are required to be taken on all outings and excursions away from the primary place of care.

1.2 In the event of an emergency situation, all staff must be familiar with the location of:
- Individual health/management plans;
- Individual emergency response kits; and
- Emergency services/ambulance contact details (these should be predominately located close to phone)

1.3 Staff must follow hygiene and infection control procedures at all times.

1.4 Staff should take all reasonable measures to ensure that a child is not injured or made ill as a result of the administration of prescribed medication and/or health care procedures.

1.5 The services are encouraged to acquire life-saving medication such as inhaler & auto-injectors for anaphylaxis and asthma emergencies.

Services may access Asthma in Childcare for guidelines in the management of asthma: http://www.asthmafoundation.org.au/asthma_in_childcare.aspx. Only staff members who have appropriate qualifications to administer asthma relievers and anaphylaxis training will be able to purchase medication from a
pharmacy (Letters signed by principals/ Diocesan Workplace, Health & Safety Coordinator are available to purchase auto-injectors).

1.6 Services should consider the following procedures when administering medication to children:
- One staff member must have asthma and anaphylaxis training, especially in recognising and managing an emergency situation
- All staff should be familiar with individual health care plans
- The service is encouraged to have Asthma Emergency Kits available and accessible to staff so they can assist when needed
- The service should attempt to contact the child’s parents/carers where possible prior to the administration of life-saving medication. However, if this is not possible, as soon as possible. In emergencies, qualified staff should demonstrate duty of care in all instances – parents are asked to sign the Enrolment Form or Re-enrolment Form that authorises the use of life-saving medication.
- A record of the medication administration is to be kept at the service.

1.7 A child over preschool age may self-administer medication under the following circumstances:
- Written authorisation is provided by a person with the authority to consent to the administration of medication.
- The Nominated Supervisor provides authorisation for the child to self-administer medication (this will be done in consultation with families and educators).
- The child is supervised by an authorised educator whilst administering the medication unless otherwise stated by the medical practitioner on a child’s Individual Health Care/Management Plan.
- The child is required to notify an educator when medication has been self-administered.
- The educator records the child’s self-administration on the centre’s medical administration form and parents are informed.

**Principle: 2 Individual Health Care Plans**

2.1 An individual health care plan must be developed for any child as deemed necessary by an authorised medical practitioner:
- Diagnosed with severe asthma, type 1 diabetes, asthma, epilepsy or anaphylaxis; and/or
- Diagnosed as being at risk of an emergency; and/or
- Who requires the administration of health care procedures.

This procedure requires the family to provide their child’s individualised health/management plan, if one is required. It must be signed by an authorised medical practitioner. The family and service must negotiate what actions outlined in the individualised health/management plan are practicable and reasonable.

**Principle: 3 Parents Responsibilities**

3.1 Parents are expected to:
- Cooperate with the child care service; staff/carers in relation to health matters;
- Inform the service; staff/carers of the health needs of their child at enrolment or when health conditions develop and negotiate reasonable and practicable procedures to support the child in the setting;
- Provide details of triggers, possible triggers, and child’s reactions;
- Liaise with the child’s medical practitioner about the implications of any health condition and relay this information to the service, staff/carers (e.g. if symptoms presented during the night at home);
- Provide all prescribed medications to the service required by their child for management of the child’s health support needs, including replenishing medication which has expired, providing additional medication to ensure quantities are sufficient, and ensuring all devices and medication are clearly labelled with child’s name, expiry dates and dosage;
- Provide a signed (by an authorised medical practitioner) individual health/management plan for their child, updated annually or more often as conditions, medication, or treatment plans change. With regard to any individualised plans, they must be signed by a medical practitioner. Otherwise, in the event of an emergency first aid procedures will always be
Negotiate with the service, the positioning of any individual plans so that they are immediately accessible and visible to educators.

**Principle: 4 Additional Service Responsibilities**

4.1 The service is responsible for:

- Identifying children with health/management support needs during enrolment and informing parents of their responsibilities;
- Providing parents of children with health support needs with copies of the service *Dealing with Medical Conditions Procedure* for children with health support needs;
- Providing all staff/carers working directly with the child with a copy of the child’s individual health/management support plan;
- Maintaining an office identification chart showing photos, health support needs, triggers, and location of individual emergency response kits and contact details (parent/carer to sign to allow the plan to be placed in an accessible and visible position, otherwise kept in a confidential position for reference);
- Ensuring that individual emergency response kits are readily available and accessible to all staff/carers (keep away from direct sunlight, heat, and only refrigerate medication which needs to be). Kits must contain individual child’s medication, application devises, individual health care/management plans unless in location that can be viewed easily;
- Providing and/or encouraging staff/carers to undertake training in the administration of specialised prescribed medications and first aid;
- Promptly informing parents of any concerns about their child’s health;
- Informing parents of expired medication held at the service and regularly maintaining all components of the individual emergency response kits, (including cleaning devices after each use if required).

**Principle: 5 Additional Staff Responsibilities**

5.1 The staff are responsible for:

- Identifying and where practical, minimising triggers;
- Ensuring children are not left alone if their health deteriorates;
- Following immediately, individual emergency response plans if children at risk show any signs of their condition;
- Providing details to ambulance officers, parents or medical practitioners about child’s condition, treatment provided, time and type of medication administered (this may include writing on a child’s arm in marker pen the time medication was given, providing original packaging of medication provided, and copies of individual emergency response plan if required, to assist ambulance or medical staff in managing child’s condition ongoing);
- Administering medication as per medication procedures, and documenting details accurately;
- Following basic first aid and safety procedures, ensuring ongoing support is provided to the child through any emergency situation.
- Ensuring medication is inaccessible to children. However, medication for asthma and anaphylaxis is to be easily accessible to educators (or children over preschool-age if applicable).
Death of a Child Whilst in Care Procedure

Legislation & Support Documentation

Legislation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid Code of Practice 2004
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton aims to provide a safe and healthy workplace for all, minimising risk of incident, injury and trauma. If the tragic death of a child should occur whilst the child is in care, the service will do everything possible to support the parents of the child, the other children in the service, the staff and all those directly involved. Support and referral to appropriate agencies will be offered.

It is essential that the Nominated Supervisor or delegate notifies the Diocesan Director (as the Key Contact for the Approved Provider) as soon as is practicable after the event. The safety of the other children in care and the staff must be the primary priority.

Please refer to the Diocesan First Aid Procedures for Catholic Schools & Services in the Rockhampton Diocese for detailed First Aid procedures.

Principle: 1 Initial Response

- Please see the Emergency Response Procedure for the Diocesan Critical Incident Response Plan which will be put into place in the event of a child who dies whilst in an education and care service.
- The person with the highest qualification of first aid training will carry out first aid on the child.
- The Ambulance is rung as soon as possible.
- Parents of the child will be contacted and advised that a serious incident has occurred and that the ambulance has been called and their urgent attendance is required.
- Ensure the safety and well-being of all other children and staff.
- DCEO and the Office of Early Childhood Education & Care will be contacted as soon as practical.
- Preserving the site:

  All personnel must ensure so far as is reasonably practicable, that the site where the incident occurred is not disturbed until an inspector arrives at the site or any earlier time that an inspector directs.

  However, this does not prevent any action—
  (a) to assist an injured person; or
  (b) to remove a deceased person; or
  (c) that is essential to make the site safe or to minimise the risk of a further notifiable incident; or
  (d) that is associated with a police investigation; or
  (e) for which an inspector or the regulator has given permission.
• Resuscitation/first aid should continue until the Ambulance officers take over. If the child is confirmed as deceased, the Ambulance officers will support the people at the service and ensure the Police are notified.
• Removal of the deceased child is a Police decision and the timing of this will depend on the individual circumstances of the death and the notification of the child’s parents. It is the duty of the Police to advise the child’s parents (in person, not over the telephone) and every effort should be made to assist the Police.
• If the child is known to be a Catholic, the Priest should be urgently contacted to administer the last rites.
• Staff will be made aware of their responsibilities through the staff induction process.

**Principle: 2 Support will be offered to the Bereaved Family**

• On arrival at the service the parents of the deceased child may need time alone with their child and the staff should respect this need.
• The bereaved family may wish to travel in the Ambulance with the child to the hospital or the place where a post-mortem will be conducted. The staff may be able to assist with transport arrangements.
• Assistance, such as trauma counselling will be offered by the service to children, parents and staff through a diocesan appointed counselling service.

**Principle: 3 Continued Support for Families & Staff**

• Other children in the service may need to be collected or moved to another area in the service.
• Parents of the other children will be informed in person of the child’s death, on collection of their children by the a person designated by the Catholic Education Office.
• Some of the children in care may be aware of what has happened and may need help in understanding. Explanations given to the children should be discussed and agreed on between the parents and the staff.
• A Priest or Pastoral Worker should be contacted to offer support and assistance to children and parents.
• Assistance, such as trauma counselling will be offered by the service to children, families and staff.

**Principle: Reporting**

• A written record of the circumstances of the child’s death must be kept and retained for the required period. This written record should be signed by the Diocesan Director and remain confidential, subject to legal proceedings. A copy must be forwarded to Catholic Education Office as soon as possible.
• The Nominated Supervisor and Approved Provider must notify the Office of Early Childhood Education and Care (OECEC) immediately of the circumstances of the child’s death. Copies of the relevant reports, as directed by the OECEC, are to be forwarded to the Department as soon as possible.
• The Nominated Supervisor must notify Workplace Health and Safety Queensland immediately of the circumstances of the child’s death. A copy of the written record (Incident Notification Form 3) is to be forwarded to Workplace Health and Safety Queensland immediately.
• The Catholic Education Office is to notify Catholic Church Insurances.

**Principle: 5 External management**

• All communication with parties is to be conducted in consultation with the Catholic Education Office: Diocesan Coordinator Early Learning & Care, Media Department, Assistant Director Schools and Diocesan Director.
Legislation & Support Documentation

Legislation

- “Happy Teeth” Queensland Government; Queensland Health
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton is committed to providing a safe and healthy environment for all children and staff at the Centre. Our centres recognise the importance in establishing and reinforcing effective dental health care practices for each child.

Principle: 1  Programs Perspective Dental Health

The Nominated Supervisor will ensure staff, parents/carers are provided with appropriate, consistent and up to date information on the development and maintenance of good oral health for early childhood.

1.1. The centre will display and regularly provide dental health information and resources as it becomes available for all families at the centre.

1.2. Parents will receive information on both suitable and unsuitable food to provide for children

1.3. Appropriate food will be refrigerated and served at safe room temperatures.

1.4. Special occasions will be celebrated with a variety of healthy and treat foods.

1.5. Food awareness activities will be included in the children’s programs.

1.6. The centre resources will provide healthy pretend food resources to be utilised in the children’s play.

1.7. Only milk and water will be provided for children to drink.

1.8. Water will be available at all times and children will be encouraged to drink regularly.

Principle: 2  Staff Responsibilities

Suggested ideas that may be considered in a dental hygiene program:

2.1  Staff including teaching children about food and nutrition in the program.

2.2  Safe food handling throughout the centre.

2.3  Children will wash hands with liquid soap before handling food or eating.

2.4  Staff will wash hands before handling food.

2.5  An oral health program is implemented in all age groups at some time throughout the year.

2.6  The oral health program includes teaching children to “swish and swallow” with water at the end of a meal.

2.7  Staff may remind parents to have their baby’s teeth checked by a dental health professional from their first birthday.
2.8 Staff may provide puppets, dolls or toys that have teeth for children to play with.
2.9 There may be books about dentists and healthy food choices available for children when appropriate.
2.10 Posters depicting concepts such as visits to the dentist, health foods, fruits and vegetables displayed when available.
2.11 Information about appropriate use of bottles both age and routine related will be provided for staff and parents. The centre will discourage routines where children fall asleep with a bottle or sweetened dummy in their mouth as these practices can cause severe tooth decay (if applicable).
2.12 Dummies (if applicable) will be individually stored in labelled containers.

Principle: 3 Informing Families

Suggested ideas for communication with families

3.1 Centre staff to liaise with families to promote effective dental health practices.
3.2 Parents may be provided with information about how to prevent bottle decay.
3.3 Information to parents may include the importance of healthy foods, dental health checks, thumb sucking, use of dummies.
3.4 Strategies for tooth brushing in the home provided to parents if available.

Emergency Response Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- Building Fire Safety Regulation 2008
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues (through a risk assessment) and addressing such issues through the development and implementation of safety procedures.

To ensure the health and safety of all workers and any other person, the development of safety procedures are necessary and training in those safety procedures are essential for its effectiveness. Emergency procedures, where possible, should align with those of the service’s adjoining school, to ensure consistency for children. Practising of emergency lock down and evacuation will occur at least every three months in any given year.

These safety procedures include:
- Emergency procedures;
- Fire safety;
- General and Fire Evacuation;
- Lockdown.
A number of emergency situations may arise in a workplace including but not limited to bomb threats and suspected letters and/or packages. Therefore it is necessary that appropriate, adequate and effective emergency response procedures are planned, distributed, understood and rehearsed so that in the event of an emergency, people are prepared.

1.1 Emergency Contact List:
An Emergency Contact List is to be displayed near telephones. This list could include, but is not limited to:
- Local Police station (if available);
- Local Fire station (if available);
- Local Ambulance (if available);
- Poisons information;
- Diocesan Coordinator Early Learning & Care, Assistant Director Administration & Finance; Workplace Health & Safety Diocesan Coordinator;
- Ergon;
- SES;
- Local radio station nominated for updates on severe weather warnings and power outages.

1.2 Bomb Threats
In the event a person receives a bomb threat phone call, the following information should be obtained and recorded. The person answering the call should:
- Record the date and time of the call;
- Record the wording of the threat;
- Try to keep the caller talking;
- If possible, ask the questions on the checklist;
- Note any background noises or any other peculiarity which may assist in identifying the location from where the call is being made or any peculiarity which may assist in identifying the caller;
- Complete the Bomb Threat Received Form at the conclusion of the phone call; and
- Do not hang up the telephone even though the caller may have done so.

1.3 Reporting bomb threats (see Diocesan Guidelines)
Immediately after a “Bomb Threat” has been received, using another phone, report the matter to police on “000” and give:
- Your name;
- The location of which the bomb threat was received;
- The location you were at the time of reporting the bomb threat;
- The time the bomb threat was received;
- The full wording of the bomb threat;
- Any other information required by the police, this may be some or all of the information contained in the “Bomb Threat Received” form; and
- Ask the police if they want you to initiate an evacuation of any or all buildings on site and the termination of this telephone call.

1.4 Further Action
After the police have been advised and the police have requested that an evacuation should be carried out, that person should:
- Contact a person in a position of authority or responsibility and advise of the receipt of the bomb threat;
- Request that an emergency evacuation from the building/s under the person’s control is organised and that all persons evacuating go to a nominated Emergency Assembly Area and wait there until advised otherwise by police; and
- Keep the Bomb Threat Received Form with you when vacating the building.

1.5 Suspect letters/package
In an instance where a letter or package suspected of containing hazardous materials has been received at the office or workplace, the following procedures are to be carried out:

- Do not handle or disturb the letter or package;
- Do not endeavour to clean up any powder or substance that may have fallen from the letter or package;
- Hold your breath, move from the area and close the door behind you;
- Keep your hands away from your eyes, mouth and ears;
- Alert any other persons present;
- Wash your hands and arms thoroughly;
- Turn off fans and air conditioning, if possible;
- Immediately advise your supervisor/manager;
- Contact the Queensland Fire and Rescue Service (Q.F.R.S) – telephone “000” and advise that you have a letter or package suspected of containing hazardous materials;
- Do not return to the area where the suspect item is located;
- On arrival of the Q.F.R.S advise them of the circumstances; and
- At no time where a suspect item has come into your possession, are you expected to take any action other than advise the Q.F.R.S.

1.6 Recognising suspect items
The following may assist in recognising suspect items:
- Proper names and title not or incorrectly used;
- Address is handwritten or poorly typed;
- Restrictive markings e.g. “CONFIDENTIAL”;
- Common words misspelt;
- European or foreign mail; or
- Lacks address of sender.

Principle: 2 Fire Safety
The owner/occupier of a building has various obligations for the safety of staff and other persons in that building in the event of a fire or fire alarm.

A fire evacuation floor plan, site map and fire evacuation procedures are an essential part of fire safety training for staff. An emergency plan must be developed and implemented. A person in authority should contact the local fire service and discuss fire prevention, fire alarm and fire evacuation procedures, relevant to that service.

A Nominated Supervisor must give to every person employed in the building instructions on the procedures and means of evacuation and the location and method of operation of a fire extinguisher and fire alarms. (See below).

2.1 Procedures to ensure fire safety
The following are procedures in ensuring fire safety:
- Ensure the provision of maintenance and testing of the fire protection devices such as fire extinguishers, fire hoses, exit signs, emergency lighting, smoke detectors, fire panels and fire alarm devices that can be heard clearly;
- Ensure that records are kept and maintained when checks of fire installations and equipment are carried out;
- Ensure staff is trained in the use of fire extinguishers, fires hoses, fire alarms and evacuation procedures;
- Install smoke detectors throughout the building where advised by fire service personnel or a fire prevention company;
- Ensure that an emergency evacuation floor plan/s is/are prepared and displayed at the exits of all approved buildings. Ensure that the evacuation plan highlights where the fire protection devices are located.
- The plan and procedures are to be made known to each new worker within one month of the day on which that person commences work; and
- **Evacuation and emergency drills are to be carried out at least each site every 3 months;** and
- Evacuation and emergency drills are to be recorded and evaluated.
2.2 Procedure to report a fire
The procedure to report a fire to the Queensland Fire and Rescue Service (Q.F.R.S) are as follows:

- Telephone or tell another person to immediately telephone the Q.F.R.S on "000";
- If the fire is in progress at the time of making the telephone call, the person making the telephone call must:
  - Give his/her name;
  - State that there is a fire at the particular premises – by name;
  - Give the nearest street entrance to the location of the fire;
  - If it is know that any person/s are trapped by the fire, advise the fire service in which part of the building the person/s are trapped;
  - State there is or is not any person injured by the fire known at the time of making the call; and
  - State whether or not a complete evacuation has been made from the premises or whether or not an evacuation is in progress at the time of making the call.
- If the fire has been extinguished, the person making the telephone call must advise the fire service that a small fire has been extinguished or an attempt is being made to extinguish a small fire. If a small fire has been extinguished, the fire service will attend and investigate to ensure the fire scene is safe;
- The Q.F.R.S should advise the Ambulance which should be confirmed at the time of reporting the alarm/fire;
- The nominated person, after advising the Q.F.R.S will go to the Assembly Area and await the arrival of the Q.F.R.S;
- On arrival of the fire service, the nominated person will advise the officer in charge
  - if there has been a complete evacuation of the building
  - if an evacuation of the building is still in progress
  - if there is any person who still cannot be accounted for and where that person was last seen
  - if there is any injured person/s and the location of the injured person/s;
- After having evacuated the building no one should return to the scene of the fire; and
- All persons are to remain at the Assembly Area until directed otherwise by the officer in charge of the fire service.

2.3 Fire Extinguishers
Each fire extinguisher is to be located in a prominent place and readily accessible within the building. Fire extinguishers are NOT to be located in positions where they cannot easily be seen and/or where it is not easily accessible. Where practicable, extinguishers should be located along normal paths of travel and near exists. Where the possibility of dislodgement and damage exists, the extinguisher may be located at a height greater than 1.2 metres, provided that accessibility is maintained.

Extinguishers in and around buildings shall:
- Have their locations clearly indicated by the appropriate signage;
- The signs are to be mounted at no less than 2 metres above the floor level, or at a height that makes them apparent to a person of average height; and
- The extinguisher location sign shall be clearly visible from a distance of up to 15 metres in all directions of approach.

The procedures for the use of a fire extinguisher are as follows:
- Remove the fire extinguisher from the wall cradle;
- Place the fire extinguisher on the ground and remove the safety pin;
- Hold the hose facing the fire;
- Give a short test burst of the fire extinguisher to ensure that it is working correctly;
- Approach the fire and operate the fire extinguisher using the sweeping action at the flames;
- Stay between the doorway and the fire to allow quick egress in the instance that the fire suddenly erupts or cannot be extinguished with the fire extinguisher;
- Do not get too close to the fire; and
- Continue using the extinguisher until the fire is extinguished.

The fire service will attend in response to the initial call and inspect the fire scene before the “all clear” can be given that the fire is completely extinguished.
Remember
After a fire extinguisher has been used it is not to be put back in the wall cradle or wherever it had been kept. Also it is to be labelled as “used/empty” and it is to be refilled by a certified fire fighting service/company as soon as possible.

2.4 Evacuation Procedures
When a fire alarm sounds or a fire is detected in a building all persons are to immediately evacuate the building by the nearest approved FIRE EXIT and go to the nominated Assembly Area. Reference should be made to the Evacuation Floor Plan and Site Map.

2.5 Record Keeping
Records must be kept of any fire, fire alarm, fire safety training, fire evacuation drills, fire safety equipment installed, portable fire fighting equipment and maintenance of that equipment. A Certificate of Maintenance – Annual Declaration should be completed. This form is located in the Appendix.

The fire safety training records must show:
- The date of the training;
- The training officer/person;
- The contents of the training program;
- The names of the attendees;
- The signatures of the attendees; and
- The location/site where the attendees work.

In addition the following must be kept:
- A list of fire safety installations (displayed); and
- A completed annual occupiers statement; and
- A certificate of classification (9B) (displayed); and
- A maintenance log book completed for each maintenance visit.

All of these records must be kept on site and also a copy of these records should be kept off site.

Principle: 3 General and Fire Evacuation
Nominated Supervisors must maintain a plan of action to be taken in the event of an emergency or a fire. They must provide adequate instructions to people working or residing in the building concerning general and fire evacuations.

The Nominated Supervisor must give to every person employed in the building instruction on:
- The procedures to be followed in the event of an emergency; and
- The means of escape from the building in the event of an emergency.

Nominated Supervisors must ensure staff are instructed in the following:
- Evacuating children;
- Collecting roles and staff sign on sheets to ensure all are evacuated;
- Instructing members of the public/parents to exits;
- Marshalling everyone to a safe place (assembly area);
- Checking whether all the persons are present at the assembly area; and
- If any members of the public are found not to be present at the assembly area – report that fact to the Nominated Supervisor.

All staff must be instructed in evacuation procedures once every 12 months. New staff must be instructed in evacuation procedures within 24 hours of commencing employment.

It is compulsory for the Nominated Supervisor is to provide and maintain:
- A safe means of escape; and
- Unobstructed egress from emergency exists; and
- Fire fighting equipment such as fire extinguishers, blankets and hoses; and
- Exit signs, emergency lighting and fire doors; and
- Emergency evacuation diagrams and emergency evacuation plans (displayed); and
- Records of fire training for current and new staff; and
- Testing & recording special fire services, i.e. manual call points, fire alarms, fire panels and smoke detectors; and
- The security of records.

3.1 Duties of Owner/Occupier

3.1.1 Means of Escape

Nominated Supervisors must maintain, at all times, a means of escape in the event of an emergency which is free from obstruction. Nominated Supervisors must ensure that no object is placed or allowed to remain in the path of travel to an exit and that no vehicle is parked or allowed to stand in the path of travel from an exit leading out of the building for a distance of 2 metres.

Also while any person is within the building, every exit door leading from the area that the person is working in can be easily and quickly opened from the inside.

3.1.2 Evacuation Plan

Nominated Supervisors must:
- Maintain at all times a plan of the action to be taken by persons within the building in the event fire threatening the building to ensure their own and other persons safety; and
- Provide adequate instructions to persons working or present in the building concerning the action to be taken by them in the event of fire threatening the building in order to ensure their own and other person’s safety. This means ensuring children are aware of evacuation procedures (as age appropriate).

Nominated Supervisors must also give to every person working in the building instructions on:
- The procedure to be followed in the event of a fire;
- The means of escape from the building in the event of a fire; and
- The location and method of operation of fire fighting equipment and fire alarms or equipment for warning of fire.

These instructions must be given immediately upon commencement of working and instructions repeated at intervals of not more than twelve months.

Principle: 4 Lockdown

Lockdowns drills are to be performed at least every 3 months and recorded and evaluated.

N.B.: This procedure is to be used only when the threat is away from the building. If the threat is in the facility, lockdown must take place in an alternative location. If the threat is in the facility follow the fire evacuation procedure in the initial instance and then implement the lockdown procedure once an alternative location has been identified.

Lockdown procedures are designed to secure staff and children in the case of potential threats such as:
- Bad weather
- Toxic spills
- Livestock or dangerous animals on the loose
- Dangerous persons.

Once a threat has been identified these procedures will follow:
- Notify all staff immediately of the situation in a calm and quiet manner.
- All children are to be escorted inside the centre and are to remain there until “all clear” announcement is made.
- Roll call and locate missing children.
- All doors and windows, including service entrances are to be locked.
- Emergencies services called.
- Do not answer any knocks on the door.
• Do not use the phone except to contact emergency services or in case of medical emergencies. If it is vital that parents or other potential visitors (other staff, deliveries, etc.) are notified use mobile phones or alternative extensions and leave main line clear. (Costs incurred by individuals will be reimbursed by the employer upon presentation of invoice)
• “All clear” announcement is to be made only when the threat has passed (as in case of bad weather) or when instructed by appropriate authorities/emergency personnel.

**Principle: 5 Emergency Planning for Severe Weather**

5.1 The following items are recommended in case of severe weather:
- Torches;
- Battery operated radio;
- Spare batteries for both the above;
- Alternative to cordless phone (e.g. charged mobile);

5.2 Services are to ensure that a hard copy of the parent contact list is printed and available in case of power failure.

5.3 Should severe weather be forecast staff are to monitor the progress and implement Lockdown Procedures as necessary.

**Principle: 6 Unwelcome Visitors**

All services need to consider a course of action should a person present at the service and present a threat to staff or the children and their families. Below are some of the areas to consider. Once a plan is developed it should be practised in the same way as lockdowns and evacuations.

6.1 Ensure that the service always operate within ratio. It is recommended that services have access to 2 staff present regardless of how many children remain at the end of the day.
6.2 Identify points where such a person may gain entry to the room/building/space? Is there another access other than the main door?
6.3 Identify how children would be moved to a safer location and where this would be?
6.4 If threatened, how could other staff be let know of the difficulty and possible need for assistance without inflaming the person? Some suggestions include a code word or colour card system (yellow – stay close; orange – remove children to safe place; red – call for assistance such as the associated school, DCEO or police).
6.5 Have staff been trained to both supervise children and also be aware of what is happening around them (e.g. in the office)?
6.6 Do staff know if particular concerns exist (e.g. stranger loitering around the school, custody issue, etc.) and how are they alerted if that person enters the premises?

6.7 Plan for multiple scenarios, for example:
- How would other staff alert police or others on site that assistance is required if one member of staff and the person are in the office?
- If there are only 2 staff left towards the end of the day what would happen do if the one staff member was doing a toilet run? How would they be alerted about the risk in the room?
- What if staff and children are in more than 1 area? What if the situation does not involve the Nominated Supervisor in the main room, but another staff member elsewhere with children?

6.8 Additional if Working Alone:
- Is a one person plan “1 Person Plan” in place for that time of day?
- If so does it cover how a visitor who may pose a threat will be handled as a part of the risk management process?
- How would the 2nd person on site be alerted them that the staff member needs assistance?
- How would contact with the police be made if assistance is required?
- How would children be moved to a safer place?
(Please note that very few of services operate with these plans in place – the preference is that two staff are available for immediate contact when children are in attendance.)

Principle: 7 Critical Incident Procedures

This principle aims to support the Diocesan Policy on Critical Incident Management. It provides services with a plan that assists them in preparing for and responding to emergencies and critical incidents.

7.1 DEFINITIONS
A critical incident is “any event which has a stressful impact, sufficient enough to overwhelm the usually effective coping skills of either an individual or a group”.

Critical incidents may include, but not be restricted to:
- natural disasters e.g. cyclones, floods, bushfires.
- industrial accidents e.g. chemical spill, explosion.
- incidents relating to school activities e.g. bus accidents, fire.
- death of a student of staff member.
- hostage situations or incidents resulting from child custody issues.
- incidents involving the use of drugs, illegal substances, unsanctioned substances.
- public displays of aggression or physical violence towards members of the school/college community.

7.2 OVERVIEW
Services need to take action to prepare for and prevent emergencies and critical incidents. This would include:
- identifying on-site and off-site situations that have the potential to become emergencies or critical incidents that would affect site operations;
- determining, with other agencies (e.g. Local council, QFRS), potential risks associated with particular situations;
- using risk management practices to assess the potential risks and develop mitigation strategies;
- implementing the Critical Incident Management Plan (see below) that considers the management of foreseeable risks;
- communicating the plan to all staff;
- in-servicing of potential Critical Incident Management Team members;
- training for all staff in evacuation and lock-down procedures; and
- testing and modifying the plan annually.

7.3 Critical Incident Plan Development Guidelines.
A  BE PREPARED
- Communication Systems
- Clear Role Allocation
- Risk Management Procedures
- Evacuation and Lockdown Procedures
- Media Management
- Involvement of Community in Drills

B  SURVIVE
- Access the situation
- Take appropriate safety precautions
- Assist those in danger
- Evacuate or Lockdown
- Contact emergency services
- Administer First Aid
- Contact DCEO or Nominated Supervisor/AD Schools/ Diocesan Coordinator Early Learning & Care/ Workplace Health & Safety Diocesan Coordinator/ Student Protection Diocesan Coordinator

C  IMMEDIATELY
- Account for everyone
- Ensure continuing safety
- Activate Critical Incident Response Plan
- Establish facts & verify information
- Activate Critical Incident Management Team

D  ONCE SAFETY ASSURED
- Notify family & staff affected
- Identify ‘holding and briefing’ area
- Re-assess need to evacuate to off school site
- Document facts
Convene staff meeting
Inform students
Contact WH&S & CCI

E  WITHIN 24 HOURS

- Prepare for counseling
- Update and document facts
- Share updated information
- Plan normal routines
- Facilitate media communication
- Distribute letter for parents/community
- Contact others
- Debrief & plan for next day

F  BEYOND 24 HOURS

- Ongoing debriefing and follow up
- Encourage everyone to access support
- Monitoring survivors
- Preparing formal report for DCEO
- Supporting absent staff/students
- Planning for return of injured staff/children
- Planning for formal proceedings
- Creating awareness of community
- Accessing specialist health providers
- Recognizing different cultural responses and needs
- Planning for a ‘closure’ event for those concerned
- Review & modify Critical Incident Management Plan
- Anniversary dates
Legislation & Support Documentation

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011

Well planned excursions have the potential to provide enjoyment, stimulation, challenge, new experiences and a meeting point between the Service and the wider community. Catholic Education – Diocese of Rockhampton considers that excursions need to be planned carefully to ensure that they are appropriate for the age and development of participating children. A risk assessment will be completed before any proposed excursion is approved and written parent permission will be obtained before children are taken on excursion.

Principle: 1 Prior to the Excursion

1.1 When planning excursions, educators will take into account children’s age, interests, abilities, as well as the whether the cost of venues and transport is reasonable for families.

1.2 The supervisor or organising educator of the planned excursion will visit the proposed venue and conduct a risk assessment ahead of schedule. As per ‘101 (2) Conduct of risk assessment for excursion’ of the National Regulations, the risk assessment must consider the following:

- The proposed route and destination for the excursion
- Any water hazards
- Any risk associated with water-based activities
- The transport to and from the proposed destination for the excursion
- The number of adults and children involved in the excursion
- Given the risks posed by the excursion, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required (e.g. lifesaving skills)
- The proposed activities
- The proposed duration of the excursion
- The items that should be taken on the excursion (e.g. mobile phone, emergency contacts)

1.3 The management committee will approve all excursions.

1.4 Once the risk assessment has been completed and the excursion has been approved, parent permission forms will be required to be signed by a parent or guardian (named in the child’s enrolment record as being able to authorise their child being taken outside the education and care premises by an educator) prior to their child/children participating in the outing. As per ‘102 (4) Authorisation for excursions’, the parent’s written authorisation must include:

- The child’s name
- The reason the child is to be taken outside the premises
- The date the child is to be taken on the excursion (unless the authorisation is for a regular outing)
- A description of the proposed destination for the excursion
- The method of transport to be used for the excursion
• The proposed activities to be undertaken by the child during the excursion
• The period the child will be away from the premises
• The anticipated number of children likely to be attending the excursion
• The anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion
• The anticipated number of staff member and any other adults who will accompany and supervise the children on the excursion
• That a risk assessment has been prepared and is available at the service

1.5 If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period.

**Principle: 2  During the Excursion**

2.1 The following items will be taken on all excursion and be readily accessible to educators at all times:
- First aid kit and medical devices as required
- Attendance record/roll and staff roster
- Emergency contact numbers/ enrolment forms
- A telephone or access to one

2.2 During the excursion the following suggested control measures are to be enacted:
- Educators in charge of groups call roll at assembly area (ensure all contact and medical information is attached to roll).
- Remind children to keep personal belongings still while moving to the bus.
- Escort groups to the bus.
- Count students onto bus.
- Record the number of students entering the bus.
- Head counts will be made at regular intervals and when moving from one area to another.
- Clear instructions given re behaviour expectations on bus – stay seated, wear seatbelts, noise level, arms inside windows etc.
- Enforce these expectations.
- Before disembarking the bus, establish a safe area for children to alight and gather for further instructions.
- On arrival at venue (or before if students are familiar with the venue) children are informed of the boundary areas. ‘No Go’ zones are explicitly explained. Procedures for gaining permission and staying with partner/ group to go to toilets/ filling water bottles are clarified. These procedures will depend on the venue and other circumstances specific to the occasion.
- Nominated Supervisor is to assess the venue for any hazards.
- Emergency plans for the venue are to be clarified with all participants on arrival.
- Sun smart requirements are enforced.
- All participants are made aware that closed-in footwear is recommended.

2.3 If the groups are separating:
- Assembly area if separated from the group should also be clearly articulated to children and adults.
- Correct ratios are to be adhered to at all times.
- Contact details of the Nominated Supervisor are to be made available to all responsible adults supervising.
- Contact numbers and medical history/ identified needs e.g. children with special needs are kept with Nominated Supervisor – if a child requires specific and regular medical treatment/ management plan, copies of medical information & plan should be provided to the child’s responsible adult.
- All responsible adults are to have a first aid kit or mobile phone (depending on venue)
2.4 Educators will supervise children, ensuring that educator/child ratios are maintained at all times. Children will not be left in the custody of adults outside of the proposed excursion ratio. This includes in toilets and change rooms.

2.5 Educators will assess that each environment is safe for use before allowing children access to it.

2.6 The service camera will be taken on the excursion for educators to record and document children’s experiences.

2.7 In the event of injury during an excursion, procedures as set out in the Illness, Injury and Incident Trauma Procedure will be followed.

Principle: 3  After the Excursion

3.1 At conclusion of activities participants gather at assembly area for head count.
3.2 Remind children to keep personal belongings still while moving to the bus.
3.3 Escort children to the bus.
3.4 Call out individual names of children as they enter the bus.
3.5 After arriving at the service, establish the area children will gather after leaving bus.
3.6 Escort children to the certified space.
3.7 The excursion will be reviewed and evaluated to ensure learning outcomes were met.

First Aid Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid Code of Practice 2011
- Education Queensland’s – HLS-PR-003: First Aid
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Principle: 1 Definitions

First Aid
First aid in the workforce is the provision of emergency treatment and life support for people suffering injury or illness at work.

First Aider
A person who has undertaken a first aid training course is to provide initial first aid care to the ill or injured. Staff members are to complete annual updates in CPR, asthma and anaphylaxis training (ACECQA recognised qualifications).
First Aid Code of Practice 2011
The First Aid Code of Practice 2011 provides practical guidelines on meeting the requirements under the Workplace Health and Safety legislation.

Principle: 2 Responsibilities

2.1 Nominated Supervisor is required to:
- Ensure that a first aid risk assessment has been conducted for the service.
- Appoint first aid personnel who have been trained by a qualified training organisation.
- Provide employees with practical instructions on the nature of first aid facilities in the workplace.
- If serious non-compliance occurs in a service located on a school site e.g. a kindergarten or long day care centre, the Approved Provider informs the associated school principal so they are made aware of the matter.
- Notify the regulatory authority and Diocesan Coordinator Early Learning & Care of any serious incidents within 24 hours of notification of:
  - the death of a child while attending a service, or following an incident while attending a service
  - any serious incident involving injury, trauma or illness of a child where urgent medical attention was sought, or should have been sought
  - an incident at the service premises where the attendance of emergency services was sought, or should have been sought
  - a child who appears to be missing or cannot be accounted for
  - a child who appears to have been taken or removed from the service premises in a way that breaches the National Regulations, or
  - a child who is mistakenly locked in or locked out of any part of the service premises.

2.2 First Aiders Responsibilities

First aiders undertake the initial treatment of people suffering injury and illness. The treatment provided by first aiders should be consistent with their training and competency. The first aider should arrange for the prompt and appropriate referral for casualty who requires further treatment. When in doubt a first aider should recommend that an employee seek medical advice. The most qualified first aider, where possible, should perform the first aid. At least one person with a current Senior First Aid/CPR and anaphylaxis and asthma training qualification must be present on site whenever a service is in operation.

2.3 Record Keeping

A first aid recording system should be maintained at the workplace for a number of reasons including:
- To identify areas or processes that are likely to give rise to injury
- To review safety procedures for preventing further problems
- To implement safer and healthier work practices
- To identify what and where first aid facilities are services are most needed
- For workers compensation purposes

Staff: A copy of the first aid record if possible, should accompany the injured or ill person if the person is transferred for medical treatment. A worker should be given a copy of their first aid record or have access to that record upon request. All staff must complete an incident report when they incur an injury in the workplace.

Children: The First Aid/Incident Register is to be used to record all first aid administered to children. The DCEO Incident Report - Child should be completed when the injury is considered to be of a serious nature or a head or neck injury. The original record should be retained at the service.

2.4 Emergency Contacts & Medical Plans

All rooms should display:
- A list of emergency contacts for emergency services
- Individual Medical Plans required for the care of staff and children (confidentiality should be maintained at all times for the child and family) signed by a medical practitioner
- First Aid –Accident response plans: please consider the procedures outlined in the document to inform these plans
2.5 First Aiders

The number and competencies of first aiders will vary between workplaces depending on several factors. There must be one qualified first aider present whilst the service is operational.

Prospective first aiders should be:

- Staff who show evidence of enthusiasm and a capacity to deal with injury and illness
- Able to relate well to other staff
- In reasonable health
- Able to exercise sound judgement especially in relation to the need to involve other support services
- Able to be called away from their ordinary work at short notice
- Appointed to this role by their own, free will

There must be sufficient first aid personnel for all areas with consideration given to child-educator ratios, after hours and excursion requirements.

2.6 The First Aid Qualified Personnel Register.

Nominated Supervisors are required to maintain a register of qualified first aiders in their service. The register shall be displayed in a central area and contain first aider names, first aider locations, contact numbers, qualifications, dates of certification and dates of expiry.

<table>
<thead>
<tr>
<th>First Aid Register Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Location</td>
</tr>
<tr>
<td>Contact No</td>
</tr>
<tr>
<td>Annual CPR completion date</td>
</tr>
<tr>
<td>Anaphylaxis completion date</td>
</tr>
<tr>
<td>Asthma training completion date</td>
</tr>
<tr>
<td>Certificate No.</td>
</tr>
<tr>
<td>Expiry date</td>
</tr>
<tr>
<td>First Aid Trainer</td>
</tr>
</tbody>
</table>

2.7 Confidentiality

If first aiders have been advised that persons in their workplace have medical conditions they are required to treat such information in the utmost confidence. Such information may only be revealed to the appropriate personnel, should a medical emergency occur.

2.8 Infection Control

First Aiders are required to follow infection control guidelines to minimise the transmission of infection. It is recommended that first aiders be immunised against Hepatitis B.

2.9 Employee Awareness

The names of first aiders and their contact numbers should be displayed in a central location. All new employees must be informed of who the area first aider is and how first aiders can be contacted.

2.10 Minimum Requirements

The Nominated Supervisor is to determine what are the appropriate first aid facilities and suitably trained people. Consideration should be given to the following factors:

- Size and layout of the workplace
- The number and distribution of employees including arrangements field trips and excursions.
• The nature of hazards and the severity of the risk  
• The location of the workplace from medical attention  
• Known occurrences of accidents or illness.

**Principle 3: Guidelines – First Aid Kits**

Catholic Education conforms to guidelines adopted by Education Queensland concerning first aid kits.

### 3.1 First Aid Kits

- The first aid container should be prominently displayed easily recognised with a white cross on a green background, accessible and the contents protected against dust and damage.
- **The first aid kits should not be locked.**
- The location of each kit shall be signposted.
- First aid kits need to be easily accessible where children are present.
- Workplaces require a first aid kit that caters for the number of children at the service as well as other portable first aid kits to ensure accessibility where children and adults are present.
- When staff/students are off-site and undertaking an activity likely to require first aid e.g. excursions, access to an appropriately stocked first aid kit, first aid personnel and emergency communication (e.g. mobile phone) is necessary (it is necessary for each group of children during excursions to have a mobile or phone contact).
- First aid kits should be clearly identified by a suitable sign or label (i.e. white cross on a green background). These signs can be purchased or can be constructed to comply with Australian Standard AS 1319 - Safety Signs for the Occupational Environment.

### 3.2 Restocking of First Aid Kits

The Nominated Supervisor ensures that the first aid kits are maintained by a staff member or engaging the services of an outside supplier. The maintenance of first aid facilities and kits including checking and restocking of first aid kits is to be completed at regular intervals. The recognition and reporting of deficiencies to ensure prompt reorder the contents.

### 3. Contents

- Contents of first aid kits should match the types of injuries and illnesses likely to occur in the workplace or particular educational setting as well as the number of students/staff.
- Where a risk assessment shows there is a need for extra first aid kits and certain first aid requirement such as first aid rooms and/or first aid personnel, these should be made available.
- The minimum content requirements for the main first aid kit at a school/workplace are listed below.
- Prescribed medications should be kept in a secure place and not in the first aid kit.
- A list of emergency contact telephone numbers should be kept with the kit (e.g. emergency services, hospital, poisons information centre, local Queensland Health Public Health Doctor, for the nearest ambulance service, the Poisons Information Centre and other emergency services (e.g. aero-medical evacuations) should be kept with the first aid kit.

<table>
<thead>
<tr>
<th>Suggested Minimum Requirements for a First Aid Kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gauze pieces sterile 7.5cm x 7.5cm, packets of 3</td>
</tr>
<tr>
<td>Burn dressings, dry, non-adhesive, small</td>
</tr>
<tr>
<td>Burn dressings, dry, non-adhesive, large</td>
</tr>
<tr>
<td>Eye pads, sterile</td>
</tr>
<tr>
<td>Conforming bandages, 2.5cm</td>
</tr>
<tr>
<td>Item</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Conforming bandages, 5cm</td>
</tr>
<tr>
<td>Would dressing, no. 14 (medium)</td>
</tr>
<tr>
<td>Crepe bandages, 7.5cm</td>
</tr>
<tr>
<td>Triangular bandages (cotton)</td>
</tr>
<tr>
<td>Elastic dressing strips (hypo-allergenic), 4cm width x 1m packets</td>
</tr>
<tr>
<td>Adhesive tape (hypo-allergenic), 2.5cm width x 1m packets</td>
</tr>
<tr>
<td>Adhesive dressing strips (hypo-allergenic) packets of 50</td>
</tr>
<tr>
<td>Scissors, stainless, 12.5cm, sharp end, angle type</td>
</tr>
<tr>
<td>Safety pins, assorted sizes, packets of 12</td>
</tr>
</tbody>
</table>

### 3.4 Additional Contents

The following table provides a guide to additional contents needed to match the types of injuries and illnesses likely to occur in particular settings.

<table>
<thead>
<tr>
<th>Type of Hazard</th>
<th>Additional Contents</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burn Injuries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flammable liquids</td>
<td>Burns dressings (non-stick / assorted sizes)</td>
<td>Cold water and clean sheeting should be available</td>
</tr>
<tr>
<td>Corrosive chemicals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-ionising radiation (e.g. ultraviolet light)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Hazard</th>
<th>Additional Contents</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Injuries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All eye injuries</td>
<td>Sterile eye pads and non-stretch adhesive tape</td>
<td>Injured eye should be covered prior to medical treatment</td>
</tr>
<tr>
<td>Disposal eye wash (at least 100mls)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Hazard</th>
<th>Additional Contents</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Musculoskeletal Injuries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sporting activities</td>
<td>Ice packs</td>
<td>For bruising or swelling</td>
</tr>
<tr>
<td>Splints</td>
<td>For fractures and sprains</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Hazard</th>
<th>Additional Contents</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Remote Locations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance from medical assistance</td>
<td>First aid manual/book</td>
<td>Ensure this liquid is not used near open flame as it is highly flammable</td>
</tr>
<tr>
<td>Gel/liquid sanitiser</td>
<td>Phone/2-way radio/ERPB etc</td>
<td></td>
</tr>
<tr>
<td>Emergency communication</td>
<td>Emergency services / Ranger</td>
<td></td>
</tr>
<tr>
<td>Emergency contact numbers</td>
<td>For snakebites</td>
<td></td>
</tr>
<tr>
<td>Broad crepe bandages</td>
<td>To immobilize limb</td>
<td></td>
</tr>
<tr>
<td>Splint</td>
<td>For spinal/neck injuries</td>
<td></td>
</tr>
<tr>
<td>Cervical collar</td>
<td>For cooling/covering burn areas</td>
<td></td>
</tr>
<tr>
<td>Large burns sheet</td>
<td>If no cool water supply</td>
<td></td>
</tr>
<tr>
<td>Specific burn dressings e.g. melaleuca hydrogel</td>
<td>For treatment of shock (also for assisting portability)</td>
<td></td>
</tr>
<tr>
<td>Thermal blanket</td>
<td>For night use, attracting attention</td>
<td></td>
</tr>
<tr>
<td>Torch/flashlight</td>
<td>For recording the injured or ill person’s condition and treatment to be given</td>
<td></td>
</tr>
<tr>
<td>Note pad and pencil</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3.5 First Aid Code of Practice 2011 Assessment Checklist

The following checklist may be used to assess the appropriateness of first aid kits:

<table>
<thead>
<tr>
<th><strong>Checklist</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of this checklist is to assess the appropriateness of first aid kits, Indicate by ticking the relevant box. Where the answer is &quot;no&quot;, further action may be necessary</td>
</tr>
<tr>
<td><strong>Location and Position</strong></td>
</tr>
<tr>
<td>Is the first aid kit located in a prominent and accessible position?</td>
</tr>
<tr>
<td>Are staff, students and others informed and aware of the location of first aid kits?</td>
</tr>
<tr>
<td>Do all employees have access to first aid kits during all work shifts? (e.g. cleaners, staff working before/after normal hours, weekends and school holidays etc)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Clearly Identifiable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the first aid kit be clearly identified as a first aid kit?</td>
</tr>
<tr>
<td>Is the first aid kit clearly marked with a white cross on a green background in accordance with Australian Standard AS 1319: Safety Signs for the Occupational Environment?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contents</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the contents appropriate to the injuries and illnesses at your workplace?</td>
</tr>
<tr>
<td>Does the first aid kit contain sufficient quantities of each item?</td>
</tr>
<tr>
<td>Is an employee trained in first aid responsible for maintaining the first aid kit?</td>
</tr>
<tr>
<td>Are the contents appropriately labelled?</td>
</tr>
<tr>
<td>Are the contents within their &quot;use by&quot; date?</td>
</tr>
<tr>
<td>Are the contents adequately stored? (e.g. first aid kit large enough to store all items in a safe manner).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Relevant Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a list of contents provided in the kit?</td>
</tr>
<tr>
<td>Are emergency telephone numbers clearly displayed?</td>
</tr>
<tr>
<td>Are the phone numbers/extension numbers, name and location of the nearest first aid personnel clearly indicated?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Training</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have selected employees received training in the use and maintenance of first aid kits?</td>
</tr>
<tr>
<td>Are the employees aware of the procedures for injuries/incidents/trauma/illness?</td>
</tr>
</tbody>
</table>
Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- Public Health Act 2005; Related Food Act 2006 (Qld)
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011
- Australia New Zealand Food Standards Code


Food that has not been hygienically stored, prepared and handled can become potentially hazardous substance and a source of illness to a person who consumes that food. In Queensland these food areas are governed by the Food Act 2006 which is supplemented by Australia New Zealand Food Standards Code. The Tool for the development of a Food Safety Program for - Childcare facilities (QLD Health) provides centres with clear and comprehensive guidelines on the correct food safety procedures. This guide should be resourced for specific details regarding safe food handling as it is sanctioned by the highest entity for Queensland (as opposed to Staying Healthy 5th Ed that is Nationally sanctioned).

Additionally, each service where food is handled must comply with the State legislation and standards. People handling food must have an understanding of the guidelines contained in this document.

**Principle: 1 Definitions**

**Food Handler:**

A food handler is anyone who either handles food or surfaces that are likely to be in contact with food such as cutlery, plates and bowls. A food handler may do many different things for a service. Examples include making, cooking, preparing and storing food.

Handling of food includes the making, manufacturing, producing, collecting, extracting, processing, storing, transporting, delivering, preparing, treating, preserving, packing, cooking, thawing, serving or displaying of food.

**Food Safety Program:**

A food safety program is a documented program that identifies and controls food safety hazards in the handling of food in a food business.

**Calibrating thermometers**

All facilities are required to have at least one probe thermometer accurate to +/-1°C, available for use at all times. Your thermometer does not have to be expensive, but must meet the minimum requirements.

**What is cleaning?**

Cleaning in the food industry is a process that removes visible contamination such as food waste, dirt and grease from a surface. This process is usually achieved by the use of water and detergent. Micro-organisms (bacteria etc.) will be removed, but the cleaning process is not designed to destroy micro-organisms.

**What is sanitising?**
Sanitising is a process that destroys micro-organisms, thereby reducing the numbers of microorganisms present on a surface. This is usually achieved by the use of heat and chemicals or chemicals.

Cleaning and sanitising should usually be done as separate processes. A surface needs to be thoroughly cleaned before it is sanitised as sanitisers are unlikely to be effective in the presence of food residues, grease and detergents.

**Principle: 2 Requirements for Food Handlers in Case of Illness or Injury**

2.1 *If a food handler has a food-borne illness he/she must* tell their supervisor if they have any of the following symptoms while they are at work – vomiting, diarrhoea, a fever or sore throat with a fever. The only exception to this is if the food handler knows that he/she has these symptoms for a different reason.

Food handlers must also tell their supervisor if they have been diagnosed as having or carrying a food borne illness.

Note: Illnesses that can be passed on through food include Hepatitis A and those caused by giardia, salmonella and campylobacter.

2.2 As well as reporting the food borne illness, the food handler must not handle any food where there is a chance they might make the food unsafe or unsuitable because of their illness. Also, if a handler stays on at work to do other tasks, he or she must do everything reasonable to make sure that they do not contaminate any food.

2.3 If a food handler has skin injuries or sores or is otherwise unwell he/she must tell their supervisors about any infections or conditions like a cold that may result in discharges from ears, nose or eyes, if there is any chance that they might make food unsafe or unsuitable for people to eat as result of their condition.

If they continue to handle food with such condition, food handlers must do whatever is reasonable to make sure that they do not contaminate any food. For example, an infected sore could be completely covered by a bandage and clothing or by a waterproof covering if on an area of bare skin, and medication can be used to dry up discharges.

If a food handler knows or suspects he or she might have some contaminated food

Food handlers must tell their supervisor if they know or think they may have made any food unsafe or unsuitable to eat e.g. jewellery worn may have fallen into some food.

**Principle: 3 Personal Hygiene for Food Handlers**

3.1 Food handlers must minimize risk of food contamination by:

- Doing whatever is reasonable to prevent their body, anything from their body or anything they are wearing coming into contact with food or food contact surfaces; and
- Doing whatever is reasonable to stop unnecessary contact with ready to eat food; and
- Wearing clean outer clothing, depending on the type of work they do; and
- Making sure bandages or dressings on any exposed parts of the body are covered with a waterproof covering; and
- Not eating over unprotected food or surfaces likely to come in contact with food; and
- Not sneezing, blowing or coughing over unprotected food or surfaces likely to come in contact with food; and
- Not spitting, smoking or using tobacco or similar preparations where food is handled; and
- Not urinating or defecating except in a toilet.

**Principle: 4 Hand Washing Procedures**
4.1 Hand washing is one of the most important aspects of “infection control” in all activities of life. Each person at a workplace can easily contribute to satisfactory infection control procedures being maintained. Food handlers are expected to wash their hands whenever they are likely to contaminate food. This includes:
- Immediately before working with ready to eat food after handling raw food;
- Immediately after using the toilet;
- Before they start handling food or go back to handling food after other work;
- Immediately after smoking, coughing, sneezing, using a disposable tissue or handkerchief, eating or drinking; and
- After touching their hair, scalp or a body opening.
- Cleaning of food preparation areas
- Cleaning of food storage areas
- Cleaning of food utensils

4.2 Apply the Following Method to Wash Hands Properly
- Use soap and running water. Warm to hot water is best.
- Wet hands thoroughly and lather with soap.
- Rub hands vigorously for at least 10-15 seconds as you wash them.
- Pay attention to the backs of hands, wrists, between fingers, and under fingernails.
- Rinse hands well under running water.
- Dry hands with a disposable paper towel or a clean towel. To minimise chapping (reddening, roughening or cracking of skin) of hands, pat dry rather than rub them. Electric hand driers may be used.
- Dispose of the used paper towel in a proper waste paper container which should be located adjacent to the hand-washing basin.
- Turn off the tap with the used towel if available.
- Use skin lotion, if necessary, to prevent dry cracked skin. If you use skin lotion, it should be rinsed off before preparing or handling food.
- Correct hand washing is a duty of staff and volunteers at every workplace

4.3 Hand Washing Facilities
- Cake soap and cotton hand towels are not considered adequate infection control when hand washing. A reason that cake soap is not satisfactory is that infection can remain on that soap and be passed from one person to another. Especially when the soap is not used continuously and the cake of soap dry out and cracks. These cracks harbour infection. In a similar manner, cotton hand towels can harbour infection and become an instrument of infection transmission.
- Use liquid soap from a container fitted with the appropriate dispenser. This dispenser should be kept at the hand-washing basin. Preferably it may be affixed to the wall at that basin.
- **Hand washing Basins**
  - These basins are to be kept clean at all times and free from any waste/residue that has not been properly washed down the waste pipe.
  - These basins are to be free of cracks and chips as such can harbour infection.
  - The taps are to work correctly and be kept clean – no waste is left on the handles of the taps.

**Principle: 5  Personal Hygiene for Food Handlers**

5.1 Food Handlers must follow the following rules:
- Do not wear jewellery on hands and wrists, as bacteria can become caught in jewellery and contaminate food.
- Tie back or cover hair.
- Keep fingernails short, clean and free of nail polish.
- Cover cuts and sores with a waterproof, brightly coloured plaster.
- Avoid the following:
  - touching parts of your body such as face, nose and ears,
  - wiping off sweat
  - coughing or sneezing
- tasting food with your fingers, or utensils that are put back into the food.
- Wear appropriate closed in footwear at all times in food preparation areas.

5.2 Staff who are involved in any aspect of food handling may also be supplied with:
- gloves (non-powdered latex or powdered vinyl);
- headdress and aprons.
Gloves may be used if the preparer is unwell, has infections on the hands, cannot remove jewellery/ nail polish etc.

**Principle: 6 Guidelines for Food Preparation**

6.1 *Washing:*
All raw fruits and vegetables should at least be washed thoroughly in drinkable water to remove soil and other contaminants before being cut and combined with other ingredients.

6.2 *Thawing:*
Product should be dated and labelled when removed from the freezer for defrosting. Frozen foods can be thawed in a microwave a refrigerator or in a sealed plastic bag under cold running water as long as the temperature of the product does not rise above 4°C.

The lengths of time that ready-to-eat food can be defrosted at room temperature are:
- 4 hours for food that is to used immediately and;
- 2 hours for food that is to be re-refrigerated.

Food thawed in the microwave must not be cooked during the process and must be consumed immediately.

Food that is defrosting in the fridge must be placed in a drip tray container and stored below cooked, ready-to-eat and raw food.

Food must be completely thawed before cooking unless it can be completely cooked from partially frozen (e.g. smaller portion foods such as chicken nuggets.)

Food that is thawed or partially thawed must not be refrozen.

**Defrosting Guidelines:**

<table>
<thead>
<tr>
<th>Chicken</th>
<th>Meat</th>
<th>Seafood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thaw in refrigerator below 5°C.</td>
<td>Thaw in refrigerator below 5°C.</td>
<td>Thaw in refrigerator below 5°C.</td>
</tr>
<tr>
<td>Allow 18-24 hours for defrosting.</td>
<td>Allow 24 hours for defrosting.</td>
<td>Allow 18-24 hours for defrosting of fillets and up to 72 hours for block seafood.</td>
</tr>
<tr>
<td>Use product within 24 hours.</td>
<td>Use product within 48 hours.</td>
<td>Once defrosted, product should be placed in a drip tray container on ice to allow it to remain as close to 0 °C as possible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use product within 24 hours.</td>
</tr>
</tbody>
</table>

6.3 *Cooking and Hot Service:*
High-risk food such as meats and seafood must be cooked to an internal temperature of at least 75°C for more than 2 minutes. A probe thermometer must be used to check and a record of temperature checks must be kept. Most soups, sauces and gravies must boil for at least 5 minutes unless otherwise specified by manufacturers. Check that minced meat is brown or grey inside, that poultry juices run clear and that fish flakes with a fork. Food should not be allowed to cool prior to serving.

6.4 *Reheating:*

Food should not be reheated.

6.5 *Cooling food:*

Version 02.02 February 2015
If you cook potentially hazardous food that you intend to cool and use later, you need to cool the food to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria are able to grow or form toxins. The standards require food to be cooled:

- from 60°C to 21°C in a maximum of two hours;
- from 21°C to 5°C within a further maximum period of four hours.
- If these times are not met the food must be thrown out.

Smaller quantities will cool faster so large amounts should be broken down into smaller containers. Cool products on racks rather than on shelves as the air flow will cool the products faster. Putting lids on containers will slow the cooling process. However, ensure the food will not be exposed to pests if left uncovered. Cooling products must be date labelled before being refrigerated.

**Principle: 7 Cleaning & Sanitising**

7.1 Cleaning and sanitising should usually be done as separate processes. A surface needs to be thoroughly cleaned before it is sanitised as sanitisers are unlikely to be effective in the presence of food residues, grease and detergents. Anything that comes into contact with food must be cleaned and sanitised. Items which do not come into contact with food need only be cleaned. The table below gives some examples.

<table>
<thead>
<tr>
<th>Items to be cleaned and sanitised</th>
<th>Items to be cleaned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plates and bowls</td>
<td>Floors</td>
</tr>
<tr>
<td>Cutlery</td>
<td>Walls</td>
</tr>
<tr>
<td>Glasses, cups and mugs</td>
<td>Ceilings</td>
</tr>
<tr>
<td>Utensils for preparing and serving food</td>
<td>Rubbish bins</td>
</tr>
<tr>
<td>Cutting boards</td>
<td>Windows</td>
</tr>
<tr>
<td>Preparation benches</td>
<td>Refrigerators</td>
</tr>
<tr>
<td>Storage containers and trays</td>
<td>Cool rooms and freezer rooms</td>
</tr>
<tr>
<td>Food display units</td>
<td>Light fittings</td>
</tr>
<tr>
<td>Food preparation sinks</td>
<td>Cupboards and shelves</td>
</tr>
<tr>
<td>Hand wash basins</td>
<td>Cleaning equipment (buckets, mops etc)</td>
</tr>
</tbody>
</table>

Processing fresh food using dirty equipment will transfer contamination and possibly harmful bacteria. Food utensils and equipment must be cleaned and sanitised before each use and between being used for raw food and ready-to-eat food. Equipment and utensils may also need to be cleaned and sanitised if they have been used for long periods to prepare or process potentially hazardous foods. The surfaces that food may come in contact with must also be cleaned and sanitised.

7.2 **Planning for cleaning**

When planning your cleaning and sanitising program, remember the following points:

- start at the back and work towards the front. Start high and work your way down;
- single-use paper towels are better than cloths. If you use cloths, they must be washed in hot water and allowed to dry after every use;
- use the right size brush or cleaning tool for each task;
- use food-grade detergents and sanitisers, always following the manufacturer’s instructions;
- clean as you go;
- keep cleaning chemicals away from food storage areas;
- disassemble equipment such as the meat slicer before starting to clean it;
- a dishwasher will sanitise most small equipment, cutlery, plates and glasses, but drip-dry equipment or use clean tea towels where this is not possible;
- educate staff on correct cleaning and sanitising procedures;
- provide regular checks on cleaning carried out and instruct staff where required;
- make sure the containers for garbage and recycled matter are large enough for the amount of waste you produce and are capable of being easily cleaned; and
- ensure that all equipment used for cleaning (e.g. mops, buckets, cloths, brooms etc) are also kept clean.

7.3 Cleaning procedures and records

A cleaning procedure is a set of written instructions that describe everything that needs to be done to keep your business clean. It sets out the tasks of Cleaning and sanitising, how often each job needs to be done, how it should be done, and who should do it.

A cleaning record is a way of documenting that the cleaning tasks have been done by the responsible personnel.

7.4 What does a cleaning procedure and record look like?

Begin at the back of your premises and write down every piece of equipment that needs to be cleaned as you walk towards the front.

Then, write down how you will clean that piece of equipment, how often you will clean it, what materials and chemicals will be used and who will do the cleaning. These instructions will be noted on the cleaning procedure.

7.5 Six steps to proper cleaning

1. Pre-clean: scrape, wipe or sweep away food scraps and rinse with water;
2. Wash: use hot water and detergent to take off any grease and dirt. Soak if needed;
3. Rinse: rinse off any loose dirt or detergent foam;
4. Sanitise: use a sanitiser to kill any remaining germs;
5. Final rinse: wash off sanitiser (read sanitiser’s instructions to see if you need to do this); and
6. Dry: allow to drip-dry if not possible, dry with a clean tea-towel.

7.6 How to sanitise

Most food poisoning bacteria are killed if they are exposed to chemical sanitisers, heat, or a combination of both. To sanitise:

- soak items in water at 77°C for 30 seconds; or
- use a commercial sanitiser following the manufacturer’s instructions; or
- soak items in water which contains bleach. The water temperature required will vary with the concentration of chlorine. The table below shows the amount of bleach required and the corresponding water temperature to make sanitising solutions.

<table>
<thead>
<tr>
<th>Minimum water temperature</th>
<th>With household bleach (4% chlorine)</th>
<th>With commercial bleach (10% chlorine)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>49°C</td>
<td>38°C</td>
</tr>
<tr>
<td>Concentration required</td>
<td>25 ppm</td>
<td>50 ppm</td>
</tr>
<tr>
<td>5 Litres</td>
<td>3.12 mL</td>
<td>6.25 mL</td>
</tr>
<tr>
<td>10 Litres</td>
<td>6.25 mL</td>
<td>12.5 mL</td>
</tr>
<tr>
<td>15 Litres</td>
<td>31.25 mL</td>
<td>62.5 mL</td>
</tr>
</tbody>
</table>

ppm - parts per million
Principle: 8  Dishwashing

If the dishwasher is using a combination method of water and chemicals to clean dishes, utensils and equipment then rinse cycle must achieve a temperature of 50°C or higher.

If just water is being used then a water temperature of 75°C or higher must be used.

If washing dishes by hand it must be done in a double bowl sink with one bowl used for the washing and the other bowl used for rinsing. The rinsing bowl must contain hot water that is 75°C or higher. As this water temperature is too hot for human hands this method of rinsing can only be done by using a dunking basket or similar method.

As placing hands into a sink with water temperatures above 75°C is a Workplace Health and Safety concern sanitising with just hot water is not recommended.

A combination method of chemicals and hot water is a much safer and preferred method for sanitising.
- All utensils and equipment used for preparing and serving food must be washed and sanitised after each use.
- Very dirty items should be pre-soaked in warm water and detergent.
- Sink water should be changed regularly as it cools or dirties and not just topped up with hot water or extra detergent.
- Glasses should be washed and sanitised in the glass washer or by hand in the sink as instructed above.
- Dishes and utensils should be air dried on racks.

Principle: 9  Temperature Control

To help keep food at safe temperatures it is important that all services take regular temperature reading of both the food and the storage areas it is kept in.
- Danger Zone – Temperatures between 5°C and 60°C best for growth of bacteria
- Zone of inactivity – Temperatures below 5°C make growth of bacteria very slow.
- Zone of destruction – Temperatures above 60°C kill most bacteria.
- Freezing temperatures, bacteria are dormant. FREEZING DOES NOT KILL BACTERIA.

It is important to note that at freezing temperatures, bacteria are dormant. FREEZING DOES NOT KILL BACTERIA.

9.1 Measuring Temperatures the Right Way:
- Use plastic and stainless steel thermometers to measure the temperature of food – glass thermometers can easily break and contaminate food.
- Calibrate the thermometer regularly (at least once a quarter) to ensure it is accurate to within 1°C. This can be done one of two ways:
  a) Place the thermometer in an ice bath (a mixture of cold water and ice). It should read 0°C.
  b) Place the thermometer in just boiled water. It should read 100°C.
  c) Record the calibration results on the temperature record sheet for noting refrigeration temperatures.
  d) If there is a variation on the above of greater than 1°C a new thermometer will be required.

9.2 Probe Thermometers:
These should be used for taking the core temperature of foods. The probe must be cleaned between product types. The steps for cleaning are:
- Wipe away any food scraps or other visible contamination;
- Wash the probe with warm water and detergent;
- Sanitise by running under hot water (77°C or above) or by using alcohol swabs.
- Rinse with water if using a sanitiser;
• Allow probe to air dry or wipe with a single use towel.
To take the core temperature of food, insert the probe into the centre of the food.
To take the surface temperature of food, place the thermometer probe between two packaged items such as vacuum packaged or frozen items.

Principle: 10 Storage

10.1 Storage Temperatures:
Fridge and freezer temperature should be checked and recorded at least twice to ensure they are within the safe zone.

Fridges: Maximum 4/5°C or below.
Freezers: Maximum -15°C or below.
Dry Storage: Maximum 24°C or below or as per food manufactures directions.

10.2 Storage Requirements
Storing food correctly help the service to provide food that is safe to eat.

10.3 Labelling:
• All food removed from its original packaging must be marked with the date of expiry/best before date and the batch number. Such food must be stored in a food container with a lid.

• Food containers used for this purpose must be emptied and cleaned before fresh product is placed in them (e.g. one batch of flour or cereal must be completely used up and the container washed before the container is used for a new packet.)

10.4 Rotation:
Food should be used on a first in first out (FIFO) basis. The newest food must be placed at the rear of the storage area and the existing items used first.

10.5 Monitoring:
• All food should be checked prior to use to ensure that it is not past it’s used by or best before date. If it is past the date it MUST BE DISPOSED of, even if it “appears” to still be edible.
• All food should be checked weekly and any items past the used by or best before date disposed of.
• Packaging should also be checked weekly for signs of pest problems (e.g. holes, droppings, etc) and to ensure it is not damaged and is free of mould and dampness.
• Flour and cereal based products must be checked monthly for insects and pests.

10.6 Arrangement:
• Each food group should be stored in its own area or container (e.g. meat, seafood, vegetables, bread, etc.).
• Goods must be stored off the floor wherever possible. Where not possible they must be stored in a storage container with a lid.
• All food containers must be securely covered with lids or plastic coverings.
• Food that has been covered in plastic wrap should not have any item placed on top of them.
• Cooked and ready-to-eat foods should be stored above raw products and covered during storage.
• Storage for non-perishable foods must be well aired and dry.
• Food that has been cooked should be frozen or used immediately.
• All food must be stored separately to chemicals. All chemicals must be kept in cupboards which are separated from food by full partitions.

10.7 Frozen Storage:
- Freezers should be regularly defrosted and cleaned.
- Items should be stored in a way which allows air flow. Do not overload freezers.
- Freezer seals should be checked and clean regularly and a record of this kept.
- All items should be securely wrapped prior to freezing to prevent the leakage of natural juices and freezer burn.
- Only products that have been cooked between thawing and refreezing can be refrozen. No item may be thawed and refrozen in its original state.

### 10.8 Guide to Frozen Product Shelf Life:
N.B. these timeframes should never be used to override manufactures instructions.

<table>
<thead>
<tr>
<th>Product</th>
<th>Meat/Poultry</th>
<th>Seafood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chicken</td>
<td>White-fleshed fish</td>
</tr>
<tr>
<td></td>
<td>Lamb, Beef, Veal</td>
<td>Oily-fleshed fish</td>
</tr>
<tr>
<td></td>
<td>Pork</td>
<td>Shellfish</td>
</tr>
<tr>
<td>Shelf Life</td>
<td>6-12 months</td>
<td>4-6 months</td>
</tr>
<tr>
<td></td>
<td>6-8 months</td>
<td>3 months</td>
</tr>
<tr>
<td></td>
<td>3 months</td>
<td>3 months</td>
</tr>
</tbody>
</table>

### 10.9 Fridge Storage:
- Perishable foods must be stored in a fridge or cold room.
- Items should be stored in a way which allows air flow. Do not overload fridges.
- Fridge seals should be checked and clean regularly and a record of this kept.
- Items which have natural juices or are defrosting must be stored at the bottom of the fridge, under ready-to-eat food.

### 10.10 Guide to Refrigerated Product Shelf Life:
N.B. these timeframes should never be used to override manufactures instructions.

<table>
<thead>
<tr>
<th>Product</th>
<th>Fish</th>
<th>Shellfish</th>
<th>Meat</th>
<th>Minced Meat</th>
<th>Cured Meat</th>
<th>Poultry</th>
<th>Cheese</th>
<th>Butter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelf Life</td>
<td>3 days</td>
<td>3-5 days</td>
<td>3-5 days</td>
<td>2-3 days</td>
<td>2-3 weeks</td>
<td>3 days</td>
<td>Variable 1-3 months</td>
<td>8 weeks</td>
</tr>
</tbody>
</table>

### 10.11 Simple rules of temperature control
- **Storage** – Regularly (minimum prior to each shift) check and record temperatures of refrigerators, freezers, cold rooms and refrigerated display units. See Temperature record.
- **Preparation** - Keep food temperatures out of danger zone (5°C-60°C) by planning your time, menu, cooking and storage in advance.
- **Thawing** - Never thaw food at room temperature. Food should be thawed in a refrigerator at 5°C. If time is limited, thaw food in a microwave or by running under cold water. Always thoroughly thaw food such as poultry before cooking.
- **Cooking** - Thoroughly cook meat, poultry dishes, and eggs. Bacteria found naturally in meat and poultry, such as salmonella, will be destroyed when cooked to temperatures over 60°C.

### 10.12 Cooling food:
If you cook potentially hazardous food that you intend to cool and use later, you need to cool the food to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria are able to grow or form toxins. The standards require food to be cooled:
- from 60°C to 21°C in a maximum of two hours;
- from 21°C to 5°C within a further maximum period of four hours.
If these times are not met the food must be thrown out.
Hand Washing Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid Code of Practice 2004
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011
- Food Act 2006 (Qld)
- Staying Healthy in Childcare (Ed. 5)
- Australia New Zealand Food Standards Code

Hand washing is one of the most important aspects of “infection control” in all activities of life. Each person at a workplace can easily contribute to satisfactory infection control procedures being maintained. Food handlers are expected to wash their hands whenever they are likely to contaminate food.

Principle: 1 Hand Washing

1.1 Hand washing is one of the most important aspects of “infection control” in all activities of life. Each person at a workplace can easily contribute to satisfactory infection control procedures being maintained. Food handlers are expected to wash their hands whenever they are likely to contaminate food. This includes:

- Immediately before working with ready to eat food after handling raw food;
- Immediately after using the toilet;
- Before they start handling food or go back to handling food after other work;
- Immediately after smoking, coughing, sneezing, using a disposable tissue or handkerchief, eating or drinking; and
- After touching their hair, scalp or a body opening.
- Cleaning of food preparation areas
- Cleaning of food storage areas
- Cleaning of food utensils

1.2 Apply the Following Method to Wash Hands Properly

- Use soap and running water. Warm to hot water is best.
- Wash hands thoroughly and lather with soap.
- Rub hands vigorously for at least 15-20 seconds as you wash them.
- Pay attention to the backs of hands, wrists, between fingers, and under fingernails (particular attention must be given to washing around jewellery).
- Rinse hands well under running water.
- Dry hands with a disposable paper towel or a clean towel. To minimise chapping (reddenning, roughening or cracking of skin) of hands, pat dry rather than rub them. Electric hand driers may be used.
- Dispose of the used paper towel in a proper waste paper container which should be located adjacent to the hand-washing basin.
- Turn off the tap with the used towel if available.
Use skin lotion, if necessary, to prevent dry cracked skin. If you use skin lotion, it should be rinsed off before preparing or handling food.

Correct hand washing is a duty of staff and volunteers at every workplace.

1.2 Hand Washing Facilities

- Cake soap and cotton hand towels are not considered adequate infection control when hand washing. A reason that cake soap is not satisfactory is that infection can remain on that soap and be passed from one person to another. Especially when the soap is not used continuously and the cake of soap dries out and cracks. These cracks harbour infection. In a similar manner, cotton hand towels can harbour infection and become an instrument of infection transmission.
- Use liquid soap from a container fitted with the appropriate dispenser. This dispenser should be kept at the hand-washing basin. Preferably it should be fixed to the wall at that basin.

1.3 Hand washing Basins

- These basins are to be kept clean at all times and free from any waste/residue that has not been properly washed down the waste pipe.
- These basins are to be free of cracks and chips as such can harbour infection.
- The taps are to work correctly and be kept clean – no waste is left on the handles of the taps.

Principle: 2  Hand Washing – Alternative hand washing procedures

In the event of unavailability of water e.g. on excursions, commercially produced hand sanitisers may be used. These liquid sanitisers contain flammable substances and should only be used in situations where procedures identified above cannot be followed. The instructions on the label of hand sanitisers should be followed and advised to relevant users.

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton is committed to providing a safe and healthy environment for all children and staff at the centre. Infection control practices are recommended to reduce illness in children in child care settings. The three most important ways to prevent the spread of infection are:

- Effective hand washing;
- Cleaning of surfaces and equipment;
- Exclusion of sick children and staff; and
- Immunisation.
While it is not possible to prevent the spread of all infections and illnesses within centres this policy outlines strategies to assist in effective health management practices.

**Principle: 1 Maintaining Effective Infection Control Practices**

### 1.1
Parents will inform the centre as soon as possible if their child is suspected or diagnosed with signs and or symptoms of an infectious disease so staff may monitor and protect other children, parents and staff.

### 1.2
When a child is unwell s/he will stay away until fully recovered in accordance with exclusion guidelines provided in Family Handbook and the *Diocesan Immunisation & First Aid Procedure*.

### 1.3
If requested, parents will provide a medical clearance prior to the child returning to the centre.

### 1.4
When a child shows signs of being unwell the designated senior staff person will contact the child’s parents. In the event of staff being unable to contact parents the authorised emergency contacts will be contacted to arrange for necessary action.

### 1.5
Parents are required to ensure that at all times the centre is provided with current information of contact details.

### 1.6
Parents/carers are required to provide all details at enrolment in relation to specific allergies their child may have and to provide as required health action plans.

### 1.7
Parents/carers are required to complete in detail all aspects of medical information relating to their child at the time of enrolment and update information every six months or when necessary. Parents are encouraged to inform staff of any pre-existing condition/illness and allergies or any subsequent condition that may develop following enrolment at the centre.

### 1.8
When an outbreak of an infectious disease occurs the centre will record information in the *Records of Illness* file as well as display *Health Alerts* as per *Staying Healthy in Child Care* (2005) informing parents of disease and related signs and symptoms.

### 1.9
Parents will be required to ensure their child’s immunisation is up-to-date before commencing at the centre. Children who are not immunised, have incomplete immunisation or have no record of immunisation at the centre will be excluded for the prescribed period during any outbreak of a vaccine preventable disease at the recommendation of Queensland Public Health. Children’s immunisation must be maintained whilst at the centre. Throughout the child’s attendance at the centre, parents are required to continue to provide centre with records of immunisation updates.

### 1.10
The Nominated Supervisor may advise the parent of a child not vaccinated about the suspicion of a vaccine preventable condition (If the Nominated Supervisor reasonably suspects that a child attending the service has a contagious condition that is a vaccine preventable condition, they may also advise at least 1 parent of a child who has not been vaccinated for the contagious condition and may be at risk of contracting the condition due to contact with another child who is suspected of having the vaccine preventable contagious condition - s.165, *Public Health Act* 2005).

**NOTE: Children who do not have a complete immunisation record may be treated as un-immunised.**

### 1.10
Parents are encouraged to advise the centre when other family members are unwell so as to alert staff to watch for signs of illness in the child.

### 1.11
Parents will be required to follow the *Medication Administration Policy* if applicable.
Principle: 2 Staff Management of Infection Control Practices

2.3 Staff will ensure that hand washing is carried out as per the *Diocesan Hand Washing Procedures*.

2.3 Staff will alert the Nominated Supervisor to the signs and symptoms about children’s health as they are observed or reported by parents to staff.

2.4 Staff induction will include training in effective hand washing practices, hygienic nappy changing procedures (Nappy changing training may be required in OSHC where there are children who wear nappies), toileting practices, food handling, handling of bodily fluids and cleaning procedures.

2.5 Staff will be observed by the Nominated Supervisor routinely to ensure the compliance of the centre’s policy and procedures for health & hygiene.

2.6 Staff will be provided with information and brochures about relevant contagious diseases that may cause a risk to staff or children.

2.7 Staff will support children in caring for their own health e.g. encouraging children to blow their nose, demonstrating appropriate ear care etc.

2.8 Disposable gloves will be used by staff at nappy changing, wiping children’s noses, toileting, when in contact with blood and when cleaning surfaces that have been contaminated with blood or other body fluids.

Principle: 3 Care of the Unwell Child

3.1 The health and wellbeing of the sick child will be paramount in all care practices. Comfort and reassurance to the unwell child and to all children in immediate care will be provided.

3.2 The Nominated Supervisor will be immediately informed of symptoms relating to the health of children at the Centre. As deemed necessary the Nominated Supervisor will take all necessary steps to contact parents or emergency contacts as required.

3.3 Monitoring and recording signs and symptoms of the unwell child will be conducted by staff and the Nominated Supervisor will be immediately informed of any observed changes to child’s condition.

3.4 Staff in contact with an unwell child wash their hands before coming into contact with other children, equipment or facilities.

3.5 Children who are unwell will be supported in observing effective hand washing practices when required.

3.6 Staff caring for the sick child will use *Personal Protective Equipment* as required e.g. gloves, disposable aprons.

3.7 When required the Nominated Supervisor will call an ambulance if urgent medical attention is required. Every effort will be made to contact the parent or their nominated emergency contacts as soon as possible.
**Principle: 4  Maintaining a Healthy Environment**

4.1 When an outbreak of a disease occurs the centre will review infection control and hygiene practices and implement cleaning procedures as recommended by *Queensland Public Health Unit* and *Diocesan Workplace Health and Safety Coordinator*.

4.2 As required Health Alerts will provide and prominently displayed for all parents and staff at the centre. The alert will include information from recognised Health Authorities. Care will be taken to ensure that affected children and staff are not identified.

4.3 Records of Illness will be maintained. In the event of a number of children and or staff being identified with similar symptoms, the *Queensland Public Health Unit* will be contacted for assistance.

4.4 The Regulatory Authority and Diocesan Coordinator Early Learning & Care will be informed via email of phone. A Notification of Complaints and Incidents (Other than Serious Incidents) is to be completed in consultation with the Diocesan Coordinator Early Learning & Care.


**Six steps to proper cleaning**

1. Pre-clean: scrape, wipe or sweep away food scraps and rinse with water;
2. Wash: use hot water and detergent to take off any grease and dirt. Soak if needed;
3. Rinse: rinse off any loose dirt or detergent foam;
4. Sanitise: use a sanitiser to kill any remaining germs;
5. Final rinse: wash off sanitiser (read sanitiser’s instructions to see if you need to do this);

and

6. Dry: allow to drip-dry if not possible, dry with a clean tea-towel.

4.5 Staff will encourage and teach children to follow simple rules of hygiene. Staff will talk with children about health and hygiene practices e.g. ear care, nose blowing, toileting etc.

4.6 The centre will display visual and written information for children, staff, families and visitors about the centre’s hygiene procedures.

4.7 Stock levels for hygiene supplies will be maintained to support a healthy and hygienic environment (see Diocesan First Aid Procedures).
Illness, Injury, Incident & Trauma Procedure

Legislation & Support Documentation

Legislation
- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid Code of Practice 2004
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton recognises the importance of incident reporting and incident investigations in providing a safe and healthy work environment for its employees and any other persons. Therefore, Catholic Education – Diocese of Rockhampton will provide a mechanism for reporting accidents, incidents, work-related illnesses and dangerous occurrences.

Pursuant to section 52 of the Work Health and Safety Regulation 2011 (WH&S Regulations) recording and reporting of workplace injuries, serious bodily injuries, work-caused illness and dangerous events are a legal requirement and must be complied with. Staff at each service should be familiar with the requirements and procedures in the event that a person sustains an injury, serious bodily injury and work-caused illness or a dangerous event occurs.

Principle: 1 Definitions

1.1 Work injury
A work injury is:
- An injury to a person that requires first aid or medical treatment if the injury was caused by a workplace, a workplace activity or specified high risk plant; or
- The recurrence, aggravation, acceleration, exacerbation or deterioration of an existing injury in a person if:
  - First aid or medical treatment is required for the injury; and
  - A workplace, a workplace activity or specified high risk plant caused the recurrence, aggravation, acceleration, exacerbation or deterioration; or
- Any serious bodily injury, if the injury was caused by work, a workplace, a workplace activity or specified high risk plant.

1.2 Serious bodily injury (WH&S QLD)
A serious bodily injury is an injury to a person that causes:
- The injured person’s death;
- The loss of a distinct part or an organ of the injured person’s body; or
- The injured person to be absent from the person’s voluntary or paid employment for more than 4 days.

1.3 Notification of serious incident - CHILDREN ONLY
This associated ACECQA form is to be used to:
- The death of a child while being educated and cared for by the service, or following an incident while being cared for by the service.
- Injury or trauma to, or illness of, a child for which the urgent medical attention of a registered medical practitioner was sought, or ought reasonably to have been sought; or the child attended, or ought reasonably to have attended, a hospital.
- Attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought.
- A child was missing from the service or was not able to be accounted for.
- A child was taken or removed from the service in a manner that contravenes the Regulations.
- A child was mistakenly locked in or locked out of the service premises or any part of the premises.

1.4 Notification of complaints and incidents (other than serious incidents) - CHILDREN ONLY
This form is to be used in the following circumstances:
- Complaints alleging that the safety, health or wellbeing of a child was or is being compromised.
- Complaints alleging that the Law has been breached.
- Incident that requires/required the Approved Provider to close, or reduce the number of children attending the service for a period.
- A circumstance that poses a significant risk to the health, safety or wellbeing of a child attending the service.

1.5 Work caused illness
A work caused illness is:
- An illness contracted by a person to which a workplace, a workplace activity or specified high risk plant was a significant contributing factor; or
- The recurrence, aggravation, acceleration, exacerbation or deterioration in a person of an existing illness if a workplace, a workplace activity or specified high risk plant was a significant contributing factor to the recurrence, aggravation, acceleration, exacerbation or deterioration.

1.6 Dangerous event
A dangerous event is an event caused by specified high risk plant, or an event at a workplace caused by a workplace activity, and the event involves or could have involved exposure of persons to risk to their health and safety because of:
- Collapse, overturning, failure or malfunction of, or damage to, an item of specified high risk plant;
- Collapse or failure of an excavation or of any shoring supporting an excavation;
- Collapse or partial collapse of any part of a building or other structure;
- Damage to any load bearing member of, or the failure of any brake, steering device or other control device of, a crane, hoist, conveyor, lift or escalator;
- Implosion, explosion or fire;
- Escape, spillage or leakage of any hazardous material or dangerous goods;
- Fall or release from a height of any plant, substance or object;
- Damage to a boiler, pressure vessel or refrigeration plant; or
- Uncontrolled explosion, fire or escape of gas or steam.

1.7 Specified High Risk Plant
The following items of plant are specified high risk plant:
- Air-conditioning unit (not including domestic units – these should be cleaned and maintained as per manufacturer’s instructions): Amusement devices; Cooling towers; Escalators; Gas cylinders; and Lifts.

1.8 Near Miss
A near miss is defined as any incident that has the potential to cause serious injury or damage, but did not in a particular instance.

**Principle: 2 Recording & Reporting Requirements**
All accidents or incidents that result in or has the potential to result in injury, serious bodily injury, work-caused illness or dangerous event must be reported and it must be reported to the Nominated Supervisor and Health & Safety Advisor. The following records are to be kept at the service. Please refer to current legislative requirements regarding the length of time records are to be stored:

2.1 Hazard Register
This is to be completed when a hazard is identified, other than during a workplace inspection. It should be accessible to staff and the item identified, addressed by the Nominated Supervisor. A Hazard Register can be found in the Risk Management section.

2.2 First Aid/Injury/Incident/Near Miss Register
The register is to be completed for all first aid administered, regardless of the apparent seriousness. The register is to be used for first aid, incidents and injuries involving both staff and children with columns that do not apply to staff being marked as not applicable (N/A). In the comments section, all events relevant to the incident are to be recorded.

This form should also be used to record near misses. In addition, all head injuries or bumps should be recorded due to the potential for latent on-set symptoms. Children who have received a head injury or bump should be monitored for symptoms such as vomiting, headaches, unfocussed eyes, lack of coordination, etc. Where possible, a note of these checks should be kept. Should any of these symptoms present, the parents are to be contacted immediately.

In all settings, parents should be notified of all head and neck injuries immediately.

2.3 Diocesan Incident, Injury, Trauma & Illness Report Forms (Child & Adult)
- These forms must be completed for all serious incidents and injuries occurring as a result of the service operation.
- All head and neck injuries must be recorded on the Incident, Injury, Trauma & Illness Report Forms
- Separate forms are provided for children and staff/volunteers/staff.
- Forms completed for injuries/incidents involving children must be signed by parents/guardians.
- Forms completed for injuries/incidents involving children must be approved and signed by the Nominated Supervisor or Work Health Safety Advisor BEFORE being shown to parents/guardians.
- Forms must record only what the staff have witnessed and not what they surmised happened.
- It is the decision of the Nominated Supervisor or delegate whether contacting the parents or requesting immediate collection is required (except in the case of head injuries where all incidences are reported to parents immediately).

These forms must be completed as soon as possible after the incident/injury. They must be kept on file and used as a reference if reports are to be made to the Work Health & Safety Advisor, Office of Early Childhood Education & Care Office (OECEC) or WorkCover. For children, these forms can be filled in, in retrospect. This means that if an incident occurs and the child becomes ill or the injury worsens after the event, then a staff member can fill the form in at that point in time.

All staff injuries are to be recorded on the Incident Report Form – Staff, Visitor, Volunteer & Contractor and forwarded to the Diocesan Coordinator Early Learning & Care (Kindergartens, pre-preps and long day care centres) or principal (OSHC services). These will then be forwarded onto the Diocesan Workplace Health and Safety (WHS) Coordinator. In the case of a staff member being injured and they complete a Workplace Rehabilitation and Return to Work form, the Nominated Supervisor & Diocesan WHS Coordinator should be notified as soon as possible in order to commence the Work Cover process.

2.4 Workers Compensation Medical Certificate
This certificate is to be provided by the medical practitioner attending to the case as a result of an injury that has occurred at a service.

This certificate must be forwarded to the Diocesan WHS Coordinator for the compensation process to commence.

2.5 Notification of serious incident & Notification of complaints and incidents (other than serious incidents)
These forms are signed by the approved provider and therefore must be forwarded to DCEO prior to sending to the OECEC (however, it is recommended a copy is forwarded for viewing to OECEC after consultation with the Nominated Supervisor). All relevant documentation must be attached to these forms as outlined on the forms and as requested by DCEO and OECEC personnel. Reporting to the regulatory authority and
Diocesan Coordinator Early Learning & Care of any serious incidents must be made within 24 hours of notification of:
- the death of a child while attending a service, or following an incident while attending a service
- any incident involving injury, trauma or illness of a child where medical urgent medical attention was sought, or should have been sought
- an incident at the service premises where the attendance of emergency services was sought, or should have been sought
- a child who appears to be missing or cannot be accounted for
- a child who appears to have been taken or removed from the service premises in a way that breaches the National Regulations, or
- a child who is mistakenly locked in or locked out of any part of the service premises.

Principle: 3 Temperature Illness and Procedure Recording

(Procedures align to those advocated by Queensland Health)

3.1 Temperature Recording Form
The Temperature Recording Form is to be used to track the temperature should a child exhibit high temperatures whilst in care. If the form is completed and the temperature has still not reduced, the parents are to be notified to come and collect the child. Please note, as body temperature is only one indicator of illness, it is important for educators to monitor all signs and symptoms before deciding on the most appropriate course of action.

3.2 Monitoring
If a child presents at or becomes unwell during the course of the session their symptoms are to be monitored for 30 minutes or for a shorter period as determined by the Nominated Supervisor (*see below for indicators of when to become concerned). If they do not improve during this time, the parents should be contacted. Children who are unwell are to be placed in a quiet, comfortable space and monitored by staff. A sick bed, bean bag, comfortable chair, etc. may be used for this purpose. Should vomiting occur, the health and hygiene precautions for managing the clean-up of body fluids apply.

3.3 Body temperature
Body temperature is tightly controlled to allow the body to function normally. It is regulated by a part of the brain called the hypothalamus, which acts like a thermostat. Normal body temperature ranges from 36°C to 37.3°C and varies slightly with the time of day. In the evening, the temperature may be up to half a degree higher than it is in the morning. A temperature greater than 41.5°C is called hyperthermia. Hyperthermia is not fever it is caused by drugs, heat stroke or damage to the brain and is a medical emergency.

There are two main ways in which the body may increase its temperature; by increasing the amount of heat it produces (for example, by shivering) and by decreasing the amount of heat it loses to the surroundings (for example, ‘goose bumps’ and reducing the blood flow to the hands and feet).

There are a number of reasons why someone may develop a fever:
- infection (ie. bacteria, parasites, viruses)
- inflammatory conditions(eg. rheumatoid arthritis, inflammatory bowel disease)
- heat stroke
- malignancy
- drug side effect (eg. allopurinol, antihistamines, certain antibiotics)

3.4 Signs and symptoms
Signs and symptoms may vary depending on the reason why you developed a fever. Some of the more common associated symptoms and signs include:
- sweats
- rigors and Chills
- chattering teeth
- headache
- nausea

3.5 *When should I be concerned?
Fever itself is not dangerous; it is part of the body’s normal response to Infection/Inflammation, is beneficial and supports the immune system. However fevers can be a sign of serious illness so it is important to contact the child’s parent if you are concerned.

Other reasons to contact parents for the child to be collected include:
- failure to improve after three days
- worsening symptoms
- febrile convulsion/seizure
- confusion, lethargy, drowsiness
- a temperature greater than 40°C (38°C for 0-3month olds and 39°C for 3-6month olds)
- severe headache
- vomiting, neck stiffness, skin rash
- recent overseas travel

3.6 Treatment
Supportive treatment is also an important part of managing a fever. This includes maintaining hydration by drinking water regularly; as well as using physical aids such as a wet sponge, or cool fan to reduce the body temperature. However, it is important not to become too cold, as this will cause the body to trap more heat.

In all cases where a child presents with signs of illness, first aid procedures are to be followed.

3.7 Administration of Medication Form & Administration of Medication Authority
Prescribed medication will only be administered when it is accompanied by written instructions from child’s medical practitioner and/or pharmacist and the Services Authority to Administer Medication Form is completed. Non-prescribed medications will only be given when accompanied by a current letter from the child’s practitioner/pharmacist. Parents are required to advise in writing of the dose, time and date of the last dose of any medication given to the child so as to reduce the risk of overdosing. Please see Medical Administration Policy.

Parents will be required to consent to the administration of life-saving medication on the Enrolment Form as part of the enrolment process.

Legislative Framework Procedure

Quality Area Procedure: Health & Safety
Ratified by: Approved Provider
Coordinating Responsibility: Nominated Supervisor

Legislation & Support Documentation
- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011

This policy manual has been developed by Catholic Education – Rockhampton Diocese to meet the guidelines and obligations under the Workplace Health and Safety Act, Workplace Health and Safety Regulations and any relevant Australian Standard to ensure a healthy and safe work environment.

Principle: 1 Governing Legislation

In accordance with the Catholic Education - Diocese of Rockhampton, Work Health and Safety Policy Statement, that is to create a safe and healthy work environment, this document reflects the Workplace Health and Safety obligations as set out in the relevant legislations and Australian Standards.
The Work Health and Safety Act 2011 provides that if a regulation or ministerial notice prescribed a way of preventing or minimising exposure to a risk, a person can only discharge their workplace health and safety obligation by preventing or minimising an exposure to the risk by following the prescribed way.

Further, pursuant to section 26(3) of the WH&S Act 2011 if an advisory standard or industry code of practice states a way of managing exposure to a risk, a person can only discharge their workplace health and safety obligation by adopting and following the stated way to manages an exposure to the risk or adopting and following an alternative way that gives the same level of protection against the risk.

**Principle: 2 Obligations for Workplace Health & Safety**

2.1 Persons who have obligations under the WH&S Act include:
- Employers;
- Persons in control of workplaces;
- Principal contractors; and
- Workers and other persons.

**Principle 3: Obligations of Employers**

3.1 The WH&S Act 2011 places obligations on employers whilst conducting a business or undertaking. Section 28 of the WH&S Act 2011 provides that an employer has an obligation to ensure the workplace health and safety of themselves, each of their workers and any other persons by ensuring that they are not adversely affected by the conduct of the employer’s business or undertaking.

3.2 An employer’s obligation exists independently of the status of the employer. That is, an employer’s workplace health and safety obligations exists regardless of whether or not the business or undertaking is conducted for gain or reward and whether or not a person works on a voluntary basis.

3.3 In order for an employer to ensure the workplace health and safety of each of the employer’s workers, the employer must:
- Ensure the employer’s own workplace health and safety in conducting a business or undertaking;
- Ensure that other persons are not exposed to risks to their health and safety arising out of the business or undertaking;
- Identify hazards, assess risks that may become a hazard, decide on control measures to prevent or minimise the level of the risks presented by those hazards, implement those control measures and establish monitoring procedures to review the effectiveness of those control measures;
- Provide and maintain a safe and healthy work environment. This includes, ensuring the safe use, handling, storage and transportation of substances, ensuring safe systems of work and providing information, instructions, training and supervision;
- Ensure the risk of injury or work related illness is minimised for those coming onto the workplace and to ensure there is appropriate safe access to and from the workplace; and
- Ensure that any relevant workplace areas are safe and without risk to health. This includes a building or structure or part of a building structure used as a workplace or adjacent to the building or structure of the workplace.

**Principle 4: Obligations of Workers & Others**

There is an obligation that every worker, volunteer or visitor to a workplace must have an understanding of their workplace health and safety obligations under the WH&S Act 2011 whilst at a workplace or related work area.

4.2 Section 36 of the WH&S Act 2011 sets out the obligations of a worker or anyone else at a workplace while at the workplace or related work areas. Workers and any other person:
- Must comply with the instructions given for workplace health and safety at the workplace by the employer and any principal contractor for construction work at the workplace;
- Are to use personal protective equipment if the equipment is provided by the employer and the worker is properly instructed in its use;
- Must not wilfully or recklessly interfere with or misuse anything provided for workplace health and safety at the workplace;
- Must not wilfully place at risk the workplace health and safety of any person at the workplace; and
- Must not wilfully injure him/herself.

4.3 A person who has a workplace health and safety obligation must meet the obligation pursuant to section 24 of the WH&S Act 2011. Any breaches of the obligation attract penalties under the WH&S Act 2011.

** Principle 5: Inspectors **

The main role of an inspector is to ensure workplaces comply with Workplace Health and Safety legislation. It is also part of an inspector’s role to provide information and advice on the legislation. Section 99 of the WH&S Act 2011 provides that compliance auditing is carried out by inspectors from the Division of Workplace Health and Safety to test compliance with the Workplace Health and Safety legislation.

5.2 Inspectors visit workplaces for a variety of reasons including to:
- Investigate workplace incidents;
- Investigate reports of unsafe or unhealthy conditions and dangerous work practices;
- Assess workplace health and safety risks to workers and members of the public;
- Conduct workplace health and safety inspections and audits; and
- Provide information and advice on the relevant legislation.

The Nominated Supervisor is to notify the Diocesan Coordinator Early Learning & Care (kindergarten, pre-prep & long day care centres) or the Diocesan Workplace Health & Safety Coordinator (OSHC) immediately if a Workplace Health & Safety Qld inspector visits the service.

5.3 Workplace Health & Safety Qld inspectors’ authority

The general duty of inspectors includes providing advice to a person who has a workplace health and safety obligation in relation to that person’s compliance with the WH&S Act 2011.

Inspectors are permitted to enter a workplace only if:
- It is a workplace or a relevant workplace area;
- The inspector reasonably suspects it is a workplace or a relevant workplace area;
- Its occupiers consents to the entry;
- Specified high risk plant is situated at the place;
- A prescribed activity is being performed at the place by a person who holds a certificate to perform the activity; or
- The entry is authorised by a warrant.

After entering the workplace, the inspector has the power to:
- Search any part of the place;
- Inspect, measure, test, photograph or film any part of the workplace or anything at the workplace;
- Take samples;
- Copy documents at the workplace;
- Make enquiries or conduct surveys to assess the degree of risk at the workplace or the standards of health and safety existing at a workplace;
- Inquire into the circumstances and probable causes of workplace incidents;
- Take any person, equipment or materials into the workplace to assist the inspector to exercise their power;
- Require a person to give reasonable help; and
- Require a person to produce certain documents or ask other people to provide these documents, for example maintenance records kept by a mechanic contracted by an employer to do the work.

An inspector who enters a place under WH&S Act 2011 may seize:
- Evidence of an offence against the WH&S Act 2011;
- A thing that has been used to commit an offence against the WH&S Act 2011; or
- A dangerous thing.

It is an offence to obstruct, threaten or interfere with an inspector who is exercising their powers under the WH&S Act 2011.

5.4 Enforcement Framework

The Enforcement Framework provides options for inspectors when dealing with those who fail to meet their obligations regarding workplace health and safety. Those options include improvement notices, prohibition notices, seizure notices, infringement notices and prosecution.

5.5 Improvement Notices

Where an inspector identifies a contravention of the WH&S Act 2011 or its subordinate legislation and the circumstances does not or is not likely to cause an immediate risk to workplace health and safety, the inspector can issue an improvement notice pursuant to Part 9 Division 3 of the WH&S Act 2011. When issuing this notice the inspector needs sufficient evidence to form a reasonable belief of the contravention. If the improvement notice is not complied with, the inspector has the following options:
- An inspector may return to a workplace to ensure the obligation holder has complied with an improvement notice;
- Issue another improvement notice providing the person with further time to remedy the contravention;
- Issue an infringement notice for failing to comply with the improvement notice and issue another improvement notice providing the person with an extension of time to remedy the contravention; and/or
- Instigate legal proceedings in the Industrial Magistrates Court.

An order for a person or organisation to comply with an improvement notice may be sought by an inspector from the Supreme Court if the person or organisation fails to comply with the notice and there is imminent risk of serious bodily injury, work caused illness or of a dangerous event happening.

5.6 Prohibition Notices

Pursuant to section 118 and 119 of the WH&S Act 2011, an inspector can issue a prohibition notices if the inspector has a reasonable belief those circumstances are causing, or are likely to cause an immediate risk to workplace health and safety. A prohibition notice requires the person in control to immediately remedy the situation. Prohibition notices may be issued verbally. If the prohibition notice is not complied with the inspector may instigate legal proceedings in the Industrial Magistrate Court for failure to comply with the notice.

An order for a person or organisation to comply with an prohibition notice may be sought by an inspector from the Supreme Court if the person or organisation fails to comply with the notice and there is imminent risk of serious bodily injury, work caused illness or of a dangerous event happening.

5.7 Seizure Notices

Workplace health and safety inspectors are empowered under the WH&S Act 2011 to seize a workplace, part of a workplace, plant or hazardous substance at a workplace if it is defective or hazardous to a degree likely cause a serious bodily injury or work related illness. Inspectors are also empowered to seize anything that may be evidence of an offence against the WH&S Act 2011.
5.8 **Infringement Notices**

An infringement notice may be issued for certain offences against the *Work Health & Safety Act 2011* and *WH&S Regulations 2011*. These offences are listed in schedule 5 of the *State Penalties Enforcement Regulations 2000*.

When an inspector issues an infringement notice, it has an immediate punitive effect. Infringement notices are not intended to be a substitute for prohibition or improvement notices. In most cases infringement notices will be issued along with another notice.

5.9 **Prosecution**

Prosecution assists prevention by deterring others from committing workplace health and safety offences. A decision to prosecute is based on an assessment of the nature of the non-compliance, the obligation holder’s performance and the Division’s priorities.

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**Manual Handling Procedure**

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**Legislation & Support Documentation**

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Manual handling involves more than lifting. Manual tasks may include pushing, pulling, dragging and repetitive movements.

**Principle: 1 Manual Handling**

Careless manual handling can cause serious injury.

Staff are required to think before engaging in a lift and observe the following precautions:

- Whenever practical, heavy lifts are to be made by mechanical means or use a team approach
- In seated work, it is advisable not to lift loads in excess of 4.5 kg
- Evidence shows the risk of back injury increases significantly with objects above the range of 16-20 kg. Therefore from the standing position, keep the load below or within this range
- As weight increases from 16 kg up to 55 kg, the percentage of healthy adults who can safely lift, lower or carry the weight decreases. Therefore, more care is required for weights above 16 kg and up to 55 kg in the assessment process. Mechanical assistance and/or team lifting arrangements should be utilised to reduce the risk of injury associated with these heavier weights
- Generally, no person should be required to lift, lower or carry loads above 55kg, unless mechanical assistance or team lifting arrangements are provided to lower the risk of injury
• Avoid pushing, pulling or dragging of heavy items. Use lifting aids or team lifts instead.

• Adapting workplace design and using mechanical lifting aids are the best ways to deal with manual handling problems. But when manual lifting is unavoidable, it is essential to follow manual handling principles when lifting low lying objects to reduce the risk of back injury.

• Consider:
  - Using lifting aids if possible.
  - Ensure there is sufficient space for lifting to be done in the right position and with correct posture and body movements. Using the pelvis requires space – ensure you have space to do so.
  - There should be no obstructions when moving objects.
  - The start and finish height of the load should be between mid-thigh to shoulder height (preferably around waist height).
  - If your job entails repetitive movements ensure you take regular breaks are rest and relax muscles. Repetitive movements can cause long term injuries and illness such as carpal tunnel syndrome.

• Warm-Up
  - Before any manual tasks use warm-up exercises to reduce the risk of injury.

Principle: 2 Factors affecting manual tasks

- Forceful exertions
- Working postures (Awkward or Fixed positions)
- Repetition and Duration
- Vibration
- Work area design
- Use of tools
- Nature of Loads
- Load Handling
- Individual Factors
- Work Organisation

Principle: 3 Manual Handling Involving People

In general people, other than infants in a nursery should not be lifted. Once a child is old enough to walk they should be encouraged to do so rather than staff lifting.

Should children require attention, staff should sit down to be at their level rather than lifting the children.

People, other than infants should only be lifted if failing to do so, places them in immediate danger.

For those workers and volunteers who work in the areas where their duties involve the lifting people, there are many hazards that are presented when moving and/or assisting people. This may occur where a child has additional physical needs or a disability.

These workers and volunteers must give particular attention to the “Manual Tasks Involving Handling People Advisory Standard 2001”.

In order to minimize the risk of injury to staff and children staff should not engage in tasks involving the manual handling of people without specific training.

Principle: 4 Training

Catholic Education Diocese of Rockhampton will provide employees training in manual handling and lifting on request. It is recommended that all personnel are trained within their first year of employment.
Medical Administration Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- Health (Drugs and Poisons) Regulation 1996
- Public Health Act 2005
- National Education & Care Services Regulations 2011

Catholic Education – Diocese of Rockhampton aims to provide a safe and healthy workplace for staff by minimising the risk of illness by incorrect administration of medication.

In order to ensure that children are safe strict guidelines have been developed for the administration of medication.

Principle: 1 Medication Administration

1.8 Only medicines prescribed by a doctor or which have a pharmacy label specific to the child in question are to be administered during operational hours. It is recommended that where possible medication is administered before or after attending the service.

1.9 Medication will only be administered if:
   - An authorisation form is signed by the parents
   - Appropriate training for relevant staff is undertaken for medications such as Rectal Valium, epinephrine and other invasively administered medications; and
   - It is in its original package with a pharmacist’s label which clearly states the child’s name, dosage, frequency of administration, date of dispensing and expiry date.
   - Staff should not be called upon to make judgements in the administration of medication. Parents must supply clear guidelines from medical practitioners in the accurate administration of medication.

1.10 All medication will be kept by the Nominated Supervisor or delegate and stored in a safe place. Storage should prevent unsupervised access and damage to medications (some may require refrigeration).

1.11 All medication will be administered by the authority as delegated by the parent and/or Nominated Supervisor/delegate and witnessed by another staff member.

1.12 All unused medication will be returned to the parent /guardian on collection of the child.

1.13 If parents wish to suspend the administration of medication for a particular day they must note this on the medication administration form and sign and date the entry.
1.14 Should the requirement for medication administration need to be suspended or exceed 10 consecutive operating days, the parent must notify the service in writing. A new authorisation form needs to be completed if the parent wishes the administration of medication to recommence.

1.15 Should the administration of medication no longer be necessary, the parent must notify the service in writing.

1.16 For asthma and anaphylaxis medication the parent/guardian will provide the centre with a completed management plan (signed by a medical practitioner).

The Medication Administration Form is to be completed each time medication is given. Parents/guardians must sign this each day.

1.10 When medication is administered to a child, the following needs to be followed:

- The dosage that was administered;
- The manner in which the medication was administered;
- The time and date the medication was administered;
- The name and signature of the person who administered the medication;
- The name and signature of the person witnessing the administration.

- Staff must have asthma and anaphylaxis training, especially in recognising and managing an emergency situation
- All staff should be familiar with individual health care/management plans
- The service must have asthma emergency kits available and accessible to staff so they can assist when needed
- The service should attempt to contact the child’s parents/carers where possible prior to the administration of life-saving medication. However, if this is not possible, as soon as possible. In emergencies, qualified staff should demonstrate duty of care in all instances – parents are asked to sign the Enrolment Form or Re-administration Form that authorises the use of life-saving medication (as per Section 256A or Section 256B of the Health, Drugs and Poisons, Regulation 1996).
- A record of the medication administration is to be kept at the service.

The services are encouraged to acquire life-saving medication such as inhaler & auto-injectors for anaphylaxis and asthma emergencies. Services may access Asthma in Childcare for guidelines in the management of asthma: http://www.asthmafoundation.org.au/asthma_in_childcare.aspx. Only staff members who produce their qualifications to administer asthma relievers and anaphylaxis training will be able to purchase medication from a pharmacy.

**Principle: 2 Child over preschool age self or assisted administration**

2.1 Self-administration of medications and self-management of health conditions:

Contemporary management of chronic health conditions encourages students to recognise the signs and symptoms of their condition, administer their own medication or perform a health procedure, and participate in the full range of activities offered by the service. In the event of an emergency situation, it may be necessary for a student to be assisted with the administration of medication (e.g. when using an adrenaline auto-injector such to treat anaphylaxis or an asthma reliever).

2.2 In outside school hours care services, self-administration may apply to students who are assessed by their parents/carers as capable and approved by the Nominated Supervisor as appropriate.

Self-administration of medication or health procedure may include but is not limited to:

- use of adrenaline auto-injector
- monitoring blood glucose levels and the injection of insulin for diabetes
- inhaling reliever medication
- orally administering anti-convulsant medication for epilepsy
- orally administering enzyme replacements for cystic fibrosis
- clean Intermittent Self-Catheterisation

2.3 Students approved to carry their own medication should demonstrate practices of secure storage of medication that may be potentially harmful to other students and safe disposal of sharps equipment. Educators can assist students to manage their health condition by incorporating their medication needs in the routine management of the service. The service must take into consideration the student’s confidentiality and privacy.

2.4 Children over preschool age will be permitted to self-administer or be assisted in the self-administration of medication, if:

- parent/carer provides a written request, with guidelines and procedures from the medical practitioner for the child to be responsible for administering their own medication
- Nominated Supervisor or delegate determines if it is appropriate for the child to assume this responsibility at the service
- Nominated Supervisor/ delegate approves child’s self-medication on receipt of information and written authorisation from the parent/carer and medical practitioner (if appropriate)
- child, parent/carer and the responsible person in charge of the service agree on where medication is stored, and where and how it is administered
- all personnel are aware of Self-administration of medications and self-management of health conditions (see below or follow link)
- staff expected to supervise self-administration by injection or pump are provided with appropriate training by the appropriately qualified health practitioner.

In all cases where a child presents with signs of illness, first aid procedures or the child’s Action Plan (signed by a medical practitioner) are to be followed.

Nutrition & Dietary Requirements Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- Food Act 2006
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton aims to offer programs that ensure the health, nutrition and wellbeing of all children in care and education. Healthy eating habits are vital to good health and start to develop from an early age.
Our services provide meals at the centre and/or meals are provided by parents. Where centres provide lunch for children they will meet the recommended minimum food requirements for children in care (i.e. at least 50% of the recommended dietary intakes for nutrients during 8 hours of care).

All centres encourage positive eating experiences, through:
- Menus (if applicable to the centre) and food that is healthy, diverse and balanced
- Menus (if applicable to the centre) and food which will expose the children to cuisine from different cultures
- The provision of nutritional food and snacks (if applicable to the centre)
- Eating experiences, in happy and social environments
- Activities that promote an understanding of healthy eating practices and cultural influences
- Access to clean drinking water at all times

**Principle: 1  Healthy & Safe Food Principles**

1.1 Food supplied from the centres will be nutritious and prepared and stored in a safe and hygienic manner, complying with all laws and regulations, including the *Food Act 2006*.

1.2 Centres will also act to control the spread of infectious diseases.

1.3 These procedures will be reviewed in consultation with families, parent feedback and staff.

1.4 The procedure will be based on information from recognised health authorities including Nutrition Australia, Heart Foundation and Queensland Health.

1.5 Centres that provide food to children will display a menu that will meet the requirements as outlined in Nutrition Australia’s Dietary Guidelines for Children and Adolescents in Australia, as listed below.

1.6 Centres can access the Health Translations Database – [www.healthtranslations.vic.gov.au](http://www.healthtranslations.vic.gov.au) for health information to be translated into other languages, should it be required.

**Principle: 2  Promoting Healthy Eating Habits**

2.1 Records of children’s food intake will be recorded for the under three’s groups. On request, records of food intake for the older age groups will be provided. The nursery will provide food and bottle records for all children.

2.2 Staff and parents will consult on a regular basis about their child’s food interests, dietary requirements and eating habits. The centre enrolment form and annual updates of care plans will provide records of food likes and dislikes as well as food allergies (applicable to those centres that provide food).

2.3 The nursery will display information on each child’s eating and sleeping patterns for all staff to follow. This information will be updated regularly after consultation with parents.

2.4 For centres that supply food, a dietary chart shall be placed in the kitchen area with a list of children who have special dietary requirements. This list will be updated regularly:
   - Details of restrictions will be noted on the enrolment from management plan and passed on to staff.
   - Where children are on “special” diets, staff will negotiate with parent/guardian and where necessary the meal will be supplied from home.
2.5 Parents/guardians are to be instructed not to send food which may endanger those with special dietary needs (e.g. peanut butter or food containing peanuts).

2.6 Social interactions will be encouraged during meal and snack times. Staff will sit with children at meal times discuss food being served, promote hygienic self-help practices, and use positive strategies to promote children’s interest in foods and good eating habits.

2.7 Staff will model and promote healthy and hygienic eating habits by talking to children about safe food practices e.g. sitting while eating.

2.8 Families will receive information about food and nutrition in the centre’s orientation and throughout the year with additional information sourced from recognised health authorities.

2.9 The weekly menu will be displayed to parents and staff in centres that supply food.

2.10 Menu feedback will be sought from parents, staff and children. Ideas for new food experiences will be included in menu plans. Menus will reflect the multicultural nature of the community.

2.11 Families’ religious and cultural beliefs will always be respected.

2.12 Special occasions will be celebrated with culturally appropriate food where possible and through negotiation with families.

2.13 Food and nutrition activities are incorporated into children’s planned learning experiences. Activities will include children’s shows about healthy foods, dental health activities, stories, visual displays of foods, home corner food props and talking to children about what foods help their body grow.

2.14 Food preparation and interest activities will be included in the menu planning for centres where food is supplied.

2.15 Individual needs for quantity and timing will be considered in meal schedules and planned in the best interests of the children.

### Principle: 3 Food Provided by the Centre: Long Day Care & OSHC

3.1 Food provided for children will meet the recommended minimum food requirements for children in care (i.e. at least 50% of the recommended dietary intakes for nutrients during eight hours of care).

3.2 **Long Day Care Specific:** the centre will employ a cook who has received training in nutritional needs for children.

3.3 A lunch time meal, morning and afternoon tea will be provided by the long day care centre (and where relevant OSHC) daily.

3.4 Food provided will be varied, seasonally appropriate and the menu cycle will be rotated to ensure that children attending part time will have opportunities for experiencing a range of foods. Foods will offer different colour and texture.

3.5 Fruit and/or milk based desserts will be offered to children even if they have not eaten their main meal.

3.6 **Long Day Care Specific:** Full cream milk will be served once a day unless otherwise specified by parents.

3.7 Only calcium fortified soy beverages will be used as a substitute for milk.

3.8 Families of children on special diets will be asked to provide details of any special food needs compiled by a doctor, dietician, nutritionist or other recognised health professional. Details of what the child can and cannot eat to be included in this detail.

3.9 **Long Day Care Specific:** Staff will be made aware of the consistency and texture of foods including the prepared state of the food that may cause choking (e.g. raw carrot pieces) and plan appropriate meals and snacks in accordance to children’s development.

3.10 Incorporating foods from different cultures will be included in the menu to promote awareness of different cultures and to expose children to a wider variety of food.
Principle: 4  Food Provided from Home: All Services

4.1 Information will be provided to parents on healthy lunch box ideas as provided by fact sheets from Queensland Health and Nutrition Australia.

4.2 Parents/guardians will be encouraged to provide nutritional food. Parents will be provided with details of foods not to send to the service.

4.3 Parents are advised to keep lunch boxes cold until it is time to leave the house and while transporting to the centre. Ice packs may be used in lunch boxes to keep food cool.

4.4 Food provided from home will respect the food provision rules of the individual centre where plans are in place to manage food allergies. Parents will be provided with information of food allergies in the centre.

4.5 Food from home will not be reheated.

Principle: 5  Food Requirements: Long Day Care Specific

5.1 The centre will encourage and support breast feeding.

5.2 Feeding schedules for infants will be flexible and adaptive to individual routines. These routines will be developed in consultation with parents in centre orientation time and will be regularly reviewed and updated in accordance with the changing needs of the developing child.

5.3 Preparation instructions for infant formulas will be displayed in the nursery food preparation area.

5.4 Infants will be kept on breast milk or infant formula as the main drink at least until 12 months of age or as negotiated with families.

5.5 Storing breast milk - Breast milk can be stored in several ways. It can be:

- Formula or breast milk needs to be kept refrigerated or frozen. Keep a non-mercury thermometer in the fridge so that the temperature is always below 5°C. All bottles need to be labelled with the child’s name and the date the bottle was prepared or brought in by the parent.

- It is best to make up fresh formula for each feed and give it to the child as soon as it has cooled. If this is not possible, the freshly made formula should be cooled immediately and stored in the back of the refrigerator (where it is coldest) for no more than 24 hours. Throw away any formula that is left over. Do not freeze or reheat leftover made-up formula.

- Breast milk can be stored in several ways. It can be:
  - refrigerated for 3–5 days at 4°C or lower (4°C is the typical temperature of a standard fridge); always store breast milk at the back of the refrigerator, not in the door
  - stored without refrigeration (if needed) for 6–8 hours if the room temperature is less than 26°C
  - frozen in a separate freezer section of a refrigerator for up to 3 months; if your freezer is a compartment inside the refrigerator, rather than a separate section with its own door, then only store the breast milk for 2 weeks
  - frozen in a deep freeze (−18 °C or lower) for 6–12 months.

- When thawing frozen breast milk, always use the oldest milk first. Frozen breast milk can be thawed:
• in the refrigerator and used within 24 hours
• by standing the bottle in a container of lukewarm water and used straight away.

5.6 Heating Bottles

- Heat bottles once only. Do not allow a bottle to cool and then reheat it—this can allow germs to grow.
- Do not warm bottles in the microwave. Microwave ovens distribute heat unevenly. Water in the milk can turn to steam that collects at the top of the bottle, and there is a danger that the infant could be scalded.
- To heat bottles:
  - Stand the bottle in a container of hot water for no more than 15 minutes.
  - Before feeding the infant, check the temperature of the milk by letting a little drop onto the inside of your wrist—it should feel comfortably warm or even a little bit cool.
  - Never microwave breast milk.
  - Never refreeze thawed breast milk.
  - Only warm the milk once, and discard any warmed milk that has not been used.
- Follow the manufacturer’s instructions carefully for formula.

5.7 Staff and parents will be made aware of foods that may cause choking and will prevent infants and children from having access to these foods.

5.8 Children will be praised and supported in their attempts to feed themselves. The seating arrangements for high chairs and low tables and chairs will be arranged to encourage social interactions at meal times.

5.9 Infants under twelve months will be provided with cool boiled water for extra fluid.

5.10 Information on suitable foods and when to introduce solids will be sourced from health authorities and be available for parents.

5.11 Parents and staff will monitor and discuss children’s appetite, fluid intake, interest in food and self-help skills.


Principle: 6 Provision of Drinking Water

Children will have access to clean drinking water at all times.

6.2 Staff will encourage children to drink extra water during the summer months.

6.3 Water will be available in the following ways:
- Drinking fountains;
- Individually labelled water bottles filled throughout the day;
- Water canteen.
- Trainer cups

Principle: 7 Professional Development
Staff will be familiarised with current nutrition resources. Outside health professionals will be utilised to provide and share up-to-date information on subjects such as healthy eating, nutrition for under twos and oral health where possible.

Staff will receive appropriate guidance cues on how to communicate with parents about appropriate/inappropriate foods to be sent.

The centre will maintain membership with Nutrition Australia and will regularly access information on health and nutrition matters from recognised health authorities.

All permanent and regular staff will complete a food handling course or parts of the course that are relevant to the centre.

**Personal Protective Equipment Procedure**

**Quality Area Procedure: Health & Safety**

**Ratified by: Approved Provider**

**Coordinating Responsibility: Nominated Supervisor**

### Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *National Education & Care Services Regulations 2011*
- *National Education & Care Services Act 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

Personal Protective Equipment (PPE) is any clothing, equipment or substance which has been designed to give protection from risks of injury or illness. PPE is to be worn at all times when working in any job or area that presents a hazard to the worker.

Employers are obliged to supply PPE to workers and to include the use of PPE in induction and in-service training.

An employer should ensure, through personal observation, that workers are wearing PPE when using those items of equipment and substances that can cause serious bodily injury or injury.

There is an obligation on an employer to ensure the health and safety of that employer’s workers by the insistence in the use of PPE. Therefore if an employer finds a worker not using PPE when that worker has been instructed to use the PPE, then the employer must call upon the worker to cease work and to use the PPE. If the worker fails to comply with the direction of the employer or his delegate to use the PPE then that worker may be withdrawn from that work.
**Principle: 1  Procedures**

The following points need to be considered:
- That the correct PPE is supplied for use by workers;
- That workers are shown how to fit PPE correctly;
- That workers know how to clean PPE and store it correctly;
- That single use PPE is disposed of correctly after use; and
- That workers use PPE when required.

**Principle: 2  Selecting PPE**

PPE must be:
- Be appropriate for the type of work;
- Give adequate protection to the user;
- Not create additional health or safety risks;
- Be compatible with other PPE being used;
- Fit properly;
- Not interfere with any medical conditions of the user;
- Be easy to use;
- Be comfortable; and
- Comply with relevant Australian Standards.

SDS should be consulted in selecting PPE. **Examples** of PPE which may be required in a child care setting may include:
- Gloves (unpowdered latex or vinyl);
- Aprons resistant to body fluids;
- Heat resistant gloves (for use in the kitchen);
- Protective eye wear for use with chemicals;
- Respiratory masks if recommended by the SDS;
- Sunscreen.

**Principle 3:  Using PPE**

When using PPE, make sure that:
- PPE is used in accordance with the manufacturer’s instructions;
- The PPE fits correctly;
- Workers are instructed and trained in how to use it; and
- Appropriate signs are displayed.

**Principle 4:  Training**

Training in the use of PPE should be done:
- When new workers start work;
- When you get new PPE; and
- To refresh workers memories.

All such training should be recorded.

**Principle 5:  Storing & Maintaining PPE**

PPE should be stored in a way which ensures its cleanliness and functionality. PPE needs to be checked regularly both during storage and use. As part of maintenance, identify and record:
- Maintenance duties and responsibilities;
Principle 6: Footwear

The wearing of inadequate footwear whilst working is the cause of many workplace injuries. Having an insecure base of support while transferring or lifting a person or object can cause a worker to strain or jerk, resulting in damage to workers ligaments, muscles and joints. Slipping while assisting a person can result in injury for both the worker and the other person. Slips and trips cause the majority of back injuries.

Not wearing enclosed footwear leaves feet vulnerable to dropped items, edges of furniture, sharp items on the floor and bacterial and fungal infections. No footwear can provide 100% protection and support in all situations. The best way to stay safe is to adopt practices that increase awareness and provide protection. It is also important where staff are preparing food for others that closed in shoes are worn. Thongs are not suitable for wearing in the workplace due to their lack of support and potential for slipping. Therefore, thongs are not recommended.

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton aims to provide all children with a balance of experiences that involve leisure, rest and physical activity within a healthy, safe, relaxing and comfortable environment.

Providing safe, restful environments for children is a responsibility of the service. Educators are responsible for the day to day care of many children, which includes time that these children spend asleep or resting. Research indicates that young children settle with greater ease when they have formed attachments with familiar and trusted staff. All staff need to be familiar with current information on Sudden Infant Death Syndrome (SIDS).

The centre will offer families regular and ongoing communication regarding research about children and best sleep practices. While many services implement planned ‘rest periods’ for young children, routines and environments should also be flexible enough to support children who do not require a sleep and those who seek rest and relaxation throughout the day.
**Principle: 1 Staff responsibilities in providing safe sleep/rest periods for all children**

Staff will alter the environments to provide a safe, restful and calm setting for children to settle to rest and or sleep.

1.2 Staff and activities throughout the centre will be respectful of the need for quiet environments and adjust their activities accordingly. Visitors and tradespeople to the centre will be encouraged to attend outside the rest periods for the majority of the centre.

1.3 At orientation and at intervals throughout the year staff and parents will review and update children’s care plans. When children transition rooms staff from the first room will share knowledge of children’s sleep and rest patterns with staff in the child’s new room. This will include learning about each child’s rest and sleep routine, ways of settling, comforters and particular cultural practices.

1.4 Staff routines and practices will recognise that children settle confidently when they have formed bonds with familiar and trusted staff. Staffing of this period will prioritise children’s needs of security.

1.5 Staff will support children to transition to sleep/rest activities. Supports will include assisting children to adjust clothing and remove footwear for sleep/rest periods; Staff sitting with children reading stories as a transition to rest and or sleep periods; children choosing books to read on their beds; assisting children to access comforters as required in accordance with SIDS recommendations.

1.6 All children who are resting or sleeping will be monitored and supervised. Children are not to be left alone when sleeping for any period of time. Staff will maintain monitoring of all children at all times of the day.

1.7 Rest is a period of calmness or tranquillity and can include a child being in a state of sleep. Staff will provide quiet experiences for children who do not fall asleep. These activities will be provided in supervised space in the children’s room.

1.8 Staff will monitor children as they sleep/rest and ensure that all children will rest with their face uncovered.

1.9 Rest and sleep equipment will be maintained in a safe manner. All cots and mattresses are checked in annual inspection checklist.

1.10 All children who sleep will be monitored regularly with specific attention to their breathing patterns.

1.11 Children who are unwell will be more frequently monitored.

**Principle: 2 Additional Safe Sleep Practices for children under fifteen months**

SIDS is the most common cause of death in babies between one month and one year of age, most babies who die of SIDS are under six (6) months of age. More babies die of SIDS in winter than in summer. Since the introduction of the “Reducing the Risks of SIDS” program in Australia, SIDS deaths have been significantly reduced.

2.1 Babies (6 weeks – 2 years) are to be placed on their back when putting them down for a sleep in their cot, and for babies aged (6 weeks – 6 months) they will be returned to sleeping on their back if they have rolled onto their stomach, during their 15 minute check.
a) When placing a baby into the cot

- Put babies feet at the bottom of the cot
- Tuck in bedclothes securely so bedding is not loose
- Ensure doonas, duvets, pillows and cot bumpers are not in the cot
- Ensure cot and mattress are safe
- When baby is put to sleep check that baby is tucked in securely or is in a safe sleeping bag.
- Cot bedding is not loose.

b) Safe cots and mattresses

- Check that cots meet Australian Standard (AS 2172) before use.
- Second hand cots are not to be used in the centre.
- A toddler or baby can get stuck in the gaps between the mattress and the cot sides, make sure there is no more than a 25mm gap between cot and mattress and always make sure the waterproof mattress protector is strong and a tight fit.
- Mattresses must be firm and clean.

2.2 Information and visual displays of safe sleeping practices in accordance with SIDS recommendations are prominently displayed in the nursery sleep room for staff and parents.

2.3 On all sleep checks staff will observe children’s breathing rates. Staff will monitor room temperature, cot security (are all cot sides up and cots casters in locked position) and ensure that there are no hanging cords near cots.

2.4 Cots and sleep mats will be positioned in room to allow for adult access between the cots and mats.

2.5 Toddlers will be placed on their back to rest, unless otherwise directed in writing by the child’s medical practitioner.

2.6 Staff will ensure that all infants and children sleep with their face uncovered.

2.7 Staff will visually monitor and record children’s sleeping patterns for all children in the nursery.

2.8 The centre routines will accommodate the individual sleep patterns for children. A sleep room is provided for children in the nursery.

2.10 Students or volunteers will not be left unsupervised when settling children for sleep or rest.

Principle 3: Staff responsibilities in maintaining sleep equipment in safe and hygienic manner

3.1 Children’s cots will be made up in accordance to sleep safe guidelines provided by SIDS

3.2 Cot sheets will be changed for each individual child. Cots will be cleaned after each child’s usage. All cots will be cleaned at the end of each week

3.3 Each child will have their own set of sheets and be stored in sheet bags labelled with child’s name. Parents will be asked to launder their child’s sheets at the end of their week.

3.4 When centre sheets are utilised they are stored separately for each child. Centre sheets are laundered on or off campus at the end of the child’s week.

3.5 The sleep room will be maintained in a clean and hygienic manner.

3.6 Sleep monitors will be turned on when a child is sleeping. Staff are to immediately report when sleep monitors are not working.
3.7 Cots will be cleaned after each individual child has finished using the cot across a week. The cleaning work instruction, located in the nursery, will be followed and signed by the staff member responsible for the cleaning.

3.8 There is to be a regular cleaning of sleep mats in older age groups.

**Principle 4: Parent Responsibilities – Sleeping/ Rest**

4.1 At orientation and at intervals such as when children are moving rooms parents and staff will discuss and review their child’s rest and sleep routines.

4.2 Parents will provide top and bottom sheets and sheet bag.

4.3 Parents will label sheets and sheet bag.

4.4 Parents will launder sheets on a weekly basis and return each week.

4.5 Provide staff with a guidelines on their child’s sleeping routine

**Principle 5: Balance of Physical Activity & Rest**

5.1 There should be a balance of rest, leisure and physical activities for children whilst they are in care. The routines and support from educators to achieve this balance is achieved through the planning of varied experiences, negotiation with individual children and their families and response to environmental factors.

5.2 Educational material including the program will reflect to parents the rest and physical periods throughout the day.

5.3 Underpinning the day, play-based experiences should be offered to children

5.4 There should be limited exposure to watching television/videos that are not directly linked to the educational program

5.4 Explicit learning opportunities that involve children actively involved in the experience is essential in programs
Risk Management Procedure

Quality Area Procedure: Health & Safety
Ratified by: Approved Provider
Coordinating Responsibility: Nominated Supervisor

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton is committed to ensuring that persons are free from the risk of death, trauma, injury or illness created by the workplace, workplace activities or specified high risk plant by identifying risks and managing exposure to hazards at the workplace.

Risk management is the action taken to minimise the chance of a person sustaining an injury or serious injury from a “hazard” at a workplace. In an endeavour to minimise the exposure to a risk, a “Risk Assessment” is carried out and appropriate action taken in regard to obviating or controlling that hazard. In order to discharge an employer’s obligations under the WH&S Act 2011, an employer must:

- Follow the prescribed way of preventing or minimising an exposure to a risk;
- Ensure the prohibitions against exposures to a risk has not been contravened;
- Adopt and adhere to the code of practice in managing exposures to risk to provide protection against those risks; and
- Undertake a risk assessment of the situation, if there is no prescribed way to prevent or minimise exposure to a risk.

Risk management is an ongoing process and should be undertaken at various times, including:

- Now, if you have not done it before;
- When a change occurs;
- After an incident and/or near misses; or
- At regularly scheduled times appropriate to your workplace.

To ensure the best health and safety outcomes from the risk management process, it may be appropriate to consult with the Workplace Health and Safety Representative/s or Advisor, the Diocesan Workplace Health and Safety Coordinator and the Workplace Health and Safety Committee (as applicable to your service).

Principle: 1 Record Keeping

It is necessary to record the workplace health and safety risk management process to demonstrate compliance with the WH&S Act. The records should show that the process has been conducted properly and should include information about the hazard/s and associated risks at the workplace. Prescribed documentation includes:

- Workplace Health and Safety Checklists – a list of all the items that may create a hazard.
- Hazard Register – used to record particulars of the hazard and any actions to be taken to eliminate or control the hazard; and

Whenever a new risk assessment is completed a copy should be sent to the Diocesan Coordinator Early Learning & Care to be included in the central database. This will allow for information sharing across services.

All records should be kept in a central location and should be made available to workers and Workplace Health and Safety personnel.
**Principle: 2 Hazards and Risks**

Hazards and risks are **NOT** the same thing.

A **hazard** is something with the potential to cause harm. This can include substances, plant, work processes and other aspects of the work environment. A **risk** is the likelihood that death, injury or illness may result from the hazard.

The relationship between hazard and risk is illustrated in the table below.

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work environment (poor ventilation)</td>
<td>The likelihood that a worker might suffer inhalation illness because they are using strong bleach in a room that is inadequately ventilated.</td>
</tr>
<tr>
<td>Energy (electricity)</td>
<td>The likelihood that a worker might be electrocuted because they are exposed to electrical wires while using a vacuum cleaner that has inadequate insulation on the power cable.</td>
</tr>
<tr>
<td>Manual Handling</td>
<td>The likelihood that a worker might suffer back strain from moving large tables alone.</td>
</tr>
<tr>
<td>Noise</td>
<td>The likelihood that workers might suffer stress in the form of fatigue, anxiety and/or aggression because they are exposed to constant low level noise of below 75 dB(A) from a faulty air-conditioner.</td>
</tr>
<tr>
<td>Substance (infected body fluid)</td>
<td>The likelihood that a worker might contract an illness cleaning up vomit from an infected child.</td>
</tr>
<tr>
<td>Plant (shredding machine)</td>
<td>The likelihood that a worker’s hand might be damaged while using a shredding machine because unguarded teeth drew in the worker’s hand.</td>
</tr>
</tbody>
</table>

**Principle: 3 Workplace Health & Safety Risk Management Process**

Pursuant to section 27A of the *WH&S Act*, there are five steps in the workplace health and safety risk management process, which include:

1. **Identify** the hazard;
2. **Assess** the risks that may result from the hazard;
3. **Decide** on elimination or control measures to minimise the risk;
4. **Implement** control measures; and
5. **Monitor** and **review** the effectiveness of the elimination or control measures introduced.

**Principle: 4 Step 1 – Identifying the Hazard**

The first step in the workplace health and safety risk management process is to identify workplace hazards, which entails listing all things at the workplace that have the potential to cause harm.

4.1 **What to look for**

Workplace hazards can be classified into the following categories:

- Work environment (such as confined spaces);
- Energy (such as electricity);
- Manual handling;
- Noise;
- Substances (such as chemicals); and
- Plant.
4.2 How to look for hazards

In order to assist with the task of looking for hazards, it is recommended that the workplace be divided into logical workplace groupings, such as:

- Tasks (working on the lathe, loading the truck, data processing);
- Locations (offices, grounds, warehouse);
- Roles (electricians, office workers); and
- Functions or production processes (administration, cooking, washing, cleaning, receiving, forming, finishing).

There are many activities that can be undertaken to help identifying hazards, these include:

- Walking through and inspecting each task or location;
- Consulting with workers (ask about my problems they have encountered and any near misses and unreported minor injuries);
- Reviewing any workers’ Hazard Reports;
- Consulting with Diocesan Workplace Health and Safety Coordinator, Workplace Health and Safety Advisors and Workplace Health and Safety Committee; and
- Conducting a safety audit.

If any of the risks are relatively minor and/or the hazard can be easily fixed, attend to these straight away. That is, you may NOT need to work through the assessment method shown in Step 2 before controlling the risk in Step 3.

To further assist with the identification of hazards, workers should be instructed to complete the Hazard Register when the workers come across a hazard.

Principle: 5 Step 2 – Assess Risks

Step 2 involves assessing the risk associated with the hazards identified in Step 1. The desired outcome of this step is to develop a prioritised list of risks for further action.

5.1 Risk Assessment Method

For each of the risks:

- Estimate the probability of an incident occurring and the degree of exposure at the workplace, bearing in mind the existing control measures;
- Estimate the possible consequences of an incident occurring at the workplace, bearing in mind the existing control measures; and

The rate the risk can be estimated by combining the probability of an incident occurring with the degree of exposure and the possible consequences of an incident.

In determining the probability of an incident occurring, the following factors may be relevant:

- How often the situation occurs;
- How many people are exposed;
- The skills and experience of persons exposed;
- Any special characteristics of the people involved;
- The duration of exposure;
- The position of the hazard relative to workers and to other hazards;
- Any distractions;
- Quantities of materials or multiple exposure points involved;
- Environmental conditions;
- The condition of equipment; and
- The effectiveness of the existing control measures.

To determine the consequences, a judgment is made on the severity of the potential outcome. The following facts can affect the consequences:

- Potential for chain reaction;
- Concentration of substances;
- Volumes of materials;
- Speeds of projectiles and moving parts;
- Height – the greater the height, the greater the injury;
- Position of the worker relative to the hazard;
- Weight – the heavier the object, the increased likelihood of injury; and
- Forces and energy levels – the higher the voltage, the more severe the consequences.

The level of risk or “risk score” is determined by the relationship between the probability, the degree of exposure and the potential consequences. Once a risk score has been generated, the scores are ranked to prioritised risks that should be addressed.

5.2 Using the Risk Assessment Calculator

Once risks have been assessed they must be prioritised. You must decide if these risks are:

5.2.1 Determining Likelihood:

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Almost Certain</th>
<th>Likely</th>
<th>Possible</th>
<th>Unlikely</th>
<th>Rare</th>
</tr>
</thead>
</table>

The following can affect the likelihood of an incident occurring:
- Frequency of exposure
- Number of people exposed
- Skills and abilities of people exposed
- Special characteristics of people exposed
- Duration of exposure
- Distractions
- Environmental conditions
- Condition of equipment

5.2.2 Determining Consequences:

<table>
<thead>
<tr>
<th>Consequences</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>Death or permanent disablement</td>
</tr>
<tr>
<td>Major</td>
<td>Extensive Permanent Injury. Extended hospitalisation</td>
</tr>
<tr>
<td>Medium</td>
<td>Admitted to Hospital</td>
</tr>
<tr>
<td>Minor</td>
<td>Medical Treatment provided by medical professional.</td>
</tr>
<tr>
<td>Insignificant</td>
<td>First Aid Treatment Only</td>
</tr>
</tbody>
</table>

You must make a judgment on the severity of the potential outcome. Also consider the following factors which can affect the consequences:
- Potential for chain reaction
- Concentration of substances
- Volumes of materials
- Speed of projectiles and moving parts
- Heights
- Weights
- Forces and energy levels

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<thead>
<tr>
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<tbody>
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<td>A</td>
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<td></td>
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</tr>
<tr>
<td>B</td>
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<td></td>
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</tr>
<tr>
<td>C</td>
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<td></td>
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</tr>
<tr>
<td>D</td>
<td>Unlikely</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>E</td>
<td>Rare</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
Step 3 involves deciding on control measures to manage exposure to identified risks.

### 6.1 Control Priorities

Control measures should be prioritised in the following order:

1. Try to **eliminate** the hazard
2. If this is not possible, prevent or minimise exposure to the risk by one or a combination of:
   a. **Substituting** a less hazardous material, process or equipment;
   b. **Isolating** or separating the hazard from the person or isolating or separating the person from the hazard, and/or
   c. **Engineering solutions** that will redesign the workplace, equipment or work processes to make the workplace safer.
3. As a last resort, when exposure to the risk is not (or cannot be) minimised by other means:
   a. Introduce **administrative** controls (minimising exposure to a risk through the use of procedures or instruction); and
   b. Use appropriate **personal protective equipment** to create a barrier between the person and the hazard.

The following table outlines the preferred order of control and what each control measure achieves.

<table>
<thead>
<tr>
<th>Preferred order of control</th>
<th>What are you trying to achieve?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliminate the hazard</td>
<td>This is the most effective way to make workplace safer. Always try to get rid of the hazard completely.</td>
</tr>
<tr>
<td>Substitute the hazard with a safer alternative</td>
<td>If you cannot eliminate the hazard, replace the machinery, substances or work processes with something that presents a lower or more manageable risk.</td>
</tr>
<tr>
<td>Isolate the hazard</td>
<td>Isolate or separate the hazard from workers, or the workers from the hazard.</td>
</tr>
<tr>
<td>Use engineering solutions</td>
<td>Make changes to the workplace or equipment and machinery to reduce the risk of injury or harm. This would include guarding the moving parts of the machines and having machinery services so it is less noisy.</td>
</tr>
<tr>
<td>Apply administrative measures</td>
<td>Make changes to the way work is organised to reduce the risk of injury or harm. It would also include implementing safe working procedures, such as restricting access for some people.</td>
</tr>
<tr>
<td>Use personal protective equipment</td>
<td>Person protective equipment (PPE) should be used to provide an added measure of safety or as a temporary control measure while other risk controls are being developed. PPE should not be used in place of more permanent controls. It is the least effective way of dealing with hazards. PPE may be used in combination with other methods to help manage exposure to risk.</td>
</tr>
</tbody>
</table>

### 6.2 The control measures selected should:

- Adequately control exposure to the risk;
- Not create another hazard; and
- Allow workers to do their work without undue discomfort or distress.

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**Principle: 7  Step 4 – Implement Control Measures**

Step 4 involves putting selected control measures in place at the workplace. This means undertaking those activities to allow the measures to function or operate effectively.

Implementing control measures involves:
7.1 Developing work procedures
Develop work procedures in relation to the new control measures to make sure they are effective. Management, supervision and worker responsibilities may need to be clearly defined in the work procedures.

7.2 Communication
Workers and any other persons should be informed about the control measures to be implemented. It is important to clearly communicate the reasons for the changes.

7.3 Providing training and instruction
Training and instruction should be provided for the workers, supervisors and any other persons in relation to the new control measures.

7.4 Supervision
Adequate supervision should be provided to verify that the new control measures are being used correctly.

7.5 Maintenance
Maintenance relating to control measures is an important part of the implementation process. Work procedures should set out maintenance requirements to ensure the ongoing effectiveness of the new control measures.

Principle: 8 Step 5 – Monitor and Review

The final step in the process is to monitor and review the effectiveness of measures.

To complete this step, it is useful to ask questions to determine whether:
- Chosen control measures have been implemented, as planned
  - Are chosen control measures in place?
  - Are these measures being used?
  - Are these measures being used correctly?
- Chosen control measures are working
  - Have the changes made to control exposure to the assessed risks resulted in what was intended?
  - Has exposure to the assessed risks been eliminated or adequately reduced?
- There are any new problems
  - Have implemented control measures resulted in the introduction of any new problems?
  - Have implemented control measures resulted in the worsening of any existing problems?

Principle: 9 Excursion Risk Management

Service programs may at times include excursions into the local and wider community which extends the program by offering new learning experiences, new social contexts and interactions. These excursions will take into account the age, interests and abilities of the child. A written authorisation must be given by a parent or authorised person for an excursion, before a child leaves the service. For a regular outing, authorisation is only required to be obtained once every 12 months.

9.1 Procedures for Services on School Campuses
It is a priority to adequately supervise children at all times during any excursion and therefore the adult to child ratios will reflect this commitment when planning to leave the school campus. However, for services located on a school site, it is not considered an excursion if the children, accompanied by the appropriate educator to child ratios, utilise the various school facilities.

9.2 Excursions beyond the School Campus
Safety is an essential part of all excursions and excursions will only be undertaken after discussion with the Nominated Supervisor. Undertaking a risk assessment is part of planning a routine outing or excursion. The risk assessment will take into account the levels of supervision and number of adults needed for the entire time the children are out of the service. Volunteers, such as parent helpers, will
be encouraged to assist to provide additional supervision. Ratios of educators to children will reflect the hazards present at the venue.

9.3 **Risk management standards are maintained the following steps will be followed:**

- Permission from parents will be obtained on an excursion permission form
- If the excursion is to be affected by the weather, a contingency plan will be developed
- A contingency plan in case of vehicle breakdown will be prepared. Such a plan will include methods to ensure children are kept safe and comfortable and will provide for access to water and snacks if applicable.

9.4 **Transporting Children on Excursions**

- Appropriate transport will be engaged. Buses with seatbelts will be contracted (where possible). Consideration needs to be given to the age of the children, the distance travelled and the speed with regard to seat belts in buses.
- Private transport is not the preferred method for excursions. However, if this is necessary, the following must be adhered to:
  - written consent of parent/guardian for their child to travel in a privately owned vehicle;
  - driver must have a minimum Type ‘O’ Class ‘C’ licence;
  - copies of the following documentation used by parent/guardian agreeing to transport children must be acquired: driver’s licence, insurance, registration of vehicle;
  - Responsible Person in Charge of the service establishes most appropriate route to be travelled and is provided to parent/guardian;
  - a convoy should be formed wherever possible.

9.5 **During an excursion the following will apply:**

- Staff members will be well aware of the content of the *Excursion Risk Assessment* prior to the excursion and will follow this document as prescribed
- A staff member will be present who has first aid
- A first aid kit will be accessible
- An attendance record or roll with relevant child information will be available
- Emergency contact numbers will be available
- Telephone access will be available
- The roll will be checked regularly during the day to ensure all children are accounted for, particularly when moving from one activity or area to another
- Staff ratios will ensure adequate supervision of children throughout the excursion experience
- Staff will ensure that the environment is safe.
- If staff become aware the excursion is likely to return late to the service, all reasonable attempts will be made to contact parents either individually by phone or by arranging a notice to be placed outside the service with an expected time of arrival.
- Children will not be left in the sole care and custody of bus drivers or any other persons during excursions.
Service Providers Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

As part of our commitment to providing and maintaining a safe working environment, Catholic Education Diocese of Rockhampton will take reasonable steps to ensure the health and safety of service providers (contractors) by identifying their roles and responsibilities under the WH&S Act 2011.

Principle: 1 Roles and Responsibilities

1.1 It is necessary that service providers, which include contractors, subcontractors, agents, entertainers, suppliers and employers, are requested to work in a safe manner as prescribed under legislation. This entails providing the service providers with information regarding workplace health and safety policy and procedures for the site and requesting from the service providers the following information:
   - A current Workers’ Compensation Policy Number;
   - A current Public Liability Insurance Policy Number;
   - A Gold Care Reference, if applicable;
   - A Blue Card if required; and
   - Any other documentation or information that may be relevant to the work and the contractor’s workplace health and safety work plan.

1.2 Before any works are undertaken by service providers at a service or parish complex, the service providers are to be asked to read and sign the Safety Agreement by Service Provider/s (Contractor/s). If the same service providers are used each time, these agreements need only to be signed annually.

1.3 Further, all service providers are now required to submit a Work Method Statement if they are to perform high risk construction activities, which include:
   - Entering a trench which is more than 1.5 metres deep;
   - Using explosives;
   - Entering a confined space;
   - Using a hazardous substances;
   - Any activity where a person can fall 2.4 metres; or
   - Working on a roof with a pitch of more than 26 degrees.

1.4 The Nominated Supervisor has the right to stop work at any time where agreed workplace health and safety procedures are breached by the service providers.

1.5 The Nominated Supervisor/ WH&SA must inform the contractor if asbestos is present and its location.
Principle: 2  Worksite Requirements

1.6  Housekeeping
The service providers are responsible for removing all waste materials resulting from the work carried out by the service providers. Further, the service providers are responsible for leaving the work areas as clean and tidy as possible.

1.7  Parking
Service providers’ private vehicles are to be parked in the car park unless approval has been given that they may be parked elsewhere. The only vehicles to be on the construction/work site are those necessary for the construction/work being carried out.

1.8  Driving Regulations
Speed restrictions at the service must be observed at all times. The speed is to be determined by the Nominated Supervisor/ WH&SA. The right to use the car park or any part of the service grounds may be revoked from those who fail to follow the speed limit and/or drive negligently or discourteously at the service. Further, vehicles are parked in the car park or other designated area at the owner’s risk.

1.9  General Conduct in a service
Misconduct by way of action and/or speech will not be tolerated in the service. Any persons engaging in such misconduct will be requested to leave the service.

1.10  Accidents and Incidents
Any injury, serious bodily injury, work caused illness or dangerous event that occurs in the service must be reported to the Nominated Supervisor/ WH&SA. The Nominated Supervisor/ WH&SA must, in turn, report the event in accordance with Incident, Injury, Trauma and Illness Reporting Procedure.

In the case of a death on the Nominated Supervisor/ WH&SA must be notified immediately. Nominated Supervisor/ WH&SA must then report this event immediately to the Rockhampton Diocesan Catholic Education Office.
If any of the preceding events occur in the services construction site where a principal service provider is in charge then that principal service provider is responsible for reporting any such event to the Division of Workplace Health and Safety.
Spills & Body Fluids Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid Code of Practice 2004
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Workers may come into contact with blood and body fluids, for example a worker may be required to clean up a blood or vomit spill, dispose of a discarded needle and/or syringe or handle soiled laundry and this may expose workers to infectious disease risks. Therefore, workers must be instructed and trained in ways to control such hazards. Children should be supervised at all times during a spill or sharps incident. It also may be necessary to comfort a child or adult who has suffered an injury where an incident has occurred.

Principle: 1 Waste Management

Workers should treat all blood and body fluids as potentially infectious and always adopt safe working procedures where there may be contact with blood and body fluids. Any cuts and abrasions should be covered with a water-resistant dressing before attempting to clean the spillage. Also protective gloves should be worn.

Recommended methods for cleaning blood spills

<table>
<thead>
<tr>
<th>Size of spill</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spot (e.g. drop of blood less than the size of a 50 cent coin)</td>
<td>Wear gloves</td>
</tr>
<tr>
<td></td>
<td>Wipe up blood immediately with a damp cloth, tissue or paper towel</td>
</tr>
<tr>
<td></td>
<td>Place in a plastic bag, seal the bag and put it in the rubbish bin</td>
</tr>
<tr>
<td></td>
<td>Wash your hands with soap and water</td>
</tr>
</tbody>
</table>
A ‘spills kit’ and appropriate personal protective equipment should be available where there is a risk of blood or body substance spills. A ‘spills kit’ should contain:
- PVC, household rubber or disposable latex gloves;
- Cleaning agents;
- Disposable absorbent material; and
- A leak-proof bag.

### 1.1 Managing an exposure to blood or body substances

In order to manage possible exposures to blood or body substances where a spillage has occurred, ensure the following:
- Wash away the blood or body substance with soap and water. If water is not available then use a 60-90% alcohol based hand rinse or foam;
- If the eyes are contaminated, rinse eyes while open with tap water or saline solution;
- If blood gets into the mouth, spit it out and then repeatedly rinse with water;
- The affected person should be referred for medical assessment as soon as possible; and
- All blood and body substances exposure should be documented and kept at the workplace and should be kept confidential.

### 1.2 Faeces, vomit and urine

- Wear gloves.
- Place paper towel over the spill and allow the spill to soak in.
- Carefully remove the paper towel and any solid matter.
- Place it in a plastic bag, seal the bag and put it in the rubbish bin.
- Clean the surface with warm water and detergent, and allow drying.
- If you know that the spill came from a person with an infectious disease (e.g. diarrhoea or vomit from a child with gastroenteritis), use a disinfectant on the surface after cleaning it with detergent and warm water.
- Wash hands thoroughly with soap and running water (preferably warm water).

### 1.3 Nasal discharge

- Wear gloves.
- Place paper towel over the spill and allow the spill to soak in.
- Carefully remove the paper towel and any solid matter.
- Place it in a plastic bag, seal the bag and put it in the rubbish bin.
- Clean the surface with warm water and detergent, and allow drying.
- If you know that the spill came from a person with an infectious disease (e.g. diarrhoea or vomit from a child with gastroenteritis), use a disinfectant on the surface after cleaning it with detergent and warm water.
- Wash hands thoroughly with soap and running water (preferably warm water).
Washing your hands every time you wipe a child’s nose will reduce the spread of colds. If you cannot wash your hands after every nose wipe, use a hand rub (this is not preferred as hand rubs can be flammable).

- It is not necessary to wear gloves when wiping a child’s nose. If you do wear gloves, you must remove your gloves and wash your hands or use a hand rub afterwards.
- Dispose of dirty tissues immediately.

### 1.4 Soiled Clothing
Contaminated waste should be placed in a leak-proof bag or container and sealed. The bag or container should not be overfilled. All waste should be handled with care to avoid contact with blood and body substances. Gloves should be worn when handling contaminated waste bags and containers.

- Containers should be disposable to remove the need for sanitisation.
  - Once soiled items are in containers should be named and stored away from children.
  - A note or mark placed beside the child’s name on the parent sign in/out sheet to alert them that they need to speak to a staff member.
  - The soiled item should be given to the parent.

If parents do not collect soiled items within 48 hours the container containing the garments should be disposed of.

### Principle 2: Sharps

“Sharps” refer to any object that can pierce or penetrate the skin easily. They include ice picks, broken glass and needles. Workers may be required to dispose of needles that are found in toilets or carparks or clean up broken glass that has been contaminated with blood.

#### 2.1 Ways to control hazards
Staff should be trained in safe working practices to prevent skin penetrating injuries from sharps. This includes not manually compressing garbage bags or placing hands into areas where their hands are not visible. Further, where there is a risk of finding discarded sharps, tongs or a similar item should be available to pick up sharp items safely.

Appropriate personal protective equipment and sharps disposal kit should be provided containing disposable gloves, appropriate tongs and a rigid-walled, puncture resistant sharps container. Also, features should be installed that deter sharps concealment and encourage responsible sharps disposal, for example adequate lighting and provision of sharps containers.

The hazard should be recorded on the daily checklist form, control measures articulated and the personnel notified identified clearly on the form.

Should any worker identify any sharp suspicious/dangerous needles/blades, it should be reported immediately to the Responsible Person in Charge of the Service. This person or a delegate should arrange to remove the hazard immediately. The item should be removed using a sharps handling device such as tongs and place in a designated safety container.

#### 1.2 Dealing with skin penetrating injuries
If a person suffers a skin penetrating injury, the following steps should be followed:
- Encourage the wound to bleed by gently squeezing;
- Wash the area with cold running water and soap;
- Apply an antiseptic then cover the wound with a band aid or dressing; and
- The affected person should be risk assessed by a doctor.
- The sharp should be taken with the affected person to the doctor.

#### 1.3 What not to do
Do not pick up a needle/syringe without following the proper procedures.
**Sun Safety Procedure**

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- First Aid Code of Practice 2004
- *National Education & Care Services Regulations 2011*
- *National Education & Care Services Act 2011*

Catholic Education – Diocese of Rockhampton will ensure the health and safety of all those who work for or utilise services by actively identifying safety issues and addressing such issues through the development and implementation of safety procedures.

Under the *Work Health and Safety Act 2011*, the employer has a duty of care to its employees and children/families, to ensure their safety.

People who spend a lot of time in the sun risk developing skin cancer, other skin disorders, eye injuries, heat stress and heat-related illness. Also people can experience heat related illness during periods of extreme heat in summer.

Employees also have a legal obligation to comply with instructions regarding sun safety precautions, to use personal protective equipment (PPE) and to ensure that they do not put themselves or another person at risk. This means ensuring children are provided with and apply sunscreen and wear hats for all outdoor activities.

**Principle: 1 Heat & Stress**

Factors that may contribute to heat-related health problems at work include:
- Inadequate cooling off or rest periods;
- Insufficient water consumption;
- Climatic conditions (such as low air movement, high humidity levels and high air temperature);
- Inappropriate clothing;
- Individual factors that may cause dehydration;
- Individual medical conditions that may cause heat stress;
- Individual medication that may affect the body’s temperature regulation; and
- An individual’s age, general physical fitness and weight.

Environmental and seasonal factors that can contribute to heat problems include:
- High air temperatures;
- Radiant heat from hot objects such as machinery;
- Radiant heat from working outdoors in the sun;
- Higher relative humidity levels; and
- Low air movement.

Various engineering controls are effective in reducing heat at a workplace. Where children are present special care must be taken to ensure that the risk of heat stressed is managed as their capacity to regulate their own body temperature and be aware of warning signs may be less than those of adults. For example:
- Reducing the body’s metabolic heat production using automation and mechanisation of tasks;
- Reducing radiant heat emissions from hot surfaces and plant, for example by insulation and shielding;
- Using ventilation and air-conditioning;
- Humidity reducing methods e.g. install a dehumidifier; and
- Creating some shade for outdoor worker.

**Principle: 2 Controlling Sun Exposure**

Every workplace should carry out its own assessment of sun exposure, identifying tasks that place workers who are at risk and control the degree of exposure. Some control measures may include:

- Wearing personal protection such as sunscreen, glasses and suitable clothing and ensuring that children do not engage in outdoor activities without hats and sunscreen;
- Setting limits to exposure to sun between 10 am and 3 pm all year round;
- Reorganising work and play schedules so that outdoor tasks are done early in the morning or late in the day;
- Rotating or job-sharing tasks that involve direct sun exposure and ensuring children rotate through activities that involve sun exposure and those that do not;
- Planning the work around the movement of the sun;
- Where possible, not working in an environment heated by several sources (e.g. sun and ovens);
- Using trees, buildings and temporary shelters to shade the area;
- Insulating buildings to reduce radiant heat emissions;
- Where possible, fitting a shade to outdoor equipment. Do not remove shielding that is provided on equipment;
- Drinking plenty of water and ensuring children keep a high water intake;
- In extreme conditions, wearing specialised liquid or air cooled clothing;
- Screening for heat tolerance and being aware of the special needs of children in relation to heat tolerance;
- Following a doctor’s advice before working or playing in hot conditions when individuals are on medications such as sedatives, tranquillisers, antidepressants, amphetamines, antispasmodics, diuretics or medication affecting blood pressure; and
- Having a plan in place for treating heat affected workers and children

Centre routines for indoor and outdoor play will be in accordance with Sun Smart recommendations.

Staff will regularly incorporate and promote sun smart education in the daily program. This will be through posters, stories, and news to parents.

Staff will set up outdoor play areas where there are shaded facilities for both staff and children. Prior to children accessing play equipment staff will check that all equipment is at a safe temperature for use.

The Nominated Supervisor or designated person in charge is responsible for checking that all staff are implementing Sun Smart practices (staff members are not required to wear sunscreen).

Information on the centre’s Sun Smart practices and Code of Conduct will be provided for all staff on commencement at the centre.

The Nominated Supervisor will provide sun protection information to parents. This will include information about suitable clothing for children, suitable hats.

**Principle: 3 Protective & Suitable Clothing**

When working or playing in the sun, staff and children are to always wear protective clothing. Examples may include:

- A hat with a broad brim or a flap at the back to shade both the face and back of the neck;
- A hardhat with a brim added;
- A loose-fitting, long-sleeved, dark coloured, collared shirt;
- Woven, rather than knitted, fabrics;
- Loose trousers;
- Sunglasses with side protection (look for the code AS 1067 Sunglasses and Fashion Spectacles);
- Safety glasses designed to minimise UV radiation exposure to the eye; and
- Garments with a UV protection factor (look for this on the label).
Staff members dress must be appropriate and reflect health, safety and security considerations applicable to their job and work environment. All staff who work with children will be required to wear clothing and sunhats in accordance with Queensland Cancer Fund recommendations. This will include wearing a collared shirt with sleeves that cover shoulders and upper arms, shorts to just above the knee or long pants and a hat that meets Queensland Cancer Fund recommendations.

- Staff will ensure that children are appropriately clothed at all times in accordance with climate conditions both indoors and outdoors.
- Staff will ensure children are comfortably dressed at sleep time with loose clothing, removal of footwear and supply of bedclothes.
- Staff will communicate with parents about the activities of the centre and provide information on suitable clothing for such activities. These activities will include, climbing, messy play, art, water play.

Note: Ensure that PPE does not create a hazard in itself.

**Principle: 4 Sunscreen**

- Sunscreen should be applied 20 minutes before being exposed to the sun where possible and should be allowed to dry.
- An adequate supply of 30+ broad spectrum sunscreen is to be made available and at accessible locations within the centre.
- The application of sunscreen should align with the directions outlined on the sunscreen or in the event that there are no timeframes prescribed, reapplied at least every two hours (a record may be required to determine when the last application of sunscreen has been applied).
- A generous amount of sunscreen should be applied to create a barrier between the skin and the sun. Children are to be assisted where necessary, to apply sunscreen to ensure suitable coverage.
- Sunscreen is to be checked for use by date.
- Staff members may elect to wear sunscreen at their own discretion.

**Principle: 5 Hydration**

- Children are to have access to clean water at all times.
- All personnel should be encouraged to consume 150-200 mm of cool fluids every 15 to 20 minutes of exposure to the sun, rather than consume a 1 litre drink every now and again.
- For staff water or a sports drink is better than tea, coffee or milk. However, if staff suffer dehydration, they should not recommence work until fully rehydrated.

- The same principles should be applied to children. However, water rather than sports drinks should be administered unless the drinks are provided by parents.

**Principle: 6 Parent Responsibilities**

- Parents will be encouraged to apply sunscreen on their child each day on arrival at early years' centres.
- Parents will inform staff of any known allergies to the sunscreen supplied by the centre and will provide child's own sunscreen (if this is an alternative for the child). This sunscreen is to be labelled with child’s details and handed to staff.
- Parents will dress children in attire appropriate to the activities of the centre.
- Parents should be encouraged to follow sun protection guidelines when dressing children including the centre's adherence to Sun Smart practices.
- Parents will provide and keep laundered a sun hat, in accordance with Sun Smart recommendations.
- Parents will be asked to include extra clothing in their child’s bag for necessary changes dependant on age.
- Parents will provide suitable clothing in accordance with seasonal and climatic conditions. In the cooler months warm and cool clothing is required so children can be comfortable for the warm and cool times of the day.
- When dressing children, parents are asked to provide children with clothing that assists the children’s self-help skills e.g. ability to dress, toilet, be active and at rest times.
Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- Tobacco and Other Smoking Products Act 1998
- Tobacco and Other Smoking Products Amendment Act 2004
- Tobacco and Other Smoking Products Amendment Regulation (Number 1) 2004
- Tobacco Products (Prevention of Supply to Children) Act 1998
- Public Health Act 2005
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

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Under the Work Health and Safety Act 2011 and the Tobacco and Other Smoking Products Act 1998, the employer has a duty of care to its employees and children/families, to ensure their safety. This includes protection from passive smoking. Exposure to tobacco smoke poses major health risks for both children and adults.

Staff are also role models for children and must not smoke in view of children or have tobacco products or related items such as lighters visible around children.

Principle: 1 Smoke Free Places in Queensland

As of the 1st of July 2006, smoking is banned in all “enclosed areas” which means anywhere with a ceiling or roof and except for doors and passageways, is completely or substantially enclosed, whether permanently or temporarily and within ten metres of children’s playground equipment.

Furthermore, non-enclosed eating and drinking areas where food and drink is provided as part of a business must be no smoking.

1.1 Workplaces and public places
A smoking ban applies to workplaces and other public places such as
- Offices;
- School and University buildings;
- Work vehicle if more than one person is in the vehicle; and

Under the National Education & Care Services Regulations, an Approved Service must ensure the environment is free from the use of tobacco, illicit drugs and alcohol.
1.2 Outdoor Public Areas
Smoking is banned within four metres of any non-residential building entrance.

**Principle: 2 Penalties**

Some offences under Queensland tobacco laws are enforced by on-the-spot fines. $150 on-the-spot fines will be issued to anyone found smoking in non-smoking zones. Furthermore, the proprietor of the facility (the "occupier") could also be found at fault and face a court fine.

If you are smoking in a no smoking zone and approached by an authorised Queensland Health Officer, you are, by law, required to provide your correct name and address to the officer.

The following practices are to be implemented for staff or volunteers:

- Staff or volunteers are not to smoke on the premises;
- Staff are to wear a shirt over their uniform shirt when smoking away from the service. This ensures not only that they are not identifiable, but also that the uniform remains smelling fresh for the duration of the shift;
- Staff or volunteers are to ensure that they are not visible to parents and children, even as they come and go from the service;
- Staff or volunteers are not to leave litter in the form of cigarette butts, but should ensure a bottle or personal ashtray is used to collect butts;
- Staff or volunteers should ensure suitable personal hygiene when returning from having a cigarette (e.g. wash hands, have a mint, etc.);
- Staff may only smoke on designated breaks.

A breach of these conditions will lead to disciplinary action.

For information on quitting smoking staff can visit:
- [www.quitnow.info.au/](http://www.quitnow.info.au/)
- Quitline 131 848 or 13 7848
- Or their doctor about a range of new medical products now available.

**Principle: 3 Signage**

It is mandatory for child care services to display no-smoking signs. Free signs are available from the Tobacco Hotline 1800 005 998 (8:00am – 6:00pm seven days).
Toileting & Nappy Change Procedure

Legislation & Support Documentation

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*
- *National Education & Care Services Regulations 2011*
- *National Education & Care Services Act 2011*

There may be children across all sectors of Faith, Education & Care requiring nappy changing or support in toileting. The following procedure follows *Staying Healthy Edition 5 guidelines*. At all times, when a child is placed on a raised surface (in this case the nappy change table), the educator must always stand directly adjacent to the nappy change table/bench to prevent the child falling (where possible, one hand should be used to secure the child).

Staff and children will have safe and unimpeded access to toilets and hand washing facilities.

Hand-washing facilities will include soap and disposable paper towels, hand dryers or other appropriate single use hand drying material. Each toilet area will display a poster regarding correct hand washing procedures.

**Principle: 1  Procedures for All Services**

All services must provide access to suitable toilet facilities which:
- safeguard the health of children from injury and infection;
- minimise delays for children requiring to use a toilet;
- are readily accessible to children (this may mean that children need to request access to a toilet in the case of a toilet that is exposed to an unlicensed space e.g. an oval);
- Where toilets are not locked, and the area is exposed to an unlicensed space, staff may need to accompany children and check the toilets prior to allowing children to enter (if the toilets are not in view).
- facilitate independent use;
- provide for different needs and developmental abilities of children;
- enable staff to provide assistance;
- permits adequate supervision by staff, appropriate to the age of the children; and
- are screened so as to respect the dignity of children, having regard to the ages of the children
- Slip resistant floor surfaces.
- Where toilets are not visible staff will always accompany children.
- Services may need to develop a risk management plan for safe guarding the dignity of children using toilet facilities.

**Principle: 2  Long Day Care, Kindergarten & Pre-prep Centres Specific**

2.1 *Provision of Toilets in Centres*

In long day care and kindergartens/pre-preps, services will ensure the following toileting facilities are available to children:
- At least one child size water closet suite for every 10 children or part thereof over the age of 15 months within the Service Approval capacity.
- At least 2 child size water closet suites in each location.
- Children’s toilets adjoin the area they serve and provide unimpeded access to that group.
- Wall and floor surfaces impervious without cracks and crevices.
- Screening from the view of children in the indoor play space by a wall, which, except for doorways, is opaque for a height of at least 900mm but no more than 1200mm high above floor level. The section above may be open or clear glazed to permit supervision.

2.2 Toilet training
- Ask parents to supply a clean change of clothing for children who are toilet training. Place dirty clothes in a plastic bag for parents to take home.
- Help the child use the toilet. It is better for the child to use the toilet than use a potty chair, which increases the risk of spreading disease. If the child must use a potty, empty the contents into the toilet and wash the chair with detergent and warm water. Do not wash the potty in a sink used for washing hands.
- After toileting, help the child wash their hands. Explain to the child that washing their hands and drying them properly will stop germs that might make them sick.
- Always wash your own hands after helping children use the toilet.

2.3 Nappy Changing
- Where possible ensure another staff member or adult is in view of the educator changing a child’s nappy.
- Do not share the same nappy change mat with children from another room.
- Try to have at least two nappy change surfaces for each day as an additional way to prevent the spread of disease.
- Ensure you have everything you need. Nappy, child’s change of clothes, wipes etc.
- A vinyl sheet over the change mat can be the morning surface; this can be removed for the afternoon. Mattresses and covers used on the nappy change table need to be smooth and in good condition, because germs can survive in cracks, holes, creases, pleats, folds or seams.
- Place paper on the change mat. Put on gloves.
- Encourage child to walk up steps if able. Use correct lifting techniques to place child on mat. Ensure the child’s skin is not touching the change mat surface.
- The paper is removed in the middle of the nappy change, before the child’s clean clothes are put on, and the paper and the germs are put in the bin. Any paper can be used for this, including paper towel (but this can be expensive), greaseproof paper or large sheets of butcher’s paper or recycled paper.
- Remove child’s nappy. Wipe child’s bottom with pre-moistened disposable wipes.
- Discard cloth / disposable into appropriate labelled bin.
- Discard faeces into sluice, do not rinse
- Discard change table paper.
- Remove gloves by peeling them back from the wrist ensuring your skin does not touch the outer contaminated surface of the glove.
- Discard in bin.
- Place a fresh nappy on child and dress them.
- Encourage child to walk down steps if they are able. Carefully lift child from change table.
- Wash your hands then the child’s. (Even if not visibly dirty)
- Guide child out of bathroom.
- Wash your hands.

2.4 Cleaning the Nappy Change Area
- After each nappy change and at the end of each day, wash the surface well with detergent and warm water or recommended solution, rubbing with paper towel or a cloth as you wash.
- Put the paper towel in the bin, or put the cloth aside for washing after each nappy change—there will be many germs on this cloth and it cannot be used again until it has been washed.
- Leave the change surface to dry.
- See ‘Safe dealing with spills’ for information on how to clean the nappy change area if the child had diarrhoea.
- If faeces spill onto the change surface, clean the surface with detergent and warm water and leave it to dry.
Halfway through the day, remove the morning change mat or vinyl sheet, clean it with detergent and water and leave it to dry, preferably outside in the sun.
Use the fresh mat for the afternoon.
Spray change mat with a recommended hospital grade disinfectant and place upright to air overnight.
Wipe down entire change bench with the hospital grade disinfectant and a paper towel
Empty nappy bins (twice daily if necessary)
Disposable into garbage.
Cloth into nappy bin outside room.

Water Safety Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

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Under the Work Health and Safety Act 2011, the employer has a duty of care to its employees and children/families, to ensure their safety. Employees also have a legal obligation to comply with instructions regarding water safety precautions, to ensure that they do not put children at risk. This means ensuring children are always supervised when water is present and to reduce the potential risks of water hazards and/or drowning.

Principle: 1 Water Safety

- Educators have the responsibility of supervising children whenever water is present at the centre.
- The primary focus as an educator is to be carefully watching the children. When educators are supervising children in the presence of water they should ensure they are focussed on the water activity and/or ensure children are kept away from any water hazards.
- Educators must avoid distractions such as phone calls, text messages, completing paperwork, talking with parents or colleagues etc. when children are in the presence of water.
- Consideration should be given to increasing adult to child ratios when children are participating in water activities. This will be at the discretion of the Nominated Supervisor or person delegated to be the Responsible Person in Charge of the centre.
- Children are not permitted to have access to unrestricted water sources e.g. dams, ponds, creeks etc.
- Older children should never be given the responsibility to watch younger children when participating in water activities.
- At least one supervising staff member must have a current first aid certificate and a recognised cardio pulmonary resuscitation (CPR) certificate.
- Research has shown that children can potentially drown in a very small amount of water. It is therefore important for service personnel to ensure that all water sources must be regarded as potentially dangerous, including, but not limited to, empty baths, water troughs, buckets, sluices, spas with taps and water tanks for the collection of rainwater.
- Consideration should be given to the weather conditions when offering children water play experiences.
- Services should be aware of the local council regulations when using sprinklers/hoses.
- For water play in the sun, children must wear hats, protective clothing and sunscreen.
- Water troughs, baths, buckets etc. must be emptied immediately after use.
- Care must be taken to ensure that the drainage area for water troughs, baths etc. remains clear in order that water can freely drain.
- Removal of stagnant water is recommended not only as it poses a drowning risk, it also causes a potential breeding habitat for insects and bacteria/viruses.
- Nappy bins must always be in a secure location, inaccessible to children and with a sealed lid.

**Legislation & Support Documentation**

- *Work Health & Safety Act 2011*
- *Work Health & Safety Regulation 2011*

Catholic Education - Diocese of Rockhampton is committed to the provision and maintenance of a safe working environment. As part of this commitment, DCEO will ensure effective consultation mechanisms through the appointment of trained Workplace Health and Safety Advisors in schools and a Diocesan Workplace Health and Safety Coordinator for the diocese.

Consultation on workplace health and safety matters among the employers, the workers and their representatives can contribute to effective management of workplace health and safety. If effective consultation mechanisms are in place, the organisation can benefit from the knowledge and experience of workers. Organisational communication can take many forms but the *Work Health and Safety Act, 2011 (WH&S Act, 2011)* outlines requirements in relation to workplace health and safety representatives and committees.

Workplace Health and Safety should be a standing item on the agenda at all service staff meetings to facilitate communication and report a “safety first” culture.

**Principle: 1 Workplace Health & Safety Representatives**

Pursuant to section 50 of the *WH&S Act, 2011*, a Workplace Health and Safety Representative (WHSR) is a worker at a workplace who is elected as a WHSR by the workers’ co-workers at the workplace. WHSR are an integral component of the tripartite approach involving employers, workers and unions designed to encourage workplace health and safety at the workplace.

The *WH&S Act 2011* does not require a workplace to have a WHSR. However, workers are entitled to elect a WHSR on their own initiative or at their employer’s suggestion. Workers may negotiate with the employer on such issues as the number of WHSRs at the workplace and their areas of representation, the election process, the training of WHSRs and frequency of workplace inspections by the WHSR.

If a WHSR is to be nominated, the WHSR must be a worker at the workplace as an employer cannot be appointed as a WHSR. The identity of the WHSR must be displayed in a prominent place in the workplace.
### Principle: 2  Workplace Health & Safety Advisors

2.2  Workplace Health and Safety Advisors (WH&S) are appointed to larger schools in the diocese.

2.3  WH&S Advisors must be working towards a Cert IV in Occupational Health & Safety.

2.4  The WH&S Advisor is a resource person for all staff members in the area of Workplace Health and Safety in schools. They are also an avenue to raise WHS concerns.

### Principle 3:  Workplace Health & Safety Committees

3.1  Workplace Health and Safety Committees (WHSC) foster a cooperative spirit in a workplace, by encouraging the employer and workers to work together for a healthier and safer workplace. WHSCs promote co-operation between employers and workers, they have a role in workplace health and safety training issues, in reviewing the circumstances surrounding incidents and accidents and in making workplace health and safety recommendations.

3.2  The functions of a health and safety committee are—

- to facilitate cooperation between the person conducting a business or undertaking and workers in instigating, developing and carrying out measures designed to ensure the workers’ health and safety at work; and
- to assist in developing standards, rules and procedures relating to health and safety that are to be followed or complied with at the workplace; and
- any other functions prescribed under a regulation or agreed between the person conducting the business or undertaking and the committee.

3.3  Workplace Health and Safety Committees (WHSC) foster a cooperative spirit in a workplace such as a school, by encouraging the employer and workers to work together for a healthier and safer workplace. WHSCs promote co-operation between employers and workers, they have a role in workplace health and safety training issues, in reviewing the circumstances surrounding incidents and accidents and in making workplace health and safety recommendations.
The physical environment plays a critical role in keeping children safe; reducing the risk of unintentional injuries; contributing to their wellbeing, happiness, creativity and developing independence; and determining the quality of children’s learning and experiences.

The way in which the environment is designed, equipped and organised determines the way that space and resources are used by children. Carefully chosen resources and materials, adequate in number, contribute to each child’s sense of belonging and challenge them to explore new possibilities. These resources also play a part in fostering children’s knowledge of and connections with the natural environment (Guide to the National Quality Standard 3).

Policies & Procedures

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Catholic Education – Diocese of Rockhampton aims to provide all children with a balance of experiences that involve leisure, rest and physical activity within a healthy, safe, relaxing and comfortable environment.

Providing safe, restful environments for children is a responsibility of the service. Educators are responsible for the day to day care of many children, which includes time that these children spend asleep or resting. Research indicates that young children settle with greater ease when they have formed attachments with familiar and trusted staff. All staff need to be familiar with current information on Sudden Infant Death Syndrome (SIDS).

The centre will offer families regular and ongoing communication regarding research about children and best sleep practices. While many services implement planned ‘rest periods’ for young children, routines and environments should also be flexible enough to support children who do not require a sleep and those who seek rest and relaxation throughout the day.

**Principle: 1 Staff responsibilities in providing safe sleep/rest periods for all children**

Staff will alter the environments to provide a safe, restful and calm setting for children to settle to rest and or sleep.

1.2 Staff and activities throughout the centre will be respectful of the need for quiet environments and adjust their activities accordingly. Visitors and tradespeople to the centre will be encouraged to attend outside the rest periods for the majority of the centre.

1.3 At orientation and at intervals throughout the year staff and parents will review and update children’s care plans. When children transition rooms staff from the first room will share knowledge of children’s sleep and rest patterns with staff in the child’s new room. This will include learning about each child’s rest and sleep routine, ways of settling, comforters and particular cultural practices.

1.4 Staff routines and practices will recognise that children settle confidently when they have formed bonds with familiar and trusted staff. Staffing of this period will prioritise children’s needs of security.
1.5 Staff will support children to transition to sleep/rest activities. Supports will include assisting children to adjust clothing and remove footwear for sleep/rest periods; Staff sitting with children reading stories as a transition to rest and or sleep periods; children choosing books to read on their beds; assisting children to access comforters as required in accordance with SIDS recommendations.

1.6 All children who are resting or sleeping will be monitored and supervised. Children are not to be left alone when sleeping for any period of time. Staff will maintain monitoring of all children at all times of the day.

1.7 Rest is a period of calmness or tranquillity and can include a child being in a state of sleep. Staff will provide quiet experiences for children who do not fall asleep. These activities will be provided in supervised space in the children’s room.

1.8 Staff will monitor children as they sleep/rest and ensure that all children will rest with their face uncovered.

1.9 Rest and sleep equipment will be maintained in a safe manner. All cots and mattresses are checked in annual inspection checklist.

1.10 All children who sleep will be monitored regularly with specific attention to their breathing patterns.

1.11 Children who are unwell will be more frequently monitored.

**Principle: 2 Additional Safe Sleep Practices for children under fifteen months**

SIDS is the most common cause of death in babies between one month and one year of age, most babies who die of SIDS are under six (6) months of age. More babies die of SIDS in winter than in summer. Since the introduction of the “Reducing the Risks of SIDS” program in Australia, SIDS deaths have been significantly reduced.

**Procedures:**

2.2 Babies (6 weeks – 2 years) are to be placed on their back when putting them down for a sleep in their cot, and for babies aged (6 weeks – 6 months) they will be returned to sleeping on their back if they have rolled onto their stomach, during their 15 minute check.

**a) When placing a baby into the cot**
- Put babies feet at the bottom of the cot
- Tuck in bedclothes securely so bedding is not loose
- Ensure doonas, duvets, pillows and cot bumpers are not in the cot
- Ensure cot and mattress are safe
- When baby is put to sleep check that baby is tucked in securely or is in a safe sleeping bag.
- Cot bedding is not loose.

**b) Safe cots and mattresses**
- Check that cots meet Australian Standard (AS 2172) before use.
- Second hand cots are not to be used in the centre.
- A toddler or baby can get stuck in the gaps between the mattress and the cot sides, make sure there is no more than a 25mm gap between cot and mattress and always make sure the waterproof mattress protector is strong and a tight fit.
• Mattresses must be firm and clean.

2.2 Information and visual displays of safe sleeping practices in accordance with SIDS recommendations are prominently displayed in the nursery sleep room for staff and parents.

2.3 On all sleep checks staff will observe children’s breathing rates. Staff will monitor room temperature, cot security (are all cot sides up and cots casters in locked position) and ensure that there are no hanging cords near cots.

2.4 Cots and sleep mats will be positioned in room to allow for adult access between the cots and mats.

2.5 Toddlers will be placed on their back to rest, unless otherwise directed in writing by the child’s medical practitioner.

2.6 Staff will ensure that all infants and children sleep with their face uncovered.

2.7 Staff will visually monitor and record children’s sleeping patterns for all children in the nursery.

2.9 The centre routines will accommodate the individual sleep patterns for children. A sleep room is provided for children in the nursery.

2.10 Students or volunteers will not be left unsupervised when settling children for sleep or rest.

Principle 3: Staff responsibilities in maintaining sleep equipment in safe and hygienic manner

3.1 Children’s cots will be made up in accordance to sleep safe guidelines provided by SIDS

3.2 Cot sheets will be changed for each individual child. Cots will be cleaned after each child’s usage. All cots will be cleaned at the end of each week.

3.3 Each child will have their own set of sheets and be stored in sheet bags labelled with child’s name. Parents will be asked to launder their child’s sheets at the end of their week.

3.9 When centre sheets are utilised they are stored separately for each child. Centre sheets are laundered on or off campus at the end of the child’s week.

3.10 The sleep room will be maintained in a clean and hygienic manner.

3.11 Sleep monitors will be turned on when a child is sleeping. Staff are to immediately report when sleep monitors are not working.

3.12 Cots will be cleaned after each individual child has finished using the cot across a week. The cleaning work instruction, located in the nursery, will be followed and signed by the staff member responsible for the cleaning.

3.13 There is to be a regular cleaning of sleep mats in older age groups.
**Principle 4: Parent Responsibilities – Sleeping/ Rest**

4.1 At orientation and at intervals such as when children are moving rooms parents and staff will discuss and review their child’s rest and sleep routines.

4.2 Parents will provide top and bottom sheets and sheet bag.

4.3 Parents will label sheets and sheet bag.

4.4 Parents will launder sheets on a weekly basis and return each week.

4.5 Provide staff with a guidelines on their child’s sleeping routine

**Principle 5: Balance of Rest, Leisure & Physical Activity**

5.1 There should be a balance of rest, leisure and physical activities for children whilst they are in care. The routines and support from educators to achieve this balance is achieved through the planning of varied experiences, negotiation with individual children and their families and response to environmental factors.

**References**

- An encounter with Christ: Defining Features of Catholic Schools in the 21st Century (Catholic Education Diocese of Rockhampton, 2004)
- Diocesan Learning Framework (Catholic Education Diocese of Rockhampton, 2003)
- On Holy Ground (Catholic Earthcare Australia, 2005)
- Catholic Education Diocese of Rockhampton - Statement of Education for Sustainable Futures (2011)

Catholic Education in the Diocese of Rockhampton endorses the ecological vision expressed in On Holy Ground:

>“I cannot be silent when my brothers and sisters are threatened. I become the voice of those who have no voice….the voice of generations to come....it is possible to make a difference...Let our response be even more generous and effective.” Pope John Paul II 1980 (On Holy Ground p17)
We believe each person is uniquely created in the image and likeness of God, a co-creator and steward of creation. As co-creators we are intimately connected with the community of creation. We are the custodians of a planet in crisis; we have a responsibility to heal the wounds of generations of unsustainable practices by promoting sustainable futures for all species that share this planet.

God’s gift of stewardship calls us to an ecological and ethical conversion that involves a new way of seeing, thinking and acting. In response to that call we need to foster individuals and communities who are inspired to shape optimistic and socially just futures and who have the strength to participate in decision making which is both ecologically and ethically sound.

Catholic centres will actively promote sustainable futures by:

- Sustainable practices are embedded in all aspects of the centre’s operations.
- Developing a comprehensive and systematic approach involving all staff, children, families and the local community to lessening the ecological footprint of the centre.
- Supporting professional/personal development for the centre’s community.
- Fostering in learners an appreciation of creation as a gift, their relationship with it and their responsibility as co-creators for its future.
- Providing learners with knowledge and understandings in environmental education, creational spirituality and sustainable living practices.
- Developing in learners the knowledge, skills, attitudes, values and commitment to initiate individual and collective responses that are environmentally, morally and ethically responsible.
- Inspiring learners to actively decrease their ecological footprint and increase their spiritual one, as creatures made in the image and likeness of God.
- Promoting awareness and respect for cultural diversity, spirituality, values and the traditions of other cultures, especially our own indigenous culture.

“Life is one, and human well-being is at its base interwoven with all life on earth and the rhythm of its systems.”

_Climate Change - Our Responsibility to Sustain God’s Earth (Bishops’ Committee for Justice Development Ecology and Peace, Nov 2005)._
This quality area of the *National Quality Standard* focuses on the provision of qualified and experienced educators, co-ordinators and nominated supervisors who are able to develop warm, respectful relationships with children, create safe and predictable environments and encourage children’s active engagement in the learning program (adapted from *Guide to the National Quality Standard 3*).

**Policies & Procedures**

Blue Card...........................................................................................................................................109
Child & Young Workers..........................................................................................................................112
Diocesan Code of Conduct....................................................................................................................115
Staff & Volunteer Engagement..............................................................................................................129
Blue Card (Suitability Notice)  
Procedure

Legislation & Support Documentation

- Commission for Children and Young People and Child Guardian Act 2000
- Education and Care Services National Act 2010 & Regulations 2011

Due to the nature of the work and legislative requirements, various positions may be subjected to various checks or clearances as part of an employee screening process.

In Queensland, the Commission for Children and Young People and Child Guardian Act 2000 requires that persons working with children in regulated employment hold a blue identity card known as “working with children check”.

A requirement of child-related positions is that applicants consent to a criminal history check. The service is responsible for ensuring persons undertake the required criminal history check with the Office of the Commission for Children and Young People.

This system calls for regular updating of a particular check (i.e. every three (3) years for blue cards), and staff should be advised of the process on appointment.

Under the Commission for Children and Young People Amendment Regulation (No. 1) 2006 child care services are required to have a written risk management strategy in place. This strategy is detailed in the Child Protection Procedure.

Principle: 1  People requiring a Blue Card

1.1 All volunteers and paid employees who work with children in Catholic Education – Diocese of Rockhampton must apply for a blue card (s99).

1.2 Regulated employment (s97, Schedule 1) includes all child care services, sport and recreation, etc.

1.3 All paid employees must apply for the check if they work, or are likely to work minimum hours in regulated employment (s105).

1.4 All volunteers must have a Working with Children Check and hold a blue card before they start volunteering in any regulated employment.

1.5 Volunteers moving to paid employment must submit a Volunteer to Paid Employee Transfer form and pay the prescribed fee.

1.6 If a student is to commence working in a service as a part of their study placement they must have a blue card prior to commencement. Generally this is the responsibility of the training organisation to organise. However, the service must submit a check on the validity of the blue card.

1.7 Student blue cards cannot be used for the purposes of paid employment. A Paid Employee Application form must be completed and the prescribed fee paid.

1.8 People who do not require a blue card include the following;
   - Children under 18 who are volunteers (except students required to work in regulated employment as part of their studies)
• Parents* who volunteer their services or conduct activities at a school in which their child is attending, as long as the child is under 18, and
• Parents* who volunteer their services or conduct activities through a church, club or association, or who are involved in sport and active recreation, where their child is involved in the same or similar activity.
• Police officers and registered teachers are able to apply for an exemption when providing child-related services outside their professional teaching or police duties. Exemption notices are issued free and remain valid while the person is a police officer or their teacher registration is valid. If a registered teacher cannot produce an exemption notice they must apply for a blue card.

* A parent includes child’s mother, father or another adult who has parental responsibility for the child.

Principle: 2 Applications, Renewals and Withdrawals

2.1 The Nominated Supervisor is responsible for applying to the Commission for a Working with Children Check for paid employees and volunteers. They must also sight the applicant’s identification documents specified on the application form.

2.2 When a staff member or volunteer is applying for a blue card the Nominated Supervisor must:

- **Issue an appropriate verbal warning to every person applying for a blue card** by saying, ‘I am legally obliged to warn you that it is an offence for a disqualified person to sign a blue card application form’ and issuing the Application Fact Sheet and Disqualification Fact Sheet;
- Sign the declaration on the application form stating you have warned the applicant; and
- Check that the applicant has signed the declaration stating they are not a disqualified person before lodging an application on their behalf.

- **It is an offence for an employer not to provide the warning.**

2.3 A blue card is valid for **three years** from the date it is issued, unless the Commissioner cancels it earlier.

2.4 An employee may commence work, pending the outcome of their blue card application. If the application is refused by the Commission the employee’s employment must immediately cease.

2.5 A register of blue cards and expiry dates must be maintained by each service. This register must be maintained and the Nominated Supervisor must ensure that where a card is due for expiry, a notification to the employee/volunteer is made to complete a renewal application is submitted to the Commission prior to the expiry date.

2.6 An employee may continue to work after the blue card has expired provided their card has not been suspended or cancelled and the Commission has received a renewal application at least 30 days before the expiry of their card.

2.7 An employee will be stood down (either without pay or on annual leave if available and an application is submitted) if their blue card has expired and evidence of a renewal application or new (current) card is not submitted to the service.

2.8 If a person has a change in their criminal history they must immediately notify their existing or prospective employer, volunteer organisation or provider of the change – **an employer must not continue to employ that person without applying for a new Working with Children check.**

2.9 Where an employee or volunteer notifies you of a change in their police profile/information, a ‘Change in Police Information’ form must be lodged with the Commission.

2.10 If a blue cardholder is convicted of a serious offence, they cannot start or continue in regulated employment until a new card is issued.

2.11 Where new information emerges about a person’s criminal history, the Commissioner must notify the Employer whether the person has been charged or convicted with an offence, and whether it is a serious or non-serious offence.
Principle: 3  Employing a Staff Member with a Current Suitability Notice

3.1 It is essential that any staff member commencing employment who already has a current suitability confirm the validity of the blue card or that an application has been lodged. This will ensure the following:

- The Commission will notify the employer if the card has been withdrawn even though the employee still has possession of the actual card;
- That should the status of the card alter for reasons unknown to the employer the Commission will notify the employer immediately.

Principle: 4  Notification of Changes

4.1 It is the responsibility of all staff to notify the Commission of all changes. Forms have been provided by the Commission for this purpose and copies may be obtained from www.ccypcg.qld.gov.au. These forms include:

- Change of name or other personal details
- Change of contact details
- Report a lost or stolen card or notification letter

4.2 Should a blue card or positive notice be received and contain incorrect details the employee must notify the Commission using the form for the Correction of a blue card or positive notice letter.

4.3 A Nominated Supervisor must notify the Commission if an applicant or blue card holder stops working for a service.

4.3 The Commission is to be notified if the contact person for your organisation changes. To do this, an authorised person from your organisation should write to the Commission on official letterhead advising the name and contact details of the new contact person. This is to be discussed with the Diocesan Coordinator Early Learning & Care prior to actioning.
Legislation & Support Documentation

- Work Health & Safety Act 2011
- Child and Young Workers Code of Practice 2006
- Department of Industrial Relations, Child Employment Guide
- Child Employment Act 2006
- Child Employment Regulation 2006
- Education & Care Services National Act 2010
- Education & Care Services National Regulations 2011
- Commission for Children and Young People and Child Guardian Act 2000

This procedure is based on the understanding that there are some special characteristics of children and young workers which require special management in order to safeguard their safety and wellbeing at work.

Under the Commission for Children and Young People and Child Guardian Act 2000 young workers must be screened and obtain a blue card (working with Children check) prior to confirmation of their appointment (Refer Blue Card Procedure).

Young workers must be subject also to reference checks. Staff must also sign an appropriate Confidentiality Agreement (Refer Appointment Procedure in Staff, Volunteers and Students Engagement Procedure).

All other policies relating to Staffing, Workplace Health & Safety, Food Safety & Hygiene, Service Operation, etc. apply to young workers in the same way as for other staff.

Principle: 1 Definitions

1.1 School Aged Child – is a child who is under 16 year and required to be enrolled at school.

1.2 Young Child – is a child who is not old enough to be enrolled for compulsory schooling.

1.3 Young Worker – under 18 years of age and are performing work, including:
   1.3.1 Those leaving school and entering employment for the first time;
   1.3.2 Those engaged in part-time or casual employment;
   1.3.3 Volunteers or work experience;
   1.3.4 Vocational education and training students attached to the education and training system.

Principle: 2 Requirements for workers under 18 years of age

These conditions apply whether the work is paid, unpaid or voluntary.

2.1 Ability to Contact a Parent:
   If a staff member under age 18 is injured or falls ill at work and cannot work further the service must take reasonable steps to contact the parents. If the parents are not located in the diocesan area the relevant contact person should be notified and parents contacted as soon as is practical.
It is also important that worker’s under the age of 18 are able to contact their parents whilst at work where circumstances call for such contact.

2.2 Safeguarding young workers:
Services have a special obligation when employing workers under the age of 18. A Service Nominated Supervisor must ensure that a young worker is not subjected to deliberate or unnecessary social isolation or other behaviour likely to intimidate threaten, frighten or humiliate.

Special care must be taken during the induction process to ensure young workers understand their rights and obligation in relation to harassment, bullying and safety. More information on safeguarding young workers can be found below in “Safety Issues Associated with the Employment of Young Workers”.

2.3 Record Keeping:
In addition to the usual Employee Details form the attached Additional Information for the Employment of Young People must be completed. This form is not used when a school aged child is employed.

Principle: 3 Employment of a School-Aged Child

3.1 A child is deemed to be school-aged if under 16 years of age and required to be enrolled at school. If mandatory schooling (i.e. year 10) has been completed or is for any other reason not required to be enrolled at school they are not deemed to be a school aged child provided they are at least 16 years old.

Under the National Law An educator who is under the age of 18 years may work at a Centre-based service, provided that the person does not work alone and is adequately supervised at all times by an educator who is over the age of 18 years. A person who is under 18 years of age cannot be a Certified Supervisor.

The minimum age for in employment (other than for delivery work) is 13.

3.2 The same employment practices as outlined above apply to the employment of school-aged children. In addition the following must be adhered to:

Maximum hours of work:

<table>
<thead>
<tr>
<th>On a school day</th>
<th>On a non-school day</th>
<th>During a school week</th>
<th>During a non-school week</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 hours</td>
<td>8 hours</td>
<td>12 hours</td>
<td>38 hours</td>
</tr>
</tbody>
</table>

A school aged child must not work after 10pm or before 6 am.

The Children’s Services Award 2010 does not provide for the employment of children. Therefore the 17 year old rate will apply. The following conditions must also be met in addition to other award provisions:
- Children must not be employed to work more than one shift per day;
- Children must receive a 12 hour break between shifts.
- Children must be given at least a 1 hour break after the end of the 4th hour of work.

In addition to the usual Employee Details form a Parent/Guardian Consent Form must be completed and a copy kept on file. **This form must be completed prior to the child commencing employment.** Penalties apply for failing to obtain consent.

The legislation requires parents keep this form up to date and changes must be made within 14 days of a parent becoming aware of a change in a child’s school hours.
Principle: 4 Safety Issues

4.1 Special Characteristics of Young Workers:
The following considerations must be taken into account when employing, training and supervising young workers:
- The size of the person and level of physical maturity;
- Their general behaviour and maturity;
- Their work experience and training;
- Their confidence to raise problems with their supervisors;
- Their ability to make mature judgements about their own safety and the safety of others;
- Their ability to cope with unexpected and stressful situations;
- Special characteristics that mean young workers are more likely to be affected than adults in the same situation.

4.2 Managing the Risks:
The risk assessment process outlined in the Workplace Health and Safety manual must be applied to each of the above when employing staff under age 18. Records of risk management forms must be kept on file for future reference/evidence.

It is important to take additional time during the induction process to ensure young workers understand:
- The importance of sun protection;
- Appropriate use of chemicals and the importance of reading SDS;
- Dress code and code of conduct;
- Workplace Health and Safety, especially manual handling;
- Sexual Harassment and Workplace Bullying policies and procedures;
- Grievance procedures – ensuring young workers are aware of processes and are comfortable bringing complaints and concerns forward.

4.3 Duties:
Young workers must be given appropriate supervision and on the job training to ensure they are able to complete tasks safely and appropriately. Young workers should work with a “buddy” or mentor, an experienced and mature worker, in the initial phase of employment. This will ensure that knowledge and skills are passed on and give the young worker an opportunity to ask questions in an informal manner. The mentor should report to the service Nominated Supervisor on a weekly basis on progress, etc.
Diocesan Code of Conduct Procedure

Legislation & Support Documentation

- Commission for Children and Young People and Child Guardian Act 2005
- Anti-Discrimination Act 1991
- Sex Discrimination Act 1984
- Fair Work Act 2009
- Disability Discrimination & Other Rights Amendment Act 2009
- Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld)
- Information Privacy Act 2009 (Qld)
- Public Service Act 2008 (Qld)

This Code of Conduct is designed to achieve two important purposes. First, it meets Catholic Education's (Diocese of Rockhampton) legal obligation to provide a Code of Conduct for all employees under the Student Protection Risk Management Strategy as detailed in the Commission for Children and Young People & Child Guardian Act 2005. Secondly, in light of this particular Act and advice contained in recent industrial case law, it aims to help all employees understand and fulfil their legal and professional responsibilities in achieving a safe and supportive workplace environment.

In this way, this Code of Conduct clarifies and affirm the standards of behaviour which are expected of employees of Catholic Education in the performance of their duties.

Principle: 1  Applicability

This Code of Conduct applies to all Catholic Education employees contracted on a temporary, casual, fixed term, or continuing basis. Volunteers and students should refer to the Volunteer Code of Conduct.

1.1 When Does the Code Apply?

The requirements of the Code apply at all times whilst a contract of employment with Catholic Education exists.

The following documents also apply to the expectations of staff –
- Student Protection Policy
- Integrity in Relationships brochure
- Statement of Principles for Employment in a Catholic School
- Policy Procedures and Guidelines for the Prevention and Elimination of Sexual Harassment and Bullying and other relevant documents as developed and implemented.

Employees should note that the Code and the above mentioned documents apply whilst escorting/supervising students/children on camps, excursions, and tours within or outside Australia.
1.2 Context

Catholic Education unequivocally commits to fostering the dignity, self-esteem and integrity of every person. To meet this commitment this Code of Conduct has been developed in consultation with relevant parties. The provision of a safe and supportive environment is integral and legislated to ensure that all children and young people entrusted to our care are to be affirmed in their dignity and worth as a person. This safe and supportive environment must also be provided for all who work in our schools.

1.3 Positive Self-concept

Catholic Education believes that children and young people should develop skills in building positive relationships based on those modelled by our employees.

Catholic Education fully endorses the view that a large part of what children and young people learn comes from their observation of others. Hence, in the crucial area of learning how to develop positive interpersonal relationships and social skills, children and young people require suitable role models.

1.4 Vision

Each Catholic community, organisation and individual collaboratively engaged in the educational ministry of the Church in the Diocese of Rockhampton is called to embrace the Diocesan Vision as developed by our Bishop:

As a community of believers,
We live out the call to Baptism,
Through personal faith in Jesus,
Witnessing together to the
Good News of the Kingdom.

1.5 Clarification of the Code

If there is any conflict between this Code and applicable legislation, the legislation will prevail. If an employee is in doubt about the interpretation of this Code then the matter should be discussed with the Nominated Supervisor, Diocesan Coordinator Early Learning & Care or the Assistant to the Director. If this matter cannot be clarified at a local level, the matter may be referred to the Director – Rockhampton Catholic Education.

Should you have any questions or concerns about the interpretation of this Code please email the Assistant to the Director Administration or Diocesan Coordinator Early Learning & Care.

1.6 Breaches of the Code

Catholic Education employees hold special positions of trust, and therefore must be accountable for their actions. Conduct which is contrary to this Code may amount to professional misconduct which will be dealt with in accordance with Catholic Education’s Employee Misconduct Process.

Catholic Education is committed to the principles of fairness and natural justice. A determination regarding outcomes for an alleged breach of the Code by an employee is ultimately determined by an examination of all the circumstances, including the explanation of the employee for the alleged breach.

Should you have any concerns about possible breaches of this Code, you should speak to your principal or your direct supervisor. Should you not be able to do so, assistance can be sought by contacting the Assistant to the Director: Schools/ Administration for your region or the Diocesan Director of Catholic Education.

1.7 Review of the Code

To maintain the currency and value of this Code it will be reviewed and updated as necessary.
## Principle: 2  Overview and General Comments

2.1 Each employee has an indispensable role to play in contributing to Catholic education. It is required of all staff members employed in Catholic education that they:

- recognise and accept that the Catholic school is more than an educative institution as it is a key part of the Church, an integral element of the Church’s mission;
- be qualified for the position and meet all registration, accreditation and other requirements of the State and Church;
- be committed to participation in regular on-going professional development;
- accept and support the Catholic educational & care philosophy, policy and practices of the school/centre;
- develop and maintain an adequate understanding of those aspects of Catholic teaching that touch upon their areas of responsibility;
- strive by their service, performance of duties and personal example to inculcate in children an appreciation and acceptance of Christian teaching and values;
- avoid, whether by word, action or known lifestyle, any influence upon children that is contrary to the teaching and values of the Church community in whose name they act;
- be committed and loyal to the educational, religious and social values of Catholic Education in the Diocese of Rockhampton.
- witness to the children and community God’s nurturing and all-inclusive love for every human person by sensitivity, reverence and respect;
- behave honestly and with integrity in the course of their employment.
- act with care, compassion and diligence in the course of their employment.
- behave and dress appropriately for their professional role.

**comply with all applicable Australian Laws.** For this purpose, Australian Law means:

- a) Any Act or any instrument made under an Act; or
- b) Any law of a State or Territory, including any instrument made under such a law including:
  - mandatory reporting of sexual abuse or suspected sexual abuse of a current student by a current employee (Education (General Provisions) Act 2006 (s.364-366))
  - mandatory reporting by teachers to the Queensland College of Teachers if they are charged with, or convicted of, a criminal offence. (Education (Queensland College of Teachers) Act 2005 (s.112))
  - mandatory reporting to the relevant regulatory authority (Education and Care Services National Law Act 2010)

- ensure that matters of duty of care are afforded the highest attention (including punctuality to classes, supervision and yard duty);
- ensure that personal use of alcohol and prescribed drugs does not interfere with the proper performance of the employee’s duties. There is a zero tolerance for illegal drugs and alcohol while on duty;
- adhere to other relevant professional Codes of Conduct where applicable (including those published by the Queensland College of Teachers and other relevant professional bodies) and DCEO policies and procedures;
- avoid any form of unlawful discrimination, for example, on grounds such as gender, race, and religion.
Principle: 3 Professional Responsibilities of Employees

In performing their duties it is expected that all employees will support the core values of Catholic Education, as outlined in the document titled *Statement of Principles for Employment in Catholic Schools*. In doing so, they will avoid by word or action, any influence upon children that is contrary to the teachings and values expressed by the Catholic Church in whose name they act.

Employees have a responsibility to meet the high standards of professional and ethical behaviour required by the employer when interacting with children, their families and the Catholic and wider community.

Employees undertake their responsibilities within the framework of the law and lawful and reasonable instructions from their employer. Employees must comply with legislative and industrial requirements, with this Code and any policies and procedures that are implemented by Catholic Education.

Employees owe a duty of care to children. This duty of care is to take reasonable steps to protect children from a reasonably foreseeable risk of injury. This duty applies equally to school/college/service based activities and out of school/college/service activities involving the school/college/service.

Principle: 4 Responsibilities of the Employees to the Employer

- In relation to their employer, employees have a responsibility to: Act with integrity at all times;
- Be truthful when making statements about qualifications and competencies;
- Disclose all relevant information and materials when making an application to an employer; Comply with any lawful and reasonable direction given by someone in the employee’s agency (e.g. school/college/service) who has authority to give the direction;
- Maintain appropriate confidentiality about dealings that the employee has in the scope of their work for Catholic Education;
- Use all Catholic Education resources and equipment in a proper manner and for legitimate organisational purposes;
- Refrain from providing false or misleading information in response to a request for information that is made for official purposes in connection with the employee’s employment in Catholic Education;
- Comply with any other conduct requirements that are prescribed within other policies, procedures and regulations of Catholic Education including (in these documents where ‘schools’ are noted, the reference also applies to centres/services);
- Catholic Education’s Email & Internet Acceptable Use Statement
- Catholic Education’s Policy and Procedures and Guidelines for The Prevention and Elimination of Sexual Harassment and Bullying
- Catholic Education’s Work Health and Safety Policy
- Catholic Education’s Student Protection Policy
- Catholic Education’s Integrity in Relationships brochure
- Ensure that private affairs and/or interests are not in conflict with professional duties and responsibilities or result in a perception that a conflict of interest exists and are appropriately disclosed to the employer.

In order to ensure the above, employees should consider the:

- Conflict of Interest Disclosure Procedure
- Observe contractual commitments;
- Respect the proper administrative authority of Catholic Education;
- Ensure criticism or complaints are made through the correct grievance mechanisms.

Principle: 5 Responsibilities to Parents/Guardians and Families
In relation to parents/guardians and families, Catholic Education employees have a responsibility to;

**Establish a relationship based on courtesy, mutual trust and open communication**

- negotiate constructively to achieve the best possible outcome for children and engage parents through developing partnerships
- consider parents' perspectives regarding the education of their children
- ensure parents understand relevant rules, regulations, and procedures that affect their children and themselves

**Respect family privacy and treat information with an appropriate level of confidentiality**

- maintain confidentiality of information unless disclosure serves a compelling professional purpose or is required by law, or unless the personal safety of a children or employee is at risk

**Respect parents’ and guardians’ rights of inquiry, consultation and information with regard to their children**

- use professional honesty and discretion in presenting facts regarding the educational development of their children
- share general knowledge of child development
- be sensitive to legal implications of differing family structures

**Respect the uniqueness and characteristics of each child's family background**

- respect cultural diversity consider the family perspective
- respect family values and opinions while enabling children to examine a variety of viewpoints

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**Principle: 6 Staff Behavioural Standards**

As people working in the name of the Church, members of staff are not only in a legal relationship but are also in a pastoral relationship with children in care. They are also in a pastoral relationship with other people where their roles as staff members require them to assist with supervision, education, counselling, medical care etc.

Staff are required to uphold the following principles in their interactions with each other, children, their families and the wider community.

1. Staff in Catholic Education witness to the children and community God's nurturing and all-inclusive love for every human person by sensitivity, reverence and respect.
2. Staff are in a special position of trust and authority in relation to children and have a special responsibility to care for children, to promote their welfare and to protect them from any form of harm.
3. Students/children and others in Catholic education communities have a right to expect that staff members will exhibit a strong respect for the emotional and physical boundaries which are appropriate and fundamental to their pastoral relationships.

Behavioural Standards that follow from these principles are:

- treating everyone with dignity and respect;
- respecting the physical and personal space of others, especially with regard to physical contact;
- respecting the reputation and integrity of others and treating personal information with sensitivity and appropriate confidentiality;
- taking action where it is seen that inappropriate behaviour impinges on the rights or dignity of others;
- ensuring that all people are treated fairly;
• applying the principles of justice, fairness and compassion in dealing with behaviour management issues;
• honouring the differences among people (e.g. in ethnicity, religion, age, ability, gender, sexual orientation and economic circumstances);
• seeking to resolve conflicts peacefully rather than by unjust use of power;
• exercising caution in the use of status or power and not using them for self-advantage or self gratification;
• encouraging the growth of personal freedom and responsibility, in particular avoiding the possible exploitation of others;
• being aware of possible inequalities and risks that might accompany a personal relationship where a pastoral/professional relationship is involved;
• accepting responsibility for the establishment and maintenance of appropriate professional and pastoral boundaries;
• being familiar with the causes and signs of child harm, abuse or neglect, the steps to be taken for the protection of children, and the procedures to follow if harm, abuse or neglect is suspected or observed;
• reflecting on the quality of pastoral and professional relationships established by the individual and by others.

6.1 Interactions with students/children

It is expected that employees will be caring, compassionate adults who take an interest in their children and who set appropriate boundaries within those employee-student/child relationships. Employees must be aware that their interactions with children are based on a trusting relationship arising from the nature of the work, and that those relationships are open to scrutiny.

Employees must always treat children with respect. There is no place for sarcasm, derogatory remarks, offensive comments or any other inappropriate conduct that may result in emotional distress or psychological harm to a child.

Behaviour that may cause psychological harm to a children includes:
• targeted and sustained criticism, belittling or teasing;
• excessive or unreasonable demands;
• hostility, verbal abuse, rejection or scape-goating;
• using inappropriate locations or social isolation, outside of the service’s Positive Relationships Procedure as punishment.

Employees must always treat children in a consistent manner without inappropriate familiarity or spending ‘special time’ with a child.

Some indicative behaviours that may suggest a child is not being treated in a consistent manner could include:
• giving gifts to a child (for example, giving a birthday gift to a particular child when this is not the practice with other children, or asking the child to keep the gift a secret from others);
• showing special favours;
• allowing a child to over-step rules, except where it is clearly articulated in a child’s Individual Education Plan or Individual Behaviour Management Plan;
• sharing secrets with a child;
• inconsistent consequences or allowances.

Employees must be conscious that their position places extra obligations on them and they should exercise discretion and caution if and when engaging in social activities with children outside of work hours. Employees are to seek guidance from their Nominated Supervisor/Assistant Director or delegate if a personal relationship exists with a child’s family.

Examples of when employees are to seek guidance from their supervisor include:
• visiting children at their home;
• inviting children to visit the employee’s home;
• making telephone calls of a personal nature to children;
• sending emails of a personal nature to children
• sending sms (text) messages to children.
(see the ICT Code of Conduct for further information on this area)

When congratulating a child, a consistent approach should be used. Employees must be conscious that their actions, particularly physical gestures, may be open to scrutiny by others. Employees are required to develop and exercise prudent judgment and sensitivity regarding appropriate physical interactions with children.

Employees should, whenever possible, endeavour not to drive a child in their car unless they have specific permission, and do so in accordance with policy/procedures. In the event of an emergency where private transport is used, employees should follow the Transporting of Children in Private Transport Procedures.

Employees engaging in tutoring or coaching on a voluntary basis outside of school hours must do so in accordance with policy/guidelines. Employees should be aware that student protection issues may arise in these circumstances and should continue to follow their obligations under this Code. Employees should avoid, as far as possible, situations where they are alone with a child. In the conduct of their professional duties, employees may be required to work in a one to one situation with a child.

When responsible for a single child, an employee should:
• have previously discussed arrangements with the Nominated Supervisor or delegate;
• maintain visibility into a room;
• where possible, interact with the child in an area open to observation.

Employees must not, under any circumstances, engage in intimate and/or sexual relationships with a child or engage in any conduct of a sexual nature with a child, even if the person is 18 years of age or older enrolled in a Rockhampton Diocesan Catholic school/college. It is irrelevant whether the relationship is heterosexual or homosexual, consensual or non-consensual or condoned by parents or caregivers.

Improper conduct of a sexual nature by an employee with a child includes sexual intercourse and any other form of sexual misconduct.

Sexual misconduct includes, but is not limited to, the examples below:
• obscene language of a sexual nature;
• suggestive remarks or actions;
• jokes of a sexual nature;
• obscene gestures;
• unwarranted and inappropriate touching;
• sexual exhibitionism;
• undressing in front of children;
• personal correspondence with children in respect of the employee’s sexual feelings for the student;
• deliberate exposure of children to sexual behaviour of others, other than in the case of prescribed curriculum materials in which sexual themes are contextual;
• possession, distribution or display of pornography;
• electronic transmission of messages or files which are sexually explicit, offensive or contain inappropriate jokes;
• sending sms (text) messages which are sexually explicit, offensive or contain inappropriate jokes.

Employees in their pastoral care role must be cautious of the content and context of their discussions with children.

Employees must exercise caution when:
• making personal comments about a student/child;
• asking questions that probe a child/student’s sexuality or personal relationships;
• discussing personal details of lifestyle of self or others;
• disclosing their personal contact details to students/children.

Employees must not:
• discuss with a student/child matters of a sexual nature relating to themselves or any other person.

Should any student/child engage, or attempt to engage, in inappropriate behaviour of a sexual nature with an employee, then immediate steps must be taken to discourage the student/child and the matter must be immediately reported to the Principal/Assistant Director Administration/Assistant Director Schools.

Employees must notify the Principal/Assistant Director Administration/Assistant Director Schools/Diocesan Coordinator Early Learning & Care immediately should they suspect a situation involving any form of risk of harm to students/children. Employees must also be aware of individual mandatory reporting requirements under the Education (General Provisions) Act 2006. It is not the responsibility of employees to investigate allegations or suspicions of a student protection nature.

6.2 Essential Behaviours

Staff must accept responsibility for the establishment and maintenance of appropriate pastoral relationships including their use of technology in relation to these relationships.

To safeguard integrity and to preserve clarity of sexual and professional boundaries it is essential that members of staff:

• Report any perceived breaches of professional conduct to the Principal or the Diocesan Director of Catholic Education;
• Avoid any behaviour that could be reasonably interpreted as harassment, inappropriate or harmful;
• Ensure, whenever reasonably possible, that another adult is present or close by when working in a one-to-one situation with a student/child, and avoid providing pastoral care or individual tuition in situations where students/children are or may feel isolated;
• Avoid, whenever reasonably possible, being alone with child/children in sleeping, dressing, or bathing areas;
• Take particular care to respect personal space e.g. when supervising the sleeping areas of children;
• Never supply or serve alcohol or any prohibited substance to a student/child;
• Never supply or serve any controlled substance to a student/child without the express permission of a parent or guardian;
• Never administer corporal punishment to a child;
• Ensure that language or actions (including that utilising technology) cannot be reasonably interpreted as sexualising a pastoral relationship;
• Seek professional advice and review of pastoral relationships when there is any sense the relationship is uncomfortable, dysfunctional or unproductive;
• Never ridicule, demean or intimidate a child or threaten their sense of personal space.

These essential behaviours must be observed in all relationships between staff and students (even if students are 18 years of age or older)/children enrolled in Rockhampton Diocesan Catholic schools/colleges/services. If any of these behaviours are breached staff may be liable to criminal, employment and professional penalties.

Any employee who has concerns or questions about perceived or actual contraventions of any of these boundaries set out in this Code, whether by themselves or colleagues, should not hesitate to speak to their Principal or direct supervisor for guidance. Notification of any possible contraventions is essential given the duty of care owed to children within the education and care environment. In addition, all employees are to notify any allegation of student/child harm of which they become aware in accordance with current legislation and Catholic Education Student Protection Policy & Guidelines.

6.3 Promoting Well-being and Positive Relationships

Our service recognises that positive relationships are crucial to children fostering a sense of belonging and well-being. We also are aware of the unique understandings, perceptions and capabilities that each
child brings from their own life experiences and families. As a family-centred service, we therefore, encourage effective partnerships and communication between home and the service to develop the child’s positive relationships, citizenship and sense of identity.

Within an environment where all contributions are valued, members of the Catholic service community make shared decisions about expectations of behaviour. These expectations are to be founded on the understanding that everyone who attends the service is respected, safe, secure and given appropriate responsibility. When children are given choices and control they experience connections between actions and consequences. In the orientation process, families will be offered the opportunity to view and contribute to the expectations.

To align with health and safety policy and regulatory obligations, there will be necessary inclusions e.g. children must wear hats, sun safe clothing and closed in shoes at all times. Educators will ensure these are evident in the collective list of expectations.

The collaborative list of expectations will be visually displayed in the centre and issued to all staff and families. These expectations will be consistently reviewed with the children and families and will, where possible reflect the guidelines of our Catholic ethos.

As children continually learn to make appropriate choices, participate in unfamiliar social and emotional situations and engage in challenging decision-making, they may require guidance and support from our staff. Educators will encourage the child to problem-solve and reflect on the most appropriate means to achieve positive outcomes that align with the community’s expectations. Children will be asked where necessary, to restore any relationships that have been affected by their actions with guidance from educators.

Children in our care are entitled to feel safe and secure at all times. Therefore, if any child is causing harm to themselves or others, the Nominated Supervisor will put measures in place to ensure the safety of all children. Additionally, the parents/carer's of all the children involved will be informed and all stakeholders will be encouraged to work collaboratively to develop a plan of resolution (see Promoting Well-being & Positive Relationships Procedures).

All employees should be aware that corporal punishment is prohibited. Corporal punishment involves the application of physical force to punish or correct a child unless that physical contact is reasonable and necessary for the protection of any person.

Unacceptable child management practices include but are not limited to the following examples:

- any form of corporal punishment
- using an object, such as a ruler, book, duster, chalk or whiteboard marker to gain a child’s attention in a hostile or an inappropriate physical manner;
- restraining a child for any purpose other than a child’s actions causing imminent harm to self or others;
- hitting or kicking a child;
- holding a child (other than for the circumstances outlined in Section 6.1.3);
- pushing, pulling, shoving, grabbing, pinching or poking a child;
- shaking or throwing a child;
- intimidating a child;
- swearing at a child;
- using sarcasm to humiliate;
- locking a child in a confined space;
- refusing biological necessities as a means of punishment eg food, drink, water, toilet, air etc;
- applying painful or noxious conditions;
- criticising a child rather than the child’s actions;
- practices which instil fear or using fear as a means of controlling a child;
- practices which cause a child to feel alienated;
- exposing a child to material that contains adult concepts or themes that are inappropriate to the child’s age;
- the use of psychotropic medication to manage a child’s behaviour, as opposed to treatment for a diagnosed condition.
6.4 Physical contact with children

When physical contact with a child is a necessary part of the teaching/learning experience, employees must exercise caution to ensure that the contact is appropriate and acceptable for the duty to be performed.

Examples of situations in which physical contact with a child may be appropriate include:

- assessing a child who is injured or ill may necessitate touching. An employee should advise the child of what they intend to do and, where possible, seek the child’s consent;
- teaching sport, music and other activities may require the physical handling of a child to demonstrate a particular action or skill.
- Physical contact with children which may be appropriate includes:
  - comforting a distressed child;
  - guiding a child in a non-threatening manner;
  - tapping a child on the shoulder to gain his/her attention after verbal requests were unsuccessful; and
  - protecting a child from imminent danger to himself/herself or to others.

The physical contact referred to above is only acceptable if the contact was reasonable for the purpose of behaviour support, management or care of the child. The contact must also be appropriate given the age, maturity, health or other characteristics of the child. Physical contact with a child should be consistent with any behaviour plan in place for that child.

Physical interventions (including physical restraints, removals or escorts) to contain and/or control the behaviour of children should only be employed as measures of last resort to ensure safety and protection. The use of physical intervention is restricted to occasions when the child, other children, employees or others are being harmed or are in imminent danger of being harmed. Only such forces as is reasonably necessary in the circumstance is permitted.

Some examples of when it may be appropriate to use physical intervention as a last resort include:

- a child attacking an employee;
- a child attacking another child;
- children physically fighting;
- a child causing, or at risk of causing, injury to self or others;
- a child misusing dangerous materials, substances or objects where it is likely that this will cause imminent harm.

As any physical intervention involves some risk of injury to the child or employee, employees must weigh this risk against the risks involved in failing to physically intervene when it may be warranted. All employees using physical interventions are responsible and accountable for the manner in which they exercise that authority.

6.5 Interactions with colleagues

In relation to colleagues, employees have a responsibility to:

- Build an atmosphere of trust, mutual respect and candour;
- Recognise and respect the individual potential and talents of colleagues irrespective of race, gender, age, religion, etc.;
- Encourage openness and tolerance among colleagues;
- Use constructive methods of resolving any conflict which may arise;
- Observe the principles of justice in dealing with any complaints against colleagues;
- Avoid behaviours which might reasonably be perceived as abuse, harm, harassment, bullying or intimidation in accordance with Rockhampton Catholic Education’s Policy and Procedures and Guidelines for the Prevention and Elimination Sexual Harassment and Bullying;
- Foster unity, harmony and cooperation in working relationships;
- Respect the ethical professional practice of colleagues in other settings.
In accordance with Rockhampton Catholic Education’s Policy, Procedures and Guidelines for the Prevention and Elimination of Sexual Harassment and Bullying, employees are reminded that sexual harassment is considered to be an unacceptable form of behaviour.

**Principle: 7 Duty of Care**

Catholic Education owes a duty of care to its employees and children. It is expected that all employees contribute towards the fulfilment of this legal duty. Such a duty includes providing and maintaining a safe and healthy work environment; ensuring safe systems of work; and providing information, instruction, training and supervision to ensure health and safety.

Employees will exercise with diligence, the duty of care that they owe to children. In addition to this, employees are expected to take all reasonable steps to protect children from risk of harm. This may require making formal notifications/reports to government agencies as well as referring matters of concern to relevant personnel within Catholic Education.

Employees are expected to cooperate with the Catholic Education centre/school/college to maintain a workplace environment that is positive, open and healthy for members of the community. Each employee has a significant role to play in achieving and maintaining this objective. It is expected that any matters that threaten the fulfilment of this objective are reported to the employee’s direct supervisor.

The supervisory role of employees is aimed at enhancing a child’s educational opportunities, building self-esteem, and ensuring children are safe and supported. Whilst in a supervisory role, the employee has an obligation to fulfil duty of care requirements.

Employees must comply with the arrangements for supervision put in place by the centre/school/college for all activities where the child is under the care and control of an employee. Playground supervision is an integral part of this responsibility. Employees must actively supervise their designated area, be vigilant and constantly mobile. Punctuality is an essential element of this compliance.

Employees should be alert to bullying or any other form of harassment or discriminatory behaviour, and act on and report incidents in accordance with the Catholic Education centre/school/college’s anti-bullying policy. Unwell or injured children should be attended to by the supervising employee. Should additional assistance be required employees should contact the first aid officer.

Attention to the personal care needs of a child should be undertaken in accordance with the centre/school/college’s policy and procedure and individual management plan, if one exists.

**Principle: 8 Risk Management**

All employees should be aware of risks that arise in the workplace and where possible to take steps to eliminate the risk and if this is not possible to then minimise the risk. Employees also need to appreciate that Catholic Education centre/school/college, in exercising its duty of care for students/children and employees, may from time to time require an employee to conduct a risk assessment, having regard to the welfare of all.

**Principle: 9 Drugs, Alcohol and Tobacco**

Employees experiencing difficulties in relation to alcohol, tobacco or other drugs are encouraged to access the [Employee Assistance Program (ACCESS)](https://www.access.org.au) or other personnel for assistance.

Employees with concerns about the health and welfare of colleagues or the safety of others should take their concerns to their immediate supervisor.
9.1 I illicit Drugs
Employees must not give or otherwise provide students/children or other staff with drugs that are illegal to possess or distribute. Employees should not encourage or condone the use of such drugs.

Employees must not be under the influence of drugs that are illegal to possess or distribute in the workplace.

Employees should only assist students to take dispensed medicine (prescription medication) in accordance with Catholic Education’s Guidelines Administration of Medication Policy.

9.2 Alcohol
Employees must not give or otherwise provide students/children with alcohol. Employees must not encourage or condone the use of alcohol by students.

Employees must not consume or be under the influence of alcohol in any circumstance where they are responsible for students/children. This includes outside school hours supervision of students/children on field trips, camps or excursions and other organised activities.

9.3 Tobacco
Employees must not give or otherwise provide students with tobacco or tobacco products. Employees must not encourage or condone the use of tobacco or tobacco products by students.

Employees are not permitted to smoke on Catholic Education Centre/School/College grounds.

Principle: 10 Sexual Harassment, Bullying and Discrimination

10.1 Sexual Harassment and Bullying

Sexual harassment is unlawful and will not be condoned within Rockhampton Catholic Education. Employees shall not engage in sexual harassment.

All staff, students/children and anyone else involved with the Catholic Education has the right to partake in an environment that is free from intimidation, threat, humiliation and workplace harassment.

Employees should familiarise themselves with Catholic Education’s Policy and Procedures and Guidelines for the Prevention and Elimination of Workplace Bullying and Harassment.

10.2 Discrimination
Employees must not unlawfully discriminate against any person. Except where exempted by law (refer to the Anti-Discrimination Act 1991), it is unlawful to directly or indirectly discriminate against a person on the basis of the following attributes:

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<td>pregnancy</td>
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<td>parental status</td>
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<td>breastfeeding</td>
<td>family responsibilities</td>
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<td>age</td>
<td>association with, or relation to, a person identified on the basis of any of the above attributes</td>
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<td>race impairment</td>
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<td>religious belief or religious activity</td>
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Principle: 11 Maintaining Knowledge

Catholic Education employees should strive to maintain a current understanding of the law, professional
ethics, delegations, policies and procedures and other codes of practice to a standard that enables them to competently perform their work duties. The law will prevail over a policy to the extent of any conflict.

Rockhampton Catholic Education employees must take responsibility for developing their skills and knowledge, remaining abreast of advances and changes within their work area, and fields of expertise. Leadership must provide fair and equitable access to training for employees and assist Catholic Education in meeting objectives.
APPENDIX A

DOCUMENTS RELATING TO EMPLOYEES WITHIN CATHOLIC EDUCATION IN THE DIOCESE OF ROCKHAMPTON
(Indicative List)

- AUSTRALIAN & QUEENSLAND LEGISLATION
- STATEMENT OF PRINCIPLES FOR EMPLOYMENT IN A CATHOLIC CENTRE/SCHOOL/COLLEGE
- INTEGRITY IN RELATIONSHIPS & STUDENT PROTECTION GUIDELINES
- CODE OF CONDUCT FOR CATHOLIC EDUCATION EMPLOYEES IN THE DIOCESE OF ROCKHAMPTON
- PROCEDURES & GUIDELINES FOR THE PREVENTION AND ELIMINATION OF WORKPLACE BULLYING AND SEXUAL HARASSMENT
- ICT CODE OF CONDUCT: EMAIL & INTERNET ACCEPTABLE USE STATEMENT
- WORK HEALTH & SAFETY POLICY AND PROCEDURES
- OTHER RELEVANT PROFESSIONAL STANDARDS & REQUIREMENTS e.g. QCT, QIEU, EDUCATION & CARE REGULATIONS
- CONFLICT OF INTEREST STATEMENT
- RELEVANT DIOCESANCENTRES/SCHOOL/COLLEGE POLICIES/PROCEDURES/GUIDELINES
Legislation & Support Documentation

- Commission for Children and Young People and Child Guardian Act 2000
- Anti-Discrimination Act 1991
- Sex Discrimination Act 1984
- Fair Work Act 2009
- Disability Discrimination & Other Rights Amendment Act 2009
- Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld)
- Information Privacy Act 2009 (Qld)
- Public Service Act 2008 (Qld)

All staff in Catholic Education are commissioned in their ministry by the Bishop. The Church calls them to share in passing on the message of Christ. Staff in Catholic Education are entrusted with the care of students. They are called to minister to them through witness to their faith and commitment to living the Good News.

Staff in Catholic Education make a commitment to a partnership, with all members of the school community and the wider Church community, which nurtures Jesus’ values of respect, integrity and truth.

Catholic Education – Diocese of Rockhampton employs personnel to fulfil specific roles including:
- Full-time and Part-time paid staff
- Temporary (term) and casual paid staff

The nature of the subsequent employment relationship in which one person works for another will vary considerably. This employment relationship will reflect the status of the individuals involved as well as the nature of the work itself. It also will give rise to different legal obligations and responsibilities.

As a consequence, in employing staff, services need to carefully consider:
- The needs of the individual service, the workplace and the services expectations;
- The type of employment relationship that would be most suitable;
- The financial implications of the employment relationship and the services capacity to pay;
- The careful drafting of position descriptions and job advertisements as well as the conduct of selection interviews so as not to breach equal opportunity and/or anti-discrimination laws;
- The need for screening applicants, and the recording of such information in accordance with various legislative requirements (e.g. Child Safety laws and the Migration Act);
- In the process of providing or soliciting references, avoiding the possibility of misleading a potential employee, defaming an individual or breaching Privacy Act provisions; and
- The wording of any offer of employment and ensuring that a written offer is made. A verbal offer is sufficient for employment purposes and resultant obligations can be implied - if not conveyed, in writing, in an explicit manner.

This procedure aims:
• To gauge the need for staff and the nature of the employment relationship.
• To be able to attract, identify and select suitable candidates who are committed to the values and objectives of a Catholic organisation; and, capable of effectively doing the job for which they are recruited; or at least, having the potential to gain the specific skills and knowledge required within an acceptable period of time.
• To achieve a higher degree of professionalism in the staff recruitment and selection process so that the best qualified person for an available position is hired.

The recruitment and selection process will be based on fair and transparent procedures and in accordance with relevant legislation and incorporate the principles of equal employment opportunity (i.e. Anti-Discrimination Act 1991, Sex Discrimination Act 1984, Human Rights and Equal Opportunity Commission Act 1986 and Disability Discrimination Act 1992 as well as associated Regulations).

In the process, staff will be recruited and selected on the basis of the “best person for the vacant position” determined by an assessment of the overall skill, knowledge, experience and relevant qualifications required to perform the role and as evidenced in the role description.

Any potential staff, paid or volunteer, who is required as part of their role to have contact with children and such work meets the requirements of regulated employment under the Commission for Children and Young People and Child Guardian Act 2000 must be screened and obtain a blue card (working with Children check) prior to confirmation of their appointment (Refer Blue Card Procedure).

The Migration Act also requires employers to ensure paid staff have Australian or New Zealand citizenship, or have a right to work in Australia as determined by Immigration authorities.

All staff must be subject also to rigorous reference checks.

On appointment, staff also will need to know that they are required to maintain personal confidences and, in support of this requirement, should sign an appropriate Confidentiality Agreement.

**Principle: 1 Analysis of Staffing Needs**

Services, in consultation with the Assistant Director Schools (Pre-preparatory & Kindergarten Centres), Principal, Director (Long Day Care) or Diocesan Coordinator Early Learning & Care, must determine whether a position needs to be created and/or filled and then determine whether the requirements of their position can be met by an employee, volunteer or contractor.

1.2 In reviewing staffing needs there are four (4) main issues to consider:
   - Whether current staff levels and performance meet the current needs, including legislated staff/child ratio’s; and
   - How to provide for the future needs of the service; and
   - Requirements under the various legislation impacting on the service; and
   - Service budget.

1.3 A service must also analyse future staffing needs. Identification of future needs and determining priorities is a process that should involve discussion and consultation with people likely to be affected by the decision. The outcome of such a process should be a plan that can be used to determine the staffing needs. These needs can be assessed by considering factors such as waiting lists, demographic research of the area and predicted future school enrolments.
1.4 Position descriptions and Diocesan Awards are essential in providing a means of confirming what expectations the service might have of the position incumbent. Such a description must be regarded as “dynamic” and over time may change.

Position descriptions also assist in clarifying mutual expectations - what is expected of an individual employee. This assists with formal recruitment and selection activity.

All position descriptions contain a reference that reflects the catholicity of the work undertaken by employees and the broader context in which a position is established.

**Principle: 2 Recruitment Procedure**

Recruitment entails a process of attracting and then selecting a suitable candidate for a vacancy. Staff vacancies will arise in a number of ways including the creation of new positions through growth in existing workload; the establishment of new programmes and/or activities; and/or, the retirement, resignation, termination or temporary absence of an existing member of staff.

2.1 Approval Process

In determining the need for a new position the service needs to address various issues including:

- Needs analysis
- The legislative requirements
- Completion of a role description
- Determination of the remuneration payable and the position’s operating on-costs along with the availability of funds to meet these costs; and, as required
- Approval from the principal or Assistant to the Director – Administration/Schools (Long Day Care/Pre-prep).

**Principle: 3 Selection Procedure**

3.1 In ensuring there is an equitable and consistent employment process, the following procedure outlining the management of a new employee appointment is to be used. The procedure outlines steps to be completed by Principals/ Diocesan Coordinator Early Learning & Care/ Assistant Director Schools/Nominated Supervisors.

- **Prior to Appointment**

1. Place the advertisement in the school newsletter, parish bulletin and/or local newspaper (NB. all costs incurred will be directed back to the centre/service).
2. The centre/service may contact ESS for assistance in the advertising process.
3. Shortlist applicants and organise a panel. A minimum of two persons for panel, preferably gender balanced. Conduct the interview.
4. Interview applicants (always interview with another person – the Diocesan Coordinator may be invited to sit on the panel; interview questions should be the same for each applicant)
5. Complete a minimum of 2 reference checks for each preferred applicant (see 3.3, 3.4 & 3.5 Checks)
6. Once the successful applicant has accepted the position, notify unsuccessful applicants

- **Appointment**

When a decision is reached, complete the following steps for recommendation:
1. Obtain certified copies of First Aid/ CPR/ Anaphylaxis / Asthma training and any additional qualifications (as applicable)

2. Obtain either a certified copy of Suitability Card plus an Authority to Confirm or copy of application for Blue Card/renewal application form.

3. Appoint the successful applicant providing all relevant information as required on the D4 form to Employee Support Services. This information must be provided prior to the employee commencing at the service.

- **Following the Appointment**

On receiving documentation, the principal or Nominated Supervisor is required to:

1. Make any adjustments to Position Description, if required

2. On the applicant accepting the position forward all documentation to Employee Support Services for processing within scheduled maintenance timeframes. (Ensure original Tax Declaration is POSTED to ESS, PO Box 524, Rockhampton Q 4700).

3. Set up a new staff file and complete Personnel File Checklist

4. Complete the Induction Checklist (staff member and Nominated Supervisor/Principal/ Diocesan Coordinator to sign all applicable areas)

5. Update the timesheet summary to include the new staff member and forward all copies of certified documentation (incl. Suitability Notice, qualifications etc.) to the Diocesan Coordinator and ESS. Ensure the staff member completes all mandatory and any other relevant training within prescribed timeframe as outlined in the induction procedure.

3.2 Under the Fair Work Act 2009, an employer must not engage in conduct that is likely to mislead people seeking prospective employment as to the availability, nature, terms or conditions of, or any other matter relating to the employment. For example, comments made at interview about the number of regular hours per week/fortnight being offered can be taken to be misleading if they don’t occur. The burden of proof is on the employer to substantiate any reasonable changes.

If an applicant with a disability meets the requirements of an advertised vacancy, the Disability Discrimination and Other Human Rights Legislation Amendment Act 2009 clearly states that it is important to proactively consider what adjustments may need to be made to accommodate such a person.

Once employed, the Act also requires employers to give very careful consideration to any proposed changes to the conditions or requirements of the employment being undertaken by a person with a disability. The burden of proof that a requirement or condition of employment is reasonable is the responsibility of the employer. This means that it would be reasonable to expect that an employer would be able to explain or justify the reason for the new or changed requirement or condition.

Interviews may be conducted as follows:

Coordinators/Directors of Long Day Care Centres may interview for Child Care Worker, Group Leader, Cook and other ancillary positions.

Diocesan Coordinator Early Learning & Care/ principal will, in conjunction with the Coordinator/Director of Long Day Care Centres, interview for Assistant Directors, Assistant Coordinators and Administrators.

Applicants for Coordinator and Director positions will be interviewed by a panel which may include as appropriate:

- Principal or representative of associated School (OSHC)
• Diocesan Coordinator Early Learning & Care
• Parent Representative

All interviews should include a minimum of two (2) interviewers and the same questions should be asked of all applicants to ensure this.

3.3 Referee Checks/Proof of Qualifications
At least two (2) and up to three (3) reference checks will be conducted with nominated referees of the preferred applicant(s) for a vacant position.

One of the referees must be a supervisor familiar with the applicant’s work behaviours or has had line management responsibility for the applicant.

Additionally, if the applicant previously worked within the diocese, one of the referees must be the current Manager/Principal for the diocesan agency that the applicant previously worked for. If that Manager/Principal was not in charge at the time the applicant worked at that Agency, then the relevant Assistant Director should be contacted. The applicant should be informed that this check will be undertaken.

In seeking references, written references may be submitted. However, there will need to be confirmation of validity and accuracy via a follow up reference check.

In recognition of the requirements of the Privacy Act, before checking with referees the candidate should confirm that referees provided can be contacted for reference purposes.

No persons other than those nominated by the candidate should be contacted. It is especially important not to contact current employers without the expressed permission of the candidate. Questions about an applicant’s private life should not be canvassed.

3.4 Work Rights Checks
The Federal Government has imposed stringent requirements on employers to verify employees’ Citizenship as people coming into Australia are not entitled to take up jobs in Australia unless they are authorised to do so. Authorisation takes the form of a valid visa. Visas are of numerous types, each of which has certain conditions attached.

It is an offence under s 11.2 of the Criminal Code Act 1995 to aid or abet the commission of an offence against a law of the Commonwealth. Since it is an offence under s 235 of the Migration Act 1958 for a non-citizen to work without work rights, it is also an offence to aid or abet (by employing or referring) non-citizens to work illegally in Australia. From **August 2007** it is an offence under the Migration Act 1958 for a person to knowingly or recklessly allow an illegal worker to work or refer an illegal worker for work with another business.

Further information on the new offences including copies of the Migration Amendment (Employer Sanctions) Act 2007 can be accessed from the Parliament of Australia’s website.

In order to avoid penalties under the Migration Act 1958 the safest, easiest and quickest option is to check the work rights of all prospective employees from August 2007 with the Department of Immigration or by having applicants provide proof of Australian or New Zealand citizenship.

3.5 Pre-Employment Medical History Checks
In Queensland, an employer is prohibited for a purpose relating to the employment of a worker to obtain or attempt to obtain a potential employee’s worker’s compensation history under the Industrial Relations and Other Acts Amendment Act 2005 for employment screening purposes.
A service is, however, able to request the potential employee provide an assurance that they have not sustained an injury or illness which will impact their ability to carry out their duties. This practice is strongly recommended and should occur at the same time an applicant is provided with a position description.

If the potential employee chooses to voluntarily disclose other information such as an allergy, this declaration should be treated as a notification to the employer. Given a service is able to reasonably accommodate their situation (e.g. if an employee is allergic to chickens, not requiring him/her to work in a location where there are chickens) then every effort should be made to comply with the request. Where the service cannot influence the employee’s exposure to an allergen (e.g. a person with an allergy to peanuts) a letter should be sent to the person acknowledging the declaration and advising that, as the ability to control for the allergy is not within the employer’s control, the employee must accept full responsibility for self-management of their condition.

### Principle: 4 Letters of Appointment

4.1 Persons (full-time or part-time status) whose terms and conditions of employment are bound by an appropriate award and/or industrial agreement will receive an offer of employment that conveys details of the award and/or agreement that will apply to them.

4.2 Acknowledgment of confidentiality will be required of new staff by way of signing a standard undertaking attached to the employment offer.

4.3 Verbal offers of employment are to be confirmed in writing by a formal offer to the successful applicant.

4.4 Position Descriptions must be issued to all staff with the letter of appointment.

4.5 Staff are to complete ESS documentation at the time of appointment.

4.6 All new staff from 1 January 2010 must be given a copy of the Fair Work Information Statement. This can be printed and handed to them or e-mailed to an address of their choice.

### Principle: 5 Appointment of Employees to Designated Roles

5.1 The Approved Provider or assigned representative/s (e.g. Diocesan Leadership Team and/or delegated diocesan personnel) are to appoint suitably qualified educators to the following positions in each of their pre-preparatory/kindergarten, long day care and OSHC centres:

   a) **Nominated Supervisor** (this person must hold a Supervisor Certificate or Prescribed Supervisor Certificate)

      i. at **school-based OSHC services** this will be the principal (see Principal Agreement Statement);

      ii. at **pre-preparatory/kindergarten centres** this will be the teacher who is identified as most appropriate for the position in the interview and appointment process (negotiated with the teacher and Diocesan Leadership Team);

      iii. at **long day care centres** this will be the director of the centre.

   b) **Responsible Person in Charge of the Service**

      i. For all diocesan services this person is a Certified Supervisor who has consented to be placed in day-to-day charge.

      ii. In the case of pre-preparatory/kindergarten and long day care centres this will be the Nominated Supervisor or in the case of OSHC, it will be the coordinator of the service.

      iii. In the absence of personnel as identified in (ii), this authority will be delegated to the Certified Supervisor with the highest qualifications and/or experience as deemed by the service’s coordinator, principal, teacher or director.
c) **Education Leader** – An educator who has appropriate qualifications and experience, as well as a thorough understanding of the Queensland Kindergarten Guideline, Early Years Learning Framework or the Framework for School Age Care to be able to guide other educators in their planning and reflection, and mentor colleagues in their implementation practices.

i. at **school-based OSHC services** this will be the coordinator or assistant coordinator;

ii. at **pre-preparatory/kindergarten centres** this will be the teacher who is identified as most appropriate for the position in the interview and appointment process (negotiated with the teacher and Diocesan Leadership Team);

iii. at **long day care centres** this will be the director of the centre or teacher who is identified as most appropriate for the position in an interview and appointment process.

5.3 A Certified Supervisor who is placed in day-to-day charge of a diocesan education and care service does not have the same responsibilities as a Nominated Supervisor.

5.4 Appointments are only to be made with the **written** permission of the educator taking on the position. Original letters of consent are to be kept on the service premises, with a copy forwarded to the Diocesan Coordinator Early Learning & Care (Principal Consent Forms will be maintained within the Diocesan ESS personnel files).

5.5 All personnel must receive a Privacy Agreement Statement on appointment to a designated role.

**Principle: 6 Voluntary Employment Procedures**

6.1 A volunteer is anyone who voluntarily engages in work for a service without remuneration. Volunteers are engaged in many different capacities. If engaged in directly working with children, they are to be given special training (or have appropriate qualifications) and should be under the supervision of a qualified or experienced member of staff. Volunteers must not be asked to perform essential jobs, or jobs that paid employees are or should be performing.

6.2 Volunteers are required to sign a confidentiality agreement.

6.3 Any individual who accepts a volunteer position with a child care service will have to obtain a Blue Card prior to commencing work.

6.4 Training is to be provided to volunteers including Work Health & Safety, Manual Handling and Harassment. These can all be undertaken using training PowerPoints. Food Safety training may be undertaken depending on the tasks to be completed (online training is available – see service website for link).

6.5 Parental approval will be sought when volunteers are working directly with children.

6.6 When a volunteer is engaged to assist the work undertaken in a service, the following issues need to be addressed:

6.7 The volunteer's full name and address will be recorded in a register. For Work Health and Safety reasons, and, in particular, if an incident occurred on site, additional information such as date of birth and next of kin details should be recorded if the work is of an ongoing nature.

- The volunteer will be given a letter setting out the voluntary nature of their duties and the likely days/time they will be required. Such an advice should stress the need for flexibility to accommodate workplace arrangements.

- The volunteer will be informed that they are not covered by WorkCover but are covered by the Diocesan Insurance Policy which means that they are covered for death or injury whilst working with the service.
Volunteers should be given documentation of the tasks they will be required to undertake and appropriate training as required.

Volunteers will not be paid for work done in money or kind, eg. board and lodgings. Any such arrangements could prejudice their volunteer status.

Volunteers are important to the work of the service and as such should be invited to staff formation days and to special social functions where possible.

**Principle: 7 Staff Record Keeping**

7.1 Australia’s privacy rules include an exemption which means that the National Privacy Principles (NPP’s) do not apply to the handling of past or present employee records. However, this is not a blanket exemption. **NPP’s provide for general rights of access and correction to information held by an organisation about an individual.**

7.2 All applicants have a right to request access to generic interview forms or written reports used in selection and interviews for decision making. Personal notes made in one’s diary or on a notebook at the time of the interview that are not a part of the overall interview assessment or selection decision remain the property of the interviewer concerned.

7.3 Approval must be sought from a referee before releasing comments made by them to an applicant.

In dealing with requests from applicants for information about the appointment decision, it is the responsibility of the employer to enable the applicant to easily understand the reason behind the employment choice (e.g. experience, suitability, availability, qualification, etc.).

7.4 Records of the recruitment and selection process need not be maintained – they could be destroyed within three (3) months. However, a service will keep staff records for each person employed in a paid capacity within DCEO.

7.5 Legal obligations may arise in relation to personnel records (e.g. as a necessity to enforce rights and defend claims in contract and in tort). It is the responsibility of the appropriate Nominated Supervisor to ensure such records are maintained. In relation to recruitment and selection these should include:

- The position description or the appropriate Award
- Advertisement
- Job application
- Employment offer

7.6 Consideration also needs to be given to periodically reviewing the adequacy and relevance of the information held on a staff member’s file. This is the role of the Nominated Supervisor.

7.7 The service needs to notify ESS if an employee resigns from their position.

7.8 On termination of services, the personnel and payroll records need to be retained for seven (7) years. These records will be held by ESS.

7.9 **The following records are to be kept with regard to staff** (Regulation 145):

- the Nominated Supervisor, staff and educators - copies of their relevant qualifications (or progress towards those qualifications) and working with children checks - full name, address and date of birth and times of attendance at the centre

7.10 **In addition, other records are required that are more like a staff roster or time sheet:**
- record of educators working directly with children
- record of access to early childhood teachers, including when the teacher worked directly with children (where applicable)
- record of each date and times a volunteer participates in the service (Sign in sheet)
- the name of the responsible person at each time that children are being educated and cared for by the service personnel with first aid training

7.11 Record of responsible person in day-to-day charge including Certified Supervisors placed in day-to-day charge are to be kept in a safe place until the end of 3 years after the staff member works for the service (Section 162, Regulations 150, 177).

Staff records (including records of access to early childhood teachers) are to be kept in a safe place until the end of 3 years after the staff member works for the service (Regulation 145, 151 & 152).

Records of volunteers and students records are to be kept in a safe place until the end of 3 years after the volunteer or student attended the service (Regulation 149).

**Principle: 8 Staff Grievance**

**Procedures for Preventing and Settling Disputes**

The matters to be dealt with in this procedure shall include all grievances or disputes between an employee and an employer in respect to any industrial matter and all other matters that the parties agree on and are specified herein. Such procedures shall apply to a single employee or to any number of employees.

8.1 In the event of an employee having a grievance or dispute the employee shall in the first instance attempt to resolve the matter with the immediate supervisor, who shall respond to such request as soon as reasonably practicable under the circumstances. Where the dispute concerns alleged actions of the immediate supervisor the employee/s may bypass this level in the procedure.

8.2 An employee who is a party to the dispute may appoint a representative for the purposes of the procedures in this clause.

8.3 If the grievance or dispute is not resolved under clause 7.1, the employee or the employee's representative may refer the matter to the next higher level of management for discussion. Such discussion should, if possible, take place within 24 hours after the request by the employee or the employee's representative.

8.4 If the grievance involves allegations of unlawful discrimination by a supervisor the employee may commence the grievance resolution process by reporting the allegations to the next level of management beyond that of the supervisor concerned. If there is no level of management beyond that involved in the allegation the employee may proceed directly to the process outlined at clause 7.6.

8.5 If the grievance or dispute is still unresolved after discussions mentioned in clause 7.3, the matter shall, in the case of a member of the Union, be reported to the relevant officer of the Union and the senior management of the employer or the employer's nominated industrial
representative. An employee who is not a member of the Union may report the grievance or dispute to senior management or the nominated industrial representative. This should occur as soon as it is evident that discussions under clause 7.3 will not result in resolution of the dispute.

8.6 If, after discussion between the parties, or their nominees mentioned in clause 7.5, the dispute remains unresolved after the parties have genuinely attempted to achieve a settlement thereof, then notification of the existence of the dispute is to be given to Fair Work Australia.

8.7 Fair Work Australia may deal with the dispute in 2 stages:
   a. Fair Work Australia will first attempt to resolve the dispute as it considers appropriate, including by mediation, conciliation, expressing an opinion or making a recommendation; and
   b. if Fair Work Australia is unable to resolve the dispute at the first stage, Fair Work Australia may then:
      i) arbitrate the dispute; and
      ii) make a determination that is binding on the parties.
      (Note: If Fair Work Australia arbitrates the dispute, it may also use the powers that are available to it under the Act.)

A decision that Fair Work Australia makes when arbitrating a dispute is a decision for the purpose of Div 3 of Part 5.1 of the Act. Therefore, an appeal may be made against the decision.

8.8 Whilst all of the above procedure is being followed, normal work shall continue except in the case of a genuine safety issue.

The status quo existing before the emergence of the grievance or dispute is to continue whilst the above procedure is being followed.

All parties to the dispute shall give due consideration to matters raised or any suggestion or recommendation made by the Fair Work Australia with a view to the prompt settlement of the dispute.

Discussions at any stage of the procedure shall not be unreasonably delayed by any party, subject to acceptance that some matters may be of such complexity or importance that it may take a reasonable period of time for the appropriate response to be made. If genuine discussions are unreasonably delayed or hindered, it shall be open to any party to give notification of the dispute in accordance with the provisions of the Act.

So as to remove doubt, the parties record that the reference to disputes or grievances in respect to any industrial matter includes disputes or grievances in relation to whether the employer had reasonable business grounds for refusing a request under the National Employment Standards for flexible working arrangements or an application to extend unpaid parental leave.
This quality area of the *National Quality Standard* focuses on relationships with children being responsive and respectful and promoting children's sense of security and belonging. Relationships of this kind free children to explore the environment and engage in play and learning (Guide to the National Quality Standard 3).
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Disability Funding Application Procedure (Kindergarten)

Legislation & Support Documentation
- Disability Act 2006
- Disability Standards on Education 2005 (the Education Standards)
• Disability Discrimination Act 1992 (Cth)
• Disability Support Funding for Queensland Kindergarten Services Application Guide (2014)

Catholic Education – Diocese of Rockhampton aims to offer all children an opportunity to access its programs through equitable practices. This procedure is to support all stakeholders in collaboratively working towards necessary adjustments to kindergarten programs to provide access for children. This may involve the employment of a teacher assistant, engagement of additional specialist support, purchase of resources and/or additional educator training to support the child. The support provided will be commensurate with the funding provided by the State Government and will be directed to the provision of support to the designated child with a disability (or who attends a recognised Early Childhood Development Program or who is currently progressing through a diagnosis process).

Kindergarten services can apply for funding under the Disability Support Funding (DSF) Program to support children with a suspected or diagnosed disability to benefit from a quality early childhood education.

Principle: 1 Accessing Disability Support Funding

1.1 To be eligible for Disability Support Funding (DSF), kindergarten services with a child or children enrolled in a kindergarten program who have diagnosed disabilities, or the parent or teacher has concerns regarding the child’s ability to participate in the program are encouraged to apply for the DSF.

1.2 To be eligible for DSF, kindergarten teachers need to make educational adjustments for a child who:
• is eligible age (at least 4 years old by 31 July of that year) or approved for delayed entry/exit from the kindergarten program by the relevant CGB; and
• is enrolled in a kindergarten service that is legacy-funded or providing an approved kindergarten program and is a current member of one of five organisations approved as a CGB.

A child in receipt of DSF in the previous year is eligible to be considered for funding to support their engagement in a kindergarten program in the current year.

Children must fulfil one of the following criteria:
• have a diagnosed or suspected disability from a recognised specialist in one or more of the recognised disability categories; and/or
• be participating in an Early Childhood Development Program (ECDP).

Definition of suspected diagnosis:
• A suspected diagnosis is defined as documented evidence from a recognised specialist or appropriate medical practitioner indicating that the child exhibits characteristics and/or behaviours symptomatic of one of the identified disability categories, and there is a recommendation for further assessment and formal diagnosis.

Definition of ECDP:
• ECDP is a program offering a range of services for children prior-to-Prep age with a suspected or diagnosed disability with significant educational support needs.

1.3 Disability categories and recognised specialists or appropriate medical practitioners
• DETE recognises six disability categories
• **Medical conditions, social/emotional disorders and sensory processing** (outside a suspicion of Autism Spectrum Disorder) are **not** recognised for the purposes of the DSF.

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Recognised Specialist or Appropriate Medical Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder (ASD)</td>
<td>Registered paediatrician, psychiatrist or neurologist</td>
</tr>
<tr>
<td>Hearing Impairment (HI)</td>
<td>Audiologist or otolaryngologist (ear, nose and throat specialist)</td>
</tr>
<tr>
<td>Intellectual Impairment (II)</td>
<td>Guidance officer or psychologist</td>
</tr>
<tr>
<td>Physical Impairment (PI)</td>
<td>Registered paediatrician, neurologist, orthopaedic surgeon, geneticist or rheumatologist</td>
</tr>
<tr>
<td>Speech-Language Impairment (SLI)</td>
<td>Speech-language pathologist</td>
</tr>
<tr>
<td>Vision Impairment (VI)</td>
<td>Registered ophthalmologist or in cases of cerebral vision impairment, a registered paediatrician or neurologist</td>
</tr>
</tbody>
</table>

DSF can be used to implement inclusive programs and practices, establish routines and curriculum adjustments to support access and active participation of children with disabilities in the kindergarten program. The funding can be used to:

- upskill staff in relation to their knowledge and management of educational needs associated with specific disabilities;
- provide additional human resources to establish routines and support active participation in the education program;
- provide the teacher with focused time to actively include children with disabilities and assist in the general management of the kindergarten program.

### Principle: 2 Making Adjustments

2.1 In alignment to relevant legislation, an adjustment is considered *reasonable* if it meets the needs of the student with disability without impacting on others. To determine if an adjustment is reasonable an Education Provider must consider:

- The barriers, needs or challenges that face a child with disability.
- The views of the child or their delegate.
- Whether the adjustment will impact on the access of the child to the program.
- What advantages or disadvantages the adjustments might have on the people affected by it.
- The costs of making the adjustment.

2.2 An exception that allows an Education Provider to refuse to make an adjustment because the cost involved and the impact on the education provider and other people would be too great. The
Education Provider must prove that an adjustment would cause it Unjustifiable Hardship. To comply with this exception the Education Provider must look at:

- Benefits or disadvantages that will be caused by making the Reasonable Adjustment.
- The effect of the disability of the student in question.
- Its own financial position and the costs of making the Reasonable Adjustment.

**Principle: 3  Interim Funding Application**

3.11 Where a child’s impairment or identified need complies with one of the three criteria (Principle 1.2), eligibility for interim funding may be considered. The following guideline applies:

- Through the enrolment process, families and educators work collaboratively to ascertain the strengths and areas of support required to offer an accessible program for the child.
- Where necessary, the Diocesan Coordinator Early Learning & Care, specialist advisory personnel and the Diocesan Coordinator: Inclusive Curriculum may need to be involved in the process to support the family and educators.
- If the child requires significant adjustments to be made to ensure equitable access, then the DSF application is to be completed for submission to the Catholic Education Office for consideration.
- The diocesan panel reviewing applications will consist of the Assistant to the Director Curriculum (or representative), the Diocesan Coordinator: Inclusive Curriculum (or representative) and the Diocesan Coordinator Early Learning & Care.
- An allocation of funding will be determined based on the adjustments required to provide equitable access. This funding is to be sourced from the centre’s funds.
- Additional funding is not guaranteed.
- This DSF application will then be forwarded to the Department of Education & Training for consideration.
- Any funds provided in the interim will then be reimbursed from DSF to the centre’s bank account.
- The Nominated Supervisor will be responsible for determining how funds are allocated in consultation with the Diocesan Coordinator Early Learning & Care and the classroom teacher. This allocation of funding is to consider the most effective way to offer the child equitable access to the program.
- Once the kindergarten is notified of funding received from DSF, the allocation of funding may need to be renegotiated e.g. if the child receives no funding from DSF, additional assistant allocation may cease and may result in further discussions with parents/carers.

**Principle: 4  Accountability**

4.1 On receipt of funds from DSF, the kindergarten service will record expenditure relating directly to the grant separate from all other income and expenditure of the service.

4.2 At the conclusion of the kindergarten year, or at such time as the child ceases enrolment in the service, kindergarten services receiving DSF will be required to complete a Record of Expenditure form and submit this to DETE by the designated date. The Record of Expenditure form includes an outline of the support purchased with the funding.

**Principle: 5  Funding Levels**
An individual education plan (IEP) will be collaboratively developed between all stakeholders including the child. Advisor Visiting Teachers (AVTs) and the Diocesan Coordinator Early Learning & Care may be involved in this process. The IEP intends to provide clear and specific goals for the child to achieve in a given period of time. It also offers experiences that educators and families can offer to support the child to equitable access the program and to achieve their goals. An evaluation of achievement of the goals is also required periodically to determine whether they have been achieved. The necessary adjustments to pedagogy and environment etc. for the child to access the program are also included in this document.
6.2 All stakeholders will meet regularly to reengage with the IEP and to discuss all relevant information pertaining to the child.

**Principle: 7 Collaborative Support**

7.5 All centre personnel will afford children agency at all times in this process. Where possible, children will be consulted regarding facets of this process.

7.6 The centre staff are to make all attempts to work collaboratively with families to ensure equitable access for every child. The child’s teacher is to regularly meet with families to discuss the achievements and areas requiring further consideration regarding the child with a disability or identified additional needs.

7.7 To ensure the ongoing funding from the centre for their child, parents/carers are required to work collaboratively with the centre. It is the responsibility of the child’s parents/carers to ensure that all relevant documentation is provided to the centre, pertaining to the child’s diagnosis or identified additional needs. The parents/carers are required to ensure appropriate medical/specialist support is provided to their child and to attend scheduled appointments as required. Funding for their child may be withdrawn if parents/carers are not willing to support the aforementioned commitments.

7.8 Access to relevant support agencies will be made by the centre to offer guidance in the ongoing agency of the child.

7.9 Where there are a number of children with disabilities or identified additional needs, the Nominated Supervisor will consider the most suitable and equitable class placement.

7.10 The Nominated Supervisor is to ensure that the learning environment is inclusive and also is safe and conducive to the well-being of all. Where there is an identified health and/or safety risk, it is the responsibility of the Approved Provider and Nominated Supervisor, in consultation with the Diocesan Coordinator, to work collaboratively to put in place appropriate control measures.
Diocesan Director’s Message

The person of each individual human being, in his or her material and spiritual needs, is at the heart of Christ’s teaching; that is why the promotion of the human person is the goal of the Catholic centre. (The Catholic Centre on the Threshold of the Third Millennium #9)

Catholic Education is committed to a comprehensive educational ministry that embraces and promotes lifelong learning. We aim to live and share the gospel message and to provide education that supports the holistic development of all students. We recognise that in order to offer opportunities for students to develop their full potential we need to provide a safe and secure learning environment where students are confident, and where they are protected from harm or threat of harm. This document of processes for schools administered by Catholic Education in the Diocese of Rockhampton has been produced to ensure that prompt, professional, sensitive and appropriate responses are made whenever matters of student protection come to the attention of Catholic Education staff. These processes also conform to relevant legislative and church requirements as explained in the pages that follow. Appropriate and responsive interventions by schools can provide hope to, and foster resilience in, students who may be at risk by protecting them from harm and supporting their healing. Student protection is integral to learning and teaching. Safety, security and nurture are fundamental human rights and needs. These rights and needs underpin students’ capacity for learning and maximise potential for personal development ultimately enhancing their wellbeing and life opportunities. I am confident that staff will undertake and accept the requirement to know and understand the serious responsibilities that apply to them in this area. Please be assured of my prayerful support as we continue to implement our shared vision for Catholic schooling and an ongoing commitment to child protection in our school communities.

Leesa M Jeffcoat AM (MEd. Admin., BEd., BA, Dip. Teach., ASDA, AMus A, FACE, FACEL)
DIOCESAN DIRECTOR CATHOLIC EDUCATION
1 Overview

1.1 Introduction

In Catholic Education, protection for children is based upon the belief that each person is made in the image of God and that the inherent dignity of all should be recognised and fostered.

The Diocese of Rockhampton Student Protection Policy states:

   Jesus insisted on the primacy of love: love of God and love of each other. No one was excluded from his love. In fact, by word and deed He showed a special preference for the poor, the powerless and the vulnerable, those often relegated to the margins of society. He especially loved children ‘for such are the Kingdom of heaven. (Mt 19:14)

The need for Child Protection Processes arises primarily from the Catholic education community’s concern about this reality in our midst. This concern flows from our Christian belief in the dignity of all persons. We see children as entrusted to us by the love of God, and are committed to the protection of their rights.

This document is also formulated in accordance with a variety of Queensland legal requirements. It provides the rationale and principles and the subsequent processes to be followed when responding to child protection matters. It also provides a framework for the various elements of pastoral provisions for children’s personal safety and welfare, and those of others who may be involved.

It is hoped that our continued efforts in the implementation of the Child Protection Processes will help to enhance the protection of children and bring healing and peace to young people and any others who may have been adversely affected.

1.2 Purpose

The purpose of this document is to provide a framework for responding to and reporting allegations or suspicions of:

- sexual abuse/likely sexual abuse to a child by another person
- harm or likely harm to a child from any source
- inappropriate behaviour by a staff member towards a child.

The document sets out the processes to be followed to ensure that prompt, professional, sensitive and appropriate action is taken by Catholic Education, Diocese of Rockhampton personnel in centres and at the Diocesan Catholic Education Office (DCEO).

It has been developed in accordance with Catholic Education, Diocese of Rockhampton Office’s obligations under the Education (General Provisions) Act 2006, the Education (Accreditation of Non-State Centres) Regulation 2001, the Commission for Children and Young People and Child Guardian Act (2006) and the Education (Queensland College of Teachers) Act 2005, National Education & Care Services Act 2010.

This document is also underpinned by the Diocesan Education Council’s Student Protection Policy and complements the procedures developed by the National Committee for Professional Standards entitled Towards Healing – Principles and Procedures in Responding to Complaints of Abuse against Personnel of the Catholic Church in Australia (2010).
1.3 Compliance

All Diocesan Catholic Education personnel have legislative and policy responsibilities that are outlined in this document. If further information in relation to any of the processes mentioned in this document and/or other child protection compliance requirements are needed, please refer to the Diocesan Coordinator Early Learning & Care or the centre’s Child Protection Contacts, Assistant Director: Schools or the Student Protection Coordinator at DCEO.

The Diocesan Coordinator Early Learning & Care is responsible for ensuring that this document is freely available to employees, children and families and that they are aware of the relevant contents of the document, and that its provisions are being implemented within the centre.

1.4 Scope

This document applies to:

- a reasonable suspicion of sexual abuse/likely sexual abuse of a child by another person
- a reasonable suspicion of harm or likely harm to a child from any source
- a complaint or reasonable suspicion of inappropriate behaviour towards a child by a person who is a staff member.

A situation may arise in which Catholic Education, Diocese of Rockhampton personnel become aware that a current employee has been under police investigation or has been prosecuted for an offence against a child who is not a child attending the centre. In such a case, Catholic Education, Diocese of Rockhampton personnel will take all appropriate measures to ensure that children are protected. Such a response will be guided by the processes outlined in this document.

1.5 Guiding principles and commitments

The Child Protection Processes for Catholic Education are based on the following principles and commitments.

The following principles are to be observed when responding to child protection issues.

- Every child and young person has a right to protection from sexual abuse, harm and inappropriate behaviour.
- The welfare and best interest of the child/young person are paramount.
- All adults have a responsibility to care for children and young people, to positively promote their welfare, and to protect them from any kind of harm.
- The interactions of all staff of Catholic Education, Diocese of Rockhampton, with children take place in the context of the employee being in a position of trust arising from the nature of their role.
- In every preventative and/or protective action related to a child the total wellbeing of the child is the primary concern, while at the same time the rights and welfare of others involved are to be respected.
- Appropriate confidentiality should be observed in relation to information relating to child protection matters, and relevant information should be kept in a secure place.
- The cultural diversity of children and families in our centres (particularly Indigenous children and their families) is to be recognised, acknowledged and respected. The management of child protection issues needs to be carried out with sensitivity to cultural issues.
- The special needs and vulnerabilities of children with disabilities and their rights to an educational and family environment free from harm, discrimination, harassment or victimisation must also be recognised, acknowledged and respected.
• The value of the family unit is to be respected but not in such a matter as to be detrimental to the wellbeing of the child.
• All persons who are the subject of an allegation of improper conduct should be treated fairly and reasonably and provided with access to support services as appropriate.
• All persons who honestly report a matter in good faith in accordance with these procedures should not be disadvantaged for doing so.
• All persons involved in situations where sexual abuse, harm or inappropriate behaviour towards a child is suspected and/or disclosed should be treated with sensitivity, dignity and respect.

Catholic Education, Diocese of Rockhampton, seeks to fulfill its duty of care to all within its centre communities and particularly its duty of care to children. In order to do this, Catholic Education, Diocese of Rockhampton is committed to:

• upholding the right of children to a safe and secure environment based on the belief that this is critical to fulfilling their academic achievements and potential and indeed critical to their overall wellbeing
• responding promptly and appropriately to information concerning child protection matters
• co-operating and working in partnership with the relevant State authorities that are involved in child/child protection
• ensuring that centre pastoral care structures address and make appropriate provision for the support of children, families and staff.

1.6 Confidentiality

Staff members who have access to information regarding suspected or alleged sexual abuse to a child, harm, likely harm or likely sexual abuse to a child, or inappropriate behaviour by an employee towards a child must observe appropriate confidentiality in relation to the matter, and also must ensure that any associated documentation is kept in a secure place.

Staff members are directed that the matter must remain highly confidential, should never become a topic of gossip and should never be spoken freely about with others.

1.7 The role of Diocesan Catholic Education office personnel

Diocesan Coordinator Early Learning & Care and other Child Protection Contacts may consult with relevant personnel in DCEO regarding the processes outlined in this document. The Assistant Director: Schools or Student Protection Coordinator may be able to provide advice concerning an assessment of inappropriate behaviour. They may also be able to assist with an assessment of sexual abuse or likely sexual abuse, harm or likely harm.

However, if a staff member (the first person) reasonably suspects that in the course of the staff member’s employment at the service that a student younger than 18 years attending the service has been sexually abused or is likely to be sexually abused by another person he/she must immediately make a written mandatory report to the Diocesan Coordinator Early Learning & Care or the Diocesan Director. Likewise, upon receiving the written report from the ‘first person’, the Diocesan Coordinator Early Learning & Care or Diocesan Director must immediately forward to the police the written report. See Section 5 for details.

2 Awareness

2.1 Definitions
Child protection is a complex issue and requires all staff to be aware of their responsibilities and to know clearly what it is they are required to report. Following is a list of relevant definitions that can assist in clarifying important terms used within this document.

**Assistant Director: Schools** The Assistant Director: Schools is the person appointed by the Diocesan Director to supervise centres in one of the four regions of the Diocese. (AD:S)

**Bullying** Bullying is repeated, unreasonable and less favourable treatment of one person by another. The person experiencing the treatment considers it to be unwelcome, intimidating, degrading or threatening and it would be perceived as such by a reasonable person.

**Catholic Education, Diocese of Rockhampton** Also known as Diocesan Catholic Education Office, (DCEO).

**Child** A child is a person under 18 years of age (*Child Protection Act 1999*).

**Cleric** A cleric is an ordained priest or deacon of the Catholic Church.

**Complaint** A complaint is an expression of dissatisfaction, either oral or written.

**Director of Professional Standards** The Director of Professional Standards is the person appointed by the Bishops and heads of religious institutes in Queensland to manage the implementation of the *Towards Healing* principles and processes.

**Employee** An employee is any person who is engaged to carry out work at the centre for financial reward, whether an employee of Catholic Education, Diocese of Rockhampton or not. This includes any cleric or religious who is an employee.

**Diocesan Director** The Diocesan Director is the person appointed by the Catholic Bishop of Rockhampton to be the Diocesan Director of Catholic Education and who has the delegated authority to administer and manage diocesan and parish centres in the Diocese of Rockhampton; otherwise the person who has the authority to act in the position of Diocesan Director from time to time.

**First Person** The ‘first person’ is a staff member who reasonably suspects, in the course of the staff member’s employment at the centre, that a child under 18 years attending the centre has been sexually abused by another person or is likely to be sexually abused by another person [*Education (General Provisions) Act 2006* Sec 366 (1) and Sec 366A (1)].

**Harm** Harm has been defined in Section 3 of the Education (Accreditation of Non-State Centres) Regulation 2001 as:

1. ‘Harm’ caused to a child younger than 18 is any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing.
2. It is immaterial how the harm is caused.
3. Harm can be caused by:
   - physical, psychological or emotional abuse or neglect, or
   - sexual abuse or exploitation.

Whilst the definition of ‘harm’ as outlined above only relates to children under 18 years of age, this document extends the general meaning to include children attending Diocesan Catholic Education centres who are 18 years of age or above.

**Inappropriate behaviour**: Inappropriate behaviour includes but is not limited to any behaviour, including words, towards a child that is contrary to what is required of staff members under Catholic Education, Diocese of Rockhampton’s *Code of Conduct*. Further, any report from a person, including a child, about an employee’s behaviour towards a child that the person making the report considers to
be inappropriate is to be taken as an allegation of inappropriate behaviour and must be responded to in accordance with the processes contained within this document.

**Diocesan Coordinator Early Learning & Care**: The Diocesan Coordinator Early Learning & Care is the person delegated by the Director: Catholic Education Diocese of Rockhampton (Approved Provider Key Contact) to support kindergartens, pre-preparatory and long day care centres’ personnel.

**Reasonable suspicion**: A reasonable suspicion is a suspicion that would be formed by a reasonable person based on a reasonable view of the evidence available to them. In other words, a reasonable suspicion is an objectively justifiable suspicion that is based on specific facts or circumstances. More information about forming a reasonable suspicion is contained in Section 2.5.

**Relevant State Authority**: A relevant State Authority could be either the Department of Communities (Child Safety Services) and/or the Queensland Police Service, for example, a Child Protection Investigation Unit (CPIU).

**Religious**: A religious is a member of an institute of consecrated life or a society of apostolic life within the Catholic Church. Religious are generally known as brothers, nuns or sisters.

**Sexual abuse**: Sexual abuse of a child occurs when a person uses power or authority over the child to involve the child in sexual activity or to sexually exploit the child. Sexual abuse can be physical, verbal or emotional. Physical force may sometimes be involved. More detailed information about sexual abuse, including legislative guidance, is contained in Section 2.2.

**Staff member**: A staff member is any person who is employed by Catholic Education, Diocese of Rockhampton on a casual, fixed term or continuing basis.

**Child**: A child is any person enrolled in a centre (including those aged 18 and above) who is in attendance at a Catholic Education, Diocese of Rockhampton centre or college.

**Child Protection Contact**: A Child Protection Contact is one of at least two persons who are so designated in each centre in compliance with the Education (Accreditation of Non-State Schools) Regulations (Provision 10, (4)). The primary role of a Child Protection Contact is to receive reports of suspected harm and likely harm to children from any source and alleged inappropriate behaviour by employees towards children and to take subsequent action as set down in the processes within this document. The names of the Child Protection Contacts are to be made known to the members of the centre community and prominently displayed around the centre. In Catholic Education, Diocese of Rockhampton centres it is recommended that the centre Diocesan Coordinator Early Learning & Care is one of the Child Protection Contacts and the other Child Protection Contact is the Centre Director/Pre-prep Kindergarten Teacher. Information relating to the selection and support of Child Protection Contacts is to be found in Section 11.

**Student Protection Coordinator**: The Student Protection Coordinator is a DCEO employee appointed to assist centre personnel in child protection matters. Their duties include assisting centre personnel in the assessing of sexual abuse and/or likely sexual abuse, and harm and/or likely harm to children. They also offer support and guidance to centres during and after intervention, and assist with the facilitation of compliance with child protection policies and the Child Protection Processes, including developing and facilitating child protection in-service for staff.

**Volunteer**: A volunteer is any person who performs work on a voluntary basis for Catholic Education, Diocese of Rockhampton. The relationship between the volunteer and Diocesan Catholic Education Office, is not bound by a contract of employment and no payment is made by Catholic Education, Diocese of Rockhampton, to the volunteer for the work performed.
2.2 Sexual abuse

The Education (General Provisions) Act 2006 indicates that sexual abuse to a relevant person includes sexual behaviour involving the relevant person and another person in the following circumstances.

- The other person bribes, coerces, exploits, threatens or is violent toward the relevant person.
- The relevant person has less power than the other person.
- There is a significant disparity between the relevant person and the other person in intellectual capacity or maturity (s. 364).

The following additional advice is offered to assist staff members.

Sexual abuse can be physical, verbal or emotional. It may involve physical contact with another person, but not necessarily so.

Sexual abuse of a child occurs when there is an imbalance of power between the child and a person who is older, or has power, authority, influence or some kind of control over the child. The imbalance of power allows force, trickery, emotional bribery, blackmail or emotional pressures to be used against the child to involve him/her in sexual activity or to sexually exploit him/her. Secrecy, the misuse of power, and distortion of adult-child relationships may also be involved. It is important to note that activity between peers may also be abusive, especially if the relationship is coercive or the behaviour forceful, degrading or threatening.

The involvement of any staff member, other employee or volunteer within a centre in sexual activity with, or sexual exploitation of, a child attending that centre is always to be regarded as sexual abuse.

When considering this matter, it is important for staff members to understand that there is a difference between the sexual abuse of a child and unlawful peer sexual activity. Children and young people under the age of 16 years cannot legally consent to sexual acts with others and to engage in such activity is unlawful even if the child/young person has, or appears to have, consented; however, if there is no imbalance of power or coercion involved, the activity may not be sexually abusive. On the other hand, young people over 16 years of age can be subjected to sexual abuse through the use of power and improper use of authority even if the young person appears to have consented in some way.

Sexual abuse involving physical contact with a child could include:

- touching, kissing or holding a child in a sexual manner
- touching or fondling a child’s genital areas
- touching or fondling a child’s body in a sexual manner
- engaging in or attempting to engage in vaginal or anal intercourse with a child
- penetrating or attempting to penetrate a child’s vagina or anus by the finger or any other object
- engaging or attempting to engage in oral sex with a child
- engaging or attempting to engage in masturbation with a child.

Sexual abuse involving having a child engage in sexual acts by duress or through inducements of any kind could include having a child:

- touch or fondle another person’s genital areas
- touch or fondle another person’s body in a sexual manner
- engage in or attempt vaginal or anal intercourse with another person
- penetrate or attempt to penetrate another person’s vagina or anus by the finger or any other object
• engage or attempt to engage in oral sex with another person
• masturbate or to attempt to masturbate.

Sexual abuse/likely sexual abuse to a child not necessarily involving physical contact could involve events that occur in the child’s direct presence or that occur indirectly (including through digital communications):
• exposing a sexual body part to a child
• requesting a child to expose a sexual body part
• making obscene or sexually explicit remarks to a child
• sending obscene or sexually explicit material to a child
• blatant or persistent intrusion into a child’s physical privacy
• voyeurism: covertly observing intimate behaviour that is normally private
• exposing a child to pornographic films, photographs, magazines or other material
• having a child pose or perform in a sexually explicit manner
• exposing a child to a sexual act
• forcing a child to witness a sexual act
• communicating with a child in a sexually intrusive way.

2.2.1 Likely sexual abuse

Likely sexual abuse of children must be reported\(^1\) where a reasonable suspicion is formed that unless someone intervenes to prevent it, sexual abuse is more probable than not to occur in the future.

2.2.1.1 Grooming

Sexual offending by an adult against a child is rarely a random act by a stranger. It is commonly based on a relationship with the child that has been formed over time. The abuse is commonly well thought out and planned in advance.

Offenders will take time to ‘groom’ their victim, often over a lengthy period. They will also often ‘groom’ the child’s carers or others who might otherwise protect them from the abuse. This occurs so that the child and his/her carers will trust the offender and not suspect any intended wrongdoing. The establishment of a relationship of trust is often very confusing and damaging to the child, who may not even immediately recognise what is done to them as abuse.

Recognition of the grooming process that is used as a preparation for the sexual abuse of a child is an indicator of likely sexual abuse in the future. Observing grooming behaviours could lead to a reasonable suspicion of likely sexual abuse to that child. Behaviour is unlikely to be recognised when observed as a one-off event but a pattern of grooming of the intended victim and/or the intended victim’s carers is likely to be recognised. Grooming also will tend to involve an escalation along a continuum of behaviours that will only be observed over time and it will tend to develop elements of secrecy and concealment.

It is important to be aware of the types of behaviours that can be used in the process of grooming a child or young person, while remembering that some of the behaviours might equally reflect genuine motives of care and concern. This is why for staff members the observance of clear professional boundaries and transparency in the declaration of potential conflicts of interest is a vital part of the protection of children and of the staff members themselves.

Some examples of grooming types of behaviour could include:
• befriending a vulnerable child
• giving the child special attention
• treating the child more favourably than others, for example, with centre work or in extra-curricular activities
• giving gifts to or doing favours for the child
• sharing secrets with the child
• arranging opportunities to be alone with the child
• sending email or SMS messages of a personal nature
• making personal comments to the child about sexuality or relationships
• directing suggestive jokes, remarks or actions towards the child
• acting as a substitute parent or confidant of the child
• befriending the child’s family and visiting the family home
• offering to baby-sit or provide transport
• offering individual coaching or special help to the child.

2.2.1.2 Child sexual behaviours

Suspicions of likely sexual abuse may also be formed in some cases where child sexual behaviours are concerning and/or serious. This is where the behaviour displayed by the child may lead to a reasonable suspicion that sexual abuse has occurred and/or a suspicion that the child, because of their behaviour, may be vulnerable to being sexually abused in the future. Some of these situations could emerge not only through overtly sexual behaviour by a child but also through the child’s use of technology, e.g., some incidents of ‘sexting’.

Section 2.4 provides more information about general and specific signs of sexual abuse.

2.3 Harm

Harm is defined in law as:

*Any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing.*

*It is immaterial how the harm is caused.*

Harm can be caused by:

• physical, psychological or emotional abuse or neglect

or

• sexual abuse or exploitation.

Child Protection Act 1999
Education (Accreditation of Non-State Centres) Act and Regulations 2001

2.3.1 Causes of harm

Harm can be caused by physical abuse, emotional abuse, sexual abuse or neglect by a parent, caregiver or other adult. Children and young people being exposed to domestic violence situations can also be harmed or at risk of harm as a result. Harm can also be caused by other children or young people via the use of electronic/cyber mediums, physical assault and sexual behaviours. Children can also self-harm at times.

• **Physical Abuse** refers to non-accidental injury to a child by another person. These injuries are caused by violence including assaults, excessive discipline, severe beatings or shakings, and any other actions causing injuries such as bruising, lacerations or welts, burns, fractures or dislocations, female genital mutilation, attempted suffocation, strangulation and death.
● **Emotional Abuse** is behaviour by another person that emotionally damages a child resulting in significant deprivation or trauma. It involves a negative impact on a child's social, emotional, cognitive, intellectual development and/or disturbance of a child's behaviour. Examples of emotional abuse include constant criticism, public humiliation, belittling, excessive teasing, and scapegoating.

● **Neglect** is the failure by the parent or caregiver responsible for a child to provide the child with adequate nutritious food, clothing, shelter, supervision and protection needed for the child's optimal growth and development. Failure to provide access to medical and dental care and educational opportunities may also be deemed as neglect. Child neglect occurs where a child is harmed by the failure to provide basic physical and emotional necessities of life. Neglect is characterised as ongoing omissions in parental care giving.

● **Domestic violence** is violence which includes physical and verbal abuse, and intimidation perpetrated by one person against another in a family or in another personal, intimate relationship, causing fear, physical, sexual and/or psychological harm.

● **Sexual Abuse** is dealt with in the Section 2.2.

### 2.3.2 Sources of harm

For the purposes of this document, the various sources of harm are classified as follows:

1. Harm to a child by a staff member, other employee or volunteer (Source 1)
2. Harm to child by a person who is not an employee or agent of the centre or another child (Source 2)
3. Harm to a child by another child (Source 3)
4. Child self- harm (Source 4)

### 2.3.3 Assessing harm

When attempting to assess whether harm (as defined) has taken place or is likely in the future, the following questions may be useful.

- What harm been identified? (i.e., a detrimental effect of a significant nature).
- What are the signs of harm? (see 2.4).
- What are the reasonable grounds to suspect that harm has occurred or is likely? (see 2.5).
- What information is needed to provide background and context?
- What information is not evident that we might need to know in order to make an adequate assessment?

### Key facts on harm

Staff should be aware of signs and patterns of harm. There may be physical, emotional and/or behavioural indicators. **Section 2.4** provides more information about general and specific signs of harm.

**Source 1**: Harm by a staff member, other employee or volunteer

- Harm can be caused to a child by a staff member, other employee or volunteer within a centre. While such harm may very rarely be physical in nature, the role of the teacher/centre director in particular can provide opportunities for emotional harm to be done to a child through the misuse of the teacher/director’s power and authority, possibly inadvertently.
• Adults in centres may emotionally harm children without being fully aware of the impact that their behaviour can have. Harm could be caused by yelling at children, making degrading comments about children, continually teasing or belittling children, labelling children as stupid or dumb and threatening children as a means of exerting control.
• Harm done by a child by a staff member, other employee or volunteer within a centre may be especially damaging because of the special position of trust that is held by the adult within the centre and because those working in a Catholic centre do so on behalf of the Catholic Church.

Source 2: Harm to child by a person who is not an employee or agent of the centre

• Most children/young people who are harmed are harmed by someone they know and trust - a parent, caregiver, sibling, and other relative, family friend or care giver.
• The younger the child, the more vulnerable they are and the more serious the consequences are likely to be.
• Harm done to a child by a close family member can often have permanent negative effects on the child’s development and life chances as well as upon the family itself.

Source 3: Harm to children by another child

Harm can be caused to a child by another child. The use of the word ‘bullying’ in this section includes all types of harassment and intimidation and can result in physical, psychological and/or emotional harm. Besides physical harm, all the following types of interactions between children may involve psychological and/or emotional harm and require an appropriate response.

1. Cyber bullying
Cyber bullying is bullying using electronic communication media. It can cause long-term harm to children.

• Mobile phones and computers can be used to bully.
• Some cyber bullying or other misuse of electronic media can be a criminal offence.
• These offences should be reported to police and managed appropriately at the centre level.

2. Children with a disability
It is important to recognise, acknowledge and respect the special needs and vulnerabilities of children with disabilities and their rights to an educational and family environment free from harm, discrimination, harassment or victimisation in relation to those disabilities. The behaviour of other children towards children with disabilities needs to be monitored carefully.

3. Child sexual behaviours
Sexual behaviours of various kinds may be evident in children, particularly in the early years. Some forms of this behaviour may not be of concern, while other behaviours may indicate that the child may have been exposed to inappropriate material or experiences. For example, reports of very young children knowing about and even experimenting with oral sex and other concerning sexual behaviours have been noted in some centres.

• Centres need to respond appropriately to any sexual behaviours among children that come to their attention.
• It is important that all cases of sexual behaviour that is of concern be taken seriously, and responded to in a timely manner. Diocesan Coordinator Early Learning & Care s should do all they can reasonably do in the particular circumstances to respond to the reported situation while acting with caution in their response.
• If assistance is required in assessing the seriousness of the sexual behaviour the Child Protection Coordinator or Assistant Director: Schools at DCEO should be contacted.
• If sexual behaviour that is of concern is identified, steps should be taken to ensure the safety of the child or children who are involved or who could be exposed and to report according to child protection reporting processes in relation to sexual abuse or likely sexual abuse or harm or likely harm.

Source 4: Child self-harm

During the course of their centreing, some children may be at risk of harming themselves.

• This may be by direct means such as cutting, burning etc. but could also be by engaging in serious risk-taking behaviours such as alcohol/substance abuse, recklessly dangerous physical activities and/or unsafe promiscuity.
• Each of these situations presents the possibility of a complex range of precipitating circumstances and possible interventions.
• If child self-harm is identified steps should be taken to ensure the initial safety of the child.
• Staff are to report it according to the relevant child protection reporting process in relation to harm and likely harm. (N.B. It is important to keep in mind that some cases of self-harm may at times be an indication of sexual abuse or likely sexual abuse.)

2.4 Recognising signs of sexual abuse and harm

There are many signs that might lead staff to have concerns about a child. It is important to keep an open mind when encountering these signs, as their presence does not necessarily mean that sexual abuse or harm has occurred or is likely. However, they may indicate that a child is at risk and that further assessment and monitoring is the appropriate response.

It is important to remember:

• the signs are generally more significant if they are severe and/or form a pattern
• the younger the child involved, the greater the risk
• all factors need to be considered including the child’s circumstances and family context.

In general terms, something may be wrong if you observe child behaviour such as:

• nervousness/withdrawal
• passivity/excessive compliance
• evidence of a deterioration in peer relationships and/or generally poor peer relationships
• trouble concentrating at centre/unexpected drop in centre academic performance
• frequent absences from centre without substantiated or acceptable explanations
• being aggressive, stealing or running away
• evidence of extreme or continually aroused emotional states
• out of character behaviour
• behaviour that is not age appropriate nor typical of peer behaviour
• in younger children: separation anxiety, changed eating patterns
• in older children: drug/alcohol use, sexual promiscuity, self-harm or reckless and risk-taking behaviour.

In relation to the specific causes of harm you may observe the following.

2.4.1.1 Physical

• Bruises or lacerations, especially on face, head and neck.
• Burns/scalds.
• Multiple injuries or bruises, especially over time.
• Fractures, dislocations, twisting injuries.
• Explanation offered by the child not consistent with the injury.
• Repeated injuries with a recurring or similar explanation.

2.4.1.2 Neglect
• Delay in achieving developmental milestones.
• Medical or therapeutic needs not attended to.
• Poor personal hygiene leading to social isolation.
• Scavenging for/stealing food; lack of adequate centre lunches.
• Extreme seeking of adult affection.
• Flat and superficial way of relating.

2.4.1.3 Domestic violence
• Difficulties in eating and sleeping.
• Hypervigilance.
• Regression to age-inappropriate behaviours.
• Developmental delays.
• Child is over-protective of a parent.
• Excessively controlling or aggressive/violent behaviour.
• Abuse of siblings/parent.

2.4.1.4 Emotional/Psychological
• Inability to value self and others.
• Lack of trust in people.
• Statements from the child, e.g., 'I'm bad'; 'I was born bad'.
• Extreme attention-seeking behaviours.

2.4.1.5 Sexual abuse
• Direct or indirect disclosures of abuse.
• Age-inappropriate sexual behaviour and knowledge.
• Use of threats coercion or bribery to force other children into sexual acts.
• Sexual themes/fears expressed in artwork, written work or play.
• Repeated urinary tract infections, especially in little girls.
• Physical trauma to buttocks, breasts, genitals, lower abdomen, thighs.
• Unexplained accumulation of money/gifts.
• The presence of sexually-transmitted diseases, especially in younger children.

2.5 Forming a reasonable suspicion

A reasonable suspicion of, sexual abuse or likely sexual abuse, harm or likely harm from any source, or inappropriate behaviour by a staff member towards a child, may be formed by a staff member in the light of the staff member's knowledge and experience, if:
• a child reports or discloses to a staff member information of concern about him/her or about another person's behaviour
• another child reports or discloses information of concern about a child or about another person's behaviour in relation to that child
• a parent or another person reports information of concern about a child and/or another person's behaviour. (This information may come from a relative, friend, acquaintance of the child, or sometimes could be anonymous.)
• relevant observations (appearance, behaviours, and situations) are witnessed or other relevant firsthand knowledge is gained.

It should be noted that at times information may come to a staff member’s attention indirectly (perhaps third hand). In these cases the following issues should be considered.

• In some cases, seeking the minimum amount of additional information required to clarify the situation may be appropriate.
• It is not the role of the staff member or of the centre to investigate, confirm or substantiate the validity of the information.
• If the information received gives rise a staff member forming a reasonable suspicion of sexual abuse or likely sexual abuse, harm or likely harm from any source or inappropriate behaviour by a staff member towards a child, then the staff member must follow the relevant reporting process described in this document.
• Details about how the information came to the staff member’s attention should be included in the report that the staff member provides.

2.6 Likely sexual abuse or harm

Situations involving likely sexual abuse or harm are those where a reasonable person, given a reasonable view of the evidence available to him/her, would form the view that unless someone intervenes to prevent it, harm is more probable than not to occur in the future.

2.7 Responding to a child disclosure

2.7.1 Pastoral guidelines for dealing with a disclosure

Centre personnel are often the first people children may tell when they are feeling unsafe. It is important for staff members to be aware of how children/young people disclose and how to respond most appropriately.

If a child tells you about being abused or harmed:

Do

• Listen attentively, actively and non-judgementally.
• React calmly to the information the child provides.
• Only question the child if absolutely necessary and restrict yourself to questions such as ‘Tell me what happened … and/or Tell me more about that … ’.
• Reassure the child that they have done the right thing to tell, e.g., ‘I am pleased you have told me these things’.
• Reassure them they are not to blame for the behaviour of others.
• Provide pastoral support to the child and be aware of the privacy issues involved.
• Be honest about your responsibility to take action. Make detailed notes.

Do not

• React emotionally or accuse.
• Seek any more information than is absolutely necessary.
• Ask leading or probing questions or put words in the child’s mouth.
• Make promises that you cannot keep – particularly about not telling others about the information such as the Diocesan Coordinator Early Learning & Care or another Child Protection Contact.
• Leave the child alone immediately after a disclosure.
• Discuss the situation with parents, caregivers or others (other than with those designated, e.g., Diocesan Coordinator Early Learning & Care or other Child Protection Contact).
2.7.2 General advice about handling disclosures

- Remember it is not a centre staff member’s role to investigate a suspicion of sexual abuse, likely sexual abuse, harm or likely harm, or alleged inappropriate behaviour by another staff member. It is the role of qualified Officers of Child Safety Services and/or Queensland Police to investigate and collect evidence in such cases.
- Only ask enough questions to help you decide whether you have reasonable grounds to form a suspicion of sexual abuse, likely sexual abuse, harm or likely harm, or inappropriate behaviour by another staff member. Be aware that any questioning beyond this could cause distress and confusion and could interfere with any subsequent investigation undertaken by relevant authorities.
- As soon as possible after the disclosure take detailed relevant notes about any signs, disclosures, injuries, and behaviours that cause you to be concerned for the child’s safety or wellbeing.

2.7.3 Taking photographs of injuries

- Staff must not take photos of injuries to children. If required, this will be done by the Queensland Police Service.

2.7.4 Contact with parents/carers

- When concerns of sexual abuse or harm to a child are in relation to someone in the child’s family and/or someone who resides in the child’s home, the parents/guardians must not be informed of the concerns by the centre or staff member concerned before or after the report is made without first receiving advice about this from the relevant state authority.

2.8 Legal Issues

The following points are general guidelines only. Should other issues arise in relation to specific cases it is recommended that further legal advice be sought.

- In reporting cases of sexual abuse or likely sexual abuse, harm or likely harm to a child, centre personnel reporting to a relevant State authority are not required to prove the case, they need only report of their reasonable suspicion and their reasons for it.
- Centre personnel should be very careful, however, to report only to those authorities that need to know and reports should only be made to the persons or agencies that are mentioned within this document.
- The matter must remain highly confidential and should never become a topic of gossip and should never be spoken freely about with others.
- If you communicate the restricted and confidential report to others, an action for damages for defamation could be taken by the person suspected or a complaint may be made to the Office of the Privacy Commissioner in relation to a breach of the child’s privacy.
- The identity of individuals who report to Child Safety Services and Queensland Police Service of their concerns about a child is confidential and they are protected from civil liability. Protection from civil liability means that the person is protected from legal action taken against him/her. (s.22 Child Protection Act 1999 and s.366 (5) & (6) and s.366A (6) & (7) Education (General Provisions) Act 2006.
- However, staff members may be subpoenaed to attend court as a witness. In this instance the identity of the notifier cannot be kept confidential. DCEO can be of assistance to a staff member who is subpoenaed to attend court.
- In the unlikely event of civil action being brought against a staff member as a consequence of reporting, Catholic Education, Diocese of Rockhampton through the terms and conditions of its insurer’s policy will indemnify (i.e., accept responsibility to defend or settle claims) those
centre personnel who have acted conscientiously within the scope of their professional duties.

3 Action - Child reporting processes

Important Information
If you believe a child or young person is in immediate danger or in a life-threatening situation, you can contact the Queensland Police Service immediately by dialling 000.

Nothing that is written below should prevent a child from reporting any matter of concern to his/her parent(s), to any employee at a centre, or to the police.

If a child has reported a concern according to these processes but does not feel sure that the appropriate action is being taken he/she should contact the Assistant Director: Schools or Student Protection Coordinator at DCEO and/or police directly.

Should a child wish to report sexual abuse or likely sexual abuse, harm or likely harm to himself/herself or to any other child, he/she may report this to the Diocesan Coordinator Early Learning & Care or other Child Protection Contact at the centre.

Should a child consider that the behaviour of staff member towards him/her or towards another child is or has been inappropriate, he/she may report this to a Child Protection Contact at the centre.

A child may make the report orally, in writing, or through any other means of communication.

A child's parent or carer may make the report to the Diocesan Coordinator Early Learning & Care or other Child Protection Contact on behalf of the child.

Whether or not the staff member receiving the report is a Child Protection Contact, on receiving such a report from or on behalf of a child, the staff member must respond in accordance with processes set down in Section 4 and the following sections.

4 When and how staff should act

Interventions to be used in relation to:

- a reasonable suspicion of sexual abuse/likely sexual abuse of a child by another person
- a reasonable suspicion of harm or likely harm to a child from any source
- a complaint or reasonable suspicion of inappropriate behaviour by a staff member towards a child.

Important Information
If you believe a child or young person is in immediate danger or in a life-threatening situation, contact the Queensland Police Service immediately by dialling 000.
Nothing that is written below should prevent a staff member or any other person from taking immediate action to notify police, particularly if he/she believes that it is essential to act to ensure a child’s safety.

If a staff member has reported a concern according to these processes but does not feel sure that the appropriate action is being taken to ensure a child is safe from harm he/she should contact the Assistant Director: Schools or Student Protection Coordinator at DCEOs and/or police directly.

Incidents that initially appear to warrant one type of intervention may turn out to be more serious or complex than first thought. If this occurs, the intervention process must be halted and steps taken immediately to escalate the matter to the appropriate level.

4.1 Summary of a staff member’s responsibilities

A staff member has a responsibility to make a report in any of the situations listed below.

1. If he/she reasonably suspects:
   1.1. sexual abuse or likely sexual abuse of a child by another person.
   1.2. Harm or likely harm to a child from any source.
   1.3. inappropriate behaviour by an employee towards a child.

2. If a staff member becomes aware of any such allegation against him/her.

4.2 Summary of reporting processes for staff

4.2.1 Sexual abuse/likely sexual abuse

If a staff member reasonably suspects, in the course of his/her employment at the centre, that a child attending the centre has been sexually abused by another person, the first staff member who reasonably suspects the sexual abuse/likely sexual abuse must, by law, immediately give a written report of the matter to the Diocesan Coordinator Early Learning & Care or the Diocesan Director. If the first person is the Diocesan Coordinator Early Learning & Care, the Diocesan Coordinator Early Learning & Care must immediately give a written report to a police officer and then the Diocesan Director. Specific details of the reporting processes involved are contained within Section 5.

4.2.2 Harm

If a staff member reasonably suspects, in the course of his/her employment at the centre, that harm from any source has been caused to a child or is likely to be caused to a child (not being sexual abuse) the staff member is compulsorily required by Catholic Education, Diocese of Rockhampton, to give a written report to the Diocesan Coordinator Early Learning & Care or another Child Protection Contact at the centre without delay. Specific details of the reporting processes involved are contained within Section 6.

4.2.3 Inappropriate behaviour

4.2.3.1 Reporting process

If a staff member reasonably suspects, in the course of his/her employment at the centre, that an employee has behaved inappropriately towards a child (not being sexual abuse or likely sexual abuse and not where harm has been caused or is likely to be caused), the staff member is compulsorily required by Catholic Education, Diocese of Rockhampton, to give a written report to the Diocesan
Coordinator Early Learning & Care or another Child Protection Contact at the centre without delay. Specific details of the reporting processes involved are contained within Section 8.

4.2.3.2 Complaint

If a child, parent or other person complains to a staff member about an employee’s behaviour towards a child that the child or parent considers to be inappropriate, the staff member must immediately report the matter to the Diocesan Coordinator Early Learning & Care or another Child Protection Contact at the centre.

4.2.3.3 Awareness

If a staff member becomes aware of any such allegation against him/her in relation his/her alleged conduct, he/she must report the matter to the Diocesan Coordinator Early Learning & Care for the centre without delay.

4.2.4 Additional Requirements for Education & Care Services

Any serious incident, breaches of the law (Education and Care National Law Act 2010) and complaints at or about the approved education and care service alleging that the safety, health or wellbeing of a child or children was or is being compromised while that child or children is or are being educated and cared for by the approved education and care service, must also be notified to the Australian Children’s Education & Care Quality Authority (delegated to Office for Early Childhood & Care). The dignity and confidentiality of all stakeholders must be kept at all times during the reporting process unless otherwise stated by law.

5 Suspected sexual abuse /likely sexual abuse of a child

If you believe a child is in immediate danger or in a life-threatening situation, contact the Queensland Police Service immediately by dialling 000.

5.1 Mandatory reporting

Mandatory reporting is a requirement of the law and a staff member may be liable to prosecution should he/she fail to act, as well as being subject to disciplinary sanctions.

The Education (General Provisions) Act 2006 requires that if a staff member (the first person) reasonably suspects, in the course of his/her employment at the centre, that a child under 18 years of age attending the centre has been sexually abused by another person, the first person must immediately give a written report to the Diocesan Coordinator Early Learning & Care or the Diocesan Director who must immediately provide a copy of the report to the police. Under the National Education and Care Services Act 2010, it is not mandatory to report suspicion or known abuse. However, as part of our Diocesan protocols it is compulsory for all staff to report any known or suspicion of abuse of any kind.

If the first person is the Diocesan Coordinator Early Learning & Care, the Diocesan Coordinator Early Learning & Care must immediately give a written report to a police officer and then the Diocesan Director.
5.2 Mandatory reporting responsibilities

5.3 Staff members

A staff member (the first person) who in the course of the staff member’s employment at the centre, reasonably suspects that a child has been sexually abused by another person, must immediately make a written mandatory report to the Diocesan Coordinator Early Learning & Care or the Diocesan Director and keep appropriate records.

If the ‘first person’ reasonably suspects sexual abuse /likely sexual abuse of a child by the centre, the first person must immediately provide the mandatory written report to the Diocesan Director.

5.4 Diocesan Coordinator Early Learning & Care and Diocesan Director

Following the receipt of a mandatory report, the Diocesan Coordinator Early Learning & Care or Diocesan Director must not conduct an investigation into the suspected sexual abuse/likely sexual abuse. Upon receiving the written report from the ‘first person’, the Diocesan Coordinator Early Learning & Care or Diocesan Director must immediately complete Sections 2 and 3 of this mandatory report form and then forward to the police (Section 5.5).

If the Diocesan Coordinator Early Learning & Care is the ‘first person’ then he/she must immediately provide a written report to the police having completed sections 1, 2 and 3. (Section 5.5)

After having provided a mandatory report to the police, the Diocesan Coordinator Early Learning & Care should also forward a copy of the mandatory report to the Diocesan Director without delay.

The Diocesan Director will keep a copy of the mandatory report in a separate confidential file.

5.5 Making and following up on the mandatory report to police

The Diocesan Coordinator Early Learning & Care or Diocesan Director would normally give a mandatory report to police through a Queensland Police Service district Child Protection & Investigation Unit (CPIU).

Details showing the locations of these units and how to contact them are to be found on the Diocesan Coordinator Early Learning & Care’s or Child Protection pages on the DCEO mysuite Portal. Otherwise, call Policelink on 131 444. Reports are normally transmitted to the CPIU by email or fax.

After sending the mandatory report, the Diocesan Coordinator Early Learning & Care, Diocesan Director (or the Diocesan Director’ delegate) should follow up with a phone call to the CPIU to ensure that the report has been received. This call should also be used to establish communication between the centre and the police so that further information can be shared as necessary to assist the centre to manage issues as they may arise. Where necessary the DCEO Child Protection Coordinator or the Assistant Director: Schools are available to assist the Diocesan Coordinator Early Learning & Care in liaising with the relevant state authorities.

There are many cases where a mandatory report to police should be followed up by informing the Department of Communities - Child Safety Services of the matter. This will include cases of suspected sexual abuse /likely sexual abuse within families. Suspected sexual abuse /likely sexual abuse from outside the family should also be reported to Child Safety Services if there is evidence that the child does not have a parent willing and able to protect him/her, or that other children may also be at risk of abuse. Because of the complexity that is often encountered, centres should seek guidance from the Assistant Director: Schools or School Protection Coordinator at DCEO about whether Child Safety Services should be involved following mandatory reporting to police.
The initial step in reporting to Child Safety Services would be to contact the appropriate Regional Intake Service by phone. Details of these Intake Services and how to contact them are to be found on the Diocesan Coordinator Early Learning & Care or Child Protection pages on the DCEO mysuite portal. Outside normal business hours and at weekends, contact the Child Safety after hours Service Centre on 1800 177 135 or 3235 9999. The Service Centre operates 24 hours a day, seven days a week.

In providing information to Child Safety Services it would be important to indicate that the matter has already been the subject of a mandatory report to police. Following the initial phone call, the information to be provided to Child Safety Services would be the Report Form A. Reports are normally transmitted to the Regional Intake Service by email or fax following the phone contact.

5.6 Informing parents

When a mandatory report is to be given to police, it is important that parents are not contacted before the report is made. Following the mandatory report, in order to assist in the management of the situation at the centre level and to ensure the immediate safety of any children involved, it is advisable for the centre to request from the police, and, if necessary Child Safety, some indication regarding their involvement in the reported case and the possible timing of their intervention. It is important for the centre to have this information because, for example, in cases of child-to-child sexual behaviour especially, it is preferable for the parents or caregivers of children involved in such incidents to be advised as soon as possible after the incident has occurred to ensure the best support and protection for their child. However, this should not occur until it has been ascertained from the state authority that informing the parents will not jeopardise an investigation.

5.7 Risk management and case management

The centre has a responsibility to proactively case manage ongoing issues relating to the wellbeing of children and staff, and relationships with carers and families. Some steps would include the following.

- Monitoring the situation, including risk assessment, and action to minimise/manage risk, particularly to children.
- Establishing case management roles and responsibilities.
- Establishing communication channels with the Officer-in-Charge and/or the investigating officer within CPIU so that information may be shared as appropriate. The Assistant Director: Schools and the Student Protection Coordinator at DCEO are available to provide assistance and support to staff in managing what can be complex issues.
- Establishing communication channels and providing support structures to ensure that those involved receive regular pastoral contact can access information on the processes being followed, and are connected to potential sources of external support.
- Ensuring that all those involved respect the confidentiality of the matter and the privacy of those involved.
- Securing relevant evidence and consulting DCEO about protocols around how evidence may be made available to police if required. Legal advice will be obtained if required.

5.8 Action to be taken if the suspected sexual abuse/likely sexual abuse relates to the behaviour of a staff member, other employee, or volunteer

5.8.1 Diocesan Catholic Education personnel

When a suspicion of sexual abuse/likely sexual abuse is about a staff member, overall case management will be provided by the Assistant Director: Schools working in association with the Diocesan Coordinator Early Learning & Care, Diocesan Director and the Student Protection Coordinator. It is important for the case manager to establish communication with the Officer-in-Charge and/or the investigating officer within CPIU so that information may be shared as appropriate.
The Student Protection Coordinator at DCEO is also available to provide assistance and support to staff in managing what can be complex issues.

Following the provision of a mandatory report to police, an investigation into the suspected sexual abuse/likely sexual abuse must not be conducted by or on behalf of Catholic Education, Diocese of Rockhampton, pending the result of police inquiries. However, the Assistant Director: Schools (AD: S) will take immediate steps to ensure that a risk assessment is undertaken to determine whether the employee or volunteer subject to the allegations should continue to be allowed to work in the centre. As a result of the risk assessment, and following consultation with police, the employee or volunteer may be stood down from his/her duties, or have his/her duties restricted. If the employee is not an employee of Catholic Education, Diocese of Rockhampton, the appropriate steps in this regard will be taken by the Diocesan Director (or delegate) in association with that person's employer.

The parent(s) or carer of the child about whom a report has been made in relation to suspected sexual abuse/likely sexual abuse by a staff member, other employee or volunteer (unless the suspected sexual abuse/likely sexual abuse relates to the behaviour of a family member) will be informed by the Diocesan Coordinator Early Learning & Care as soon as practicable that a mandatory report has been provided to police, stressing the confidentiality of the matter.

If the report of suspected sexual abuse/likely sexual abuse relates to the behaviour of a member of the child's family, centre and DCEO personnel will not inform the parent(s) or carer of the child concerned without prior consultation with the police. They will only inform the parent(s) or carer(s) of the child if the advice of the police is that this will not jeopardise an official investigation.

The Diocesan Director will keep a copy of the mandatory report in a separate confidential file.

The Assistant Director: Schools will establish liaison with the Queensland Police Service to assist in the management of the issue.

On receiving a copy of a mandatory report in which the suspected sexual abuse/likely sexual abuse is by a registered teacher, the Diocesan Director (or delegate) will without delay make a written notification of this to the Queensland College of Teachers. Notification of Complaints and Incidents (other than a serious incidents) NL01 - will be submitted to the Australian children’s Education & Care Quality Authority (ACECQA) and their Queensland Regulatory Authority, Office for Early Childhood Education & Care (OECEC) for all staff.

If the mandatory report concerns the behaviour of a staff member, other employee or volunteer who is a cleric or religious, or who was a cleric or religious at the time of the alleged behaviour, the Diocesan Director will inform the Director of Professional Standards as soon as possible.

5.8.2 Notifying the employee or volunteer

The Assistant Director: Schools will seek advice from the police as to if and when the employee or volunteer should be informed of the allegation. As soon as it is deemed appropriate to inform the employee or volunteer, a meeting will be held between the employee or volunteer and the Assistant Director: Schools (supported by the Diocesan Coordinator Early Learning & Care where appropriate). The employee or volunteer will be advised that he/she can have a support person at this meeting. At the meeting, the employee or volunteer will be informed that a suspicion of sexual abuse/likely sexual abuse has been reported about him/her and that this information has been handed to the police. He/she will also be given the details of a nominated person (normally the Assistant Director: Schools) to contact who will be available to provide information regarding the processes being undertaken and to facilitate the accessing of other support. The information communicated verbally at the meeting will also be provided in writing. If the employee is not an employee of Catholic Education, Diocese of Rockhampton, the appropriate steps in this regard will be taken in association with that person’s employer.
In the case of a staff member being the subject of the report, he/she will be reminded that he/she may access the confidential counselling services available through ACCESS Counselling Services.

5.8.3 Standing down from duties

If, as the result of a risk assessment, it is decided by the Diocesan Director that the employee or volunteer should be stood down from his/her duties, or have them restricted, the police should be consulted to ensure that the timing and circumstances of this does not unnecessarily interfere with their inquiries.

The employee or volunteer concerned will be informed of the decision to stand him/her down or restrict his/her duties. The basis for this decision will be provided to the employee or volunteer in writing following the meeting at which this information has been communicated verbally. He/she will also be given the details of a nominated person (normally the Assistant Director: Schools) to contact who will be available to provide information regarding the processes being undertaken and to facilitate the accessing of other support.

In the case of a staff member being the subject of the report, he/she will be reminded that he/she may access the confidential counselling services available through ACCESS Counselling Services.

A staff member will normally continue on full pay during the stand down period unless disqualified or prevented from performing his/her duties by an external authority. The Assistant Director: Schools (supported by the Diocesan Coordinator Early Learning & Care where appropriate) will discuss with the person what statement, if any, will be made to staff concerning his/her absence from centre. (The AD: S may consult with the Diocesan Director and Student Protection Coordinator about the nature of this statement.) The contents of any such statement may be limited by legislation.

If the employee is not an employee of Catholic Education, Diocese of Rockhampton, the appropriate steps will be taken in association with that person’s employer in this regard.

5.8.4 Pastoral care and support

Pastoral care and support will be provided to the complainant, to the employee or volunteer against whom the allegation has been made, and any others involved. The welfare and best interests of any children involved will be paramount and advice will be sought from DCEO Child Protection Coordinator about appropriate support for the child and his/her family.

5.8.5 Additional Requirements for Education & Care Services

Any serious incident, breaches of the law (Education and Care National Law Act 2010) and complaints at or about the approved education and care service alleging that the safety, health or wellbeing of a child or children was or is being compromised while that child or children is or are being educated and cared for by the approved education and care service, must also be notified to the Australian Children’s Education & Care Quality Authority (delegated to Office for Early Childhood & Care). The dignity and confidentiality of all stakeholders must be kept at all times during the reporting process unless otherwise stated by law.
6 Harm or likely harm to a child from any source

6.1 Compulsory reporting

Compulsory reporting is a requirement of Catholic Education, Diocese of Rockhampton, and is consistent with Catholic Education, Diocese of Rockhampton responsibilities under the provisions of the Education (Accreditation of Non-State Centres) Act 2001 and Regulation 2001. A staff member is subject to disciplinary sanction as an employee should he/she fail to act.

A staff member who, in the course of his/her duties, reasonably suspects that harm has been caused or is likely to be caused in the future to a child from any source is compulsorily required to report this matter to the Diocesan Coordinator Early Learning & Care or other Child Protection Contact.

6.2 Situations involving harm having been caused

Harm is considered to have been caused in situations that result in any detrimental effect of a significant nature on a child’s physical, psychological or emotional wellbeing. It does not matter how the harm is caused.

To reasonably suspect physical harm, there will generally be evidence of a child having suffered a physical injury.

To reasonably suspect that psychological or emotional harm has been caused, there must be evidence of a detrimental effect of a significant nature having occurred to the child, such as an inability or major difficulties in handling emotions, difficulties in forming peer relationships, references to self-harm, speech and language delays, etc.

To reasonably suspect neglect there will generally be evidence of the failure by the parent or caregiver responsible for the child to provide the child with adequate nutritious food, clothing, shelter, supervision and protection required by the child for the child’s optimal growth and development. Child neglect occurs when a child is harmed by the failure to provide the basic physical and emotional necessities of life.

6.3 Situations involving likely harm in the future

Likely harm is indicated when a reasonable person, given the knowledge that is available to him/her, would come to the conclusion that unless someone intervenes to prevent it, harm is more likely than not to occur in the future.

Factors that would be taken into account would include the frequency, severity and duration of any concerning behaviour, relevant contextual knowledge about family background or socio-economic circumstances, the source of the possible harm, the apparent vulnerability of the child, the willingness and ability or parents or caregivers to protect the child, the availability of support networks both formal and informal and the accessibility or apparent use of weapons.

If a deadly weapon is used to threaten, this would most likely give rise to a reasonable suspicion that harm has occurred or is likely to occur in the future. Catholic Education, Diocese of Rockhampton requires that incidents involving the possession of weapons should be reported to the police.
6.4 Compulsory reporting responsibilities

6.4.1 Staff members

A staff member who reasonably suspects that harm from any source has been caused to a child, or is likely to occur in the future, must not conduct an investigation into the matter but must make a written report to the Diocesan Coordinator Early Learning & Care, or another Child Protection Contact at the centre, and keep appropriate records.

6.4.2 Diocesan Coordinator Early Learning & Care or other child protection contact (and Assistant Director: Schools)

A Diocesan Coordinator Early Learning & Care or other Student Protection Contact who reasonably suspects that harm from any source has been caused to a child, or is likely to occur in the future, must not conduct an investigation into the allegation.

If a compulsory report, is received by a Student Protection Contact other than the Diocesan Coordinator Early Learning & Care, the Child Protection Contact must provide a copy of the report to the Diocesan Coordinator Early Learning & Care as soon as practicable and keep appropriate records, unless the allegation is made against the Diocesan Coordinator Early Learning & Care, in which case the Child Protection Contact must provide a copy of the report to the Assistant Director: Schools.

If the Diocesan Coordinator Early Learning & Care or other Student Protection Contact, upon receiving a compulsory report believes that it gives rise to a reasonable suspicion that harm has been caused or is likely in the future, he/she must complete and sign the compulsory report to a State Authority (Sections 2 and 3) and forward it without delay to the police and/or Department of Communities Child Safety Services (Section 6.5).

He/she should also forward copies of the report to the Assistant Director: Schools and the Student Protection Coordinator without delay.

If the Diocesan Coordinator Early Learning & Care or other Student Protection Contact, upon receiving a compulsory report believes that it does not give rise to a reasonable suspicion that harm has been caused or is likely in the future, he/she must document this, the reasons for his/her decision and inform the Assistant Director: Schools or the Student Protection Coordinator. He/she must also inform the staff member who has provided the compulsory report of his/her decision. The relevant documentation must be retained in a confidential file at the centre. If the report is about a current employee, the matter must then be dealt with as suspected inappropriate behaviour by an employee towards a child (Sections 8 and 9). If the report is about the behaviour of another child, a volunteer or other member of the centre community, the Diocesan Coordinator Early Learning & Care is responsible for ensuring that appropriate steps are taken including minimising the risk of harm to the child concerned and/or others within the centre.

6.5 Compulsory reporting of suspected harm or likely harm

6.5.1 Who to report to

As a general rule, harm or likely harm within families, including self-harm, is reported to the Department of Communities (Child Safety Services). If a possible criminal offence is suspected within the family (for example physical abuse) the matter should also be reported to a Queensland Police Service Child Protection & Investigation Unit (CPIU). Cases of harm or likely harm from outside the family are generally reported solely to the CPIU unless there is evidence that the child does not have a parent willing and able to protect him/her, or that other children may have also been harmed or are likely to be harmed. In those cases a report to both Child Safety Services and CPIU is required. Because of the complexity that is often encountered, centres can seek guidance about which State
Authority to report to from the Assistant Director: Schools or the Student Protection Coordinator at DCEO in the course of the assessment of the issue.

6.5.2 Reporting of harm or likely harm to police

Reporting to the police would be done through a Queensland Police Service Student Protection & Investigation Unit (CPIU). Details of the location of these units and how to contact them are to be found on the Diocesan Coordinator Early Learning & Care s and Child Protection pages on the DCEO mysuite Portals. Otherwise, call Policelink on 131 444. See below for the details of what information should be provided over the phone. Reports are normally transmitted to the CPIU by email or fax following the phone contact.

After sending the compulsory report, the person sending it should follow up with a phone call to ensure that it has been received. This call should also be used to establish communication between the centre and the investigating officer so that further information can be shared as necessary to assist the centre to manage issues as they may arise. Where necessary the DCEO Child Protection Coordinator is available to assist the centre in liaising with the relevant state authorities.

6.5.3 Reporting of harm or likely harm to Child Safety Services

During normal business hours contact the appropriate Regional Intake Service by phone. Details of these Intake Services and how to contact them are to be found on the Diocesan Coordinator Early Learning & Care s and Child Protection pages on the DCEO mysuite Portals. See below for the details of what information should be provided over the phone. Reports are normally transmitted to the Regional Intake Service by email or fax following the phone contact.

Outside normal business hours and at weekends, contact the Child Safety after hours Service Centre on 1800 177 135 or 3235 9999. The Service Centre operates 24 hours a day, seven days a week.

6.5.4 Making phone contact with Child Safety Services and/or CPIU

After deciding which Child Safety Services Regional Intake Service and/or CPIU is closest to the child’s home address, a phone call should be made. Request to speak to an ‘intake officer’ and provide the following prepared information. If necessary, a request can be made for the agency to indicate its response to the report to assist with the appropriate management of the case within the centre.

The following prepared information should be provided.

- Name and position of notifier.
- Name of child/s.
- Date of birth of child/s.
- Names of other family members if available, e.g., mother, father, guardian, siblings and/or other people living in the house.
- Address of the family.
- Relevant concerns, e.g., disclosures, physical and/or behavioural signs, dates, etc.
- Other relevant information such as any court orders known to be in place (e.g., Family Court Orders or Domestic Violence Orders) and any other information that may assist the authority to assess the risk to the child.

If difficulties occur with the telephone reporting process, such as not being able to access a Child Safety Services Regional Intake Service or CPIU (police) personnel or being unable to obtain an appropriate response from the State Authority notified, the DCEO Child Protection Coordinator can assist in liaising with the State Authority involved.
After making the report by phone the Diocesan Coordinator Early Learning & Care or Child Protection Contact will complete the reporting form. The Diocesan Coordinator Early Learning & Care (or delegate) should sign the form if possible.

6.5.5 After the phone contact has been made

The Diocesan Coordinator Early Learning & Care or Child Protection Contact will send a copy of the signed form to the relevant State Authority and then send (preferably by email or fax to the Directorate) a copy of the signed form to the Assistant Director: Schools and the Student Protection Coordinator at DCEO.

The Diocesan Director (or delegate) will keep a copy of the compulsory report in a separate confidential file.

The form is also filed confidentially at centre level for accountability and compliance requirements to record and demonstrate that the Child Protection Processes have been followed.

The centre has a responsibility to proactively case manage ongoing issues relating to the wellbeing of children and staff, and relationships with carers and families. When a suspicion of harm or likely harm is about a staff member, overall case management will be provided by the Assistant Director: Schools, working in association with the Diocesan Coordinator Early Learning & Care and the Student Protection Coordinator. It is important for the case manager to establish communication with the relevant personnel within Child Safety Services and/or CPIU so that information may be shared as appropriate. The Student Protection Coordinator at DCEO is also available to provide assistance and support in managing what can be complex issues.

6.5.6 Informing parents

When a compulsory report is to be given to police and/or Child Safety Services, it is important that parents are not contacted before the report is made. Following the report, in order to assist in the management of the situation at the centre level and to ensure the immediate safety of any children involved, it is advisable for the centre to request from the police and/or Child Safety some indication regarding their involvement in the reported case and the possible timing of their intervention. It is important for the centre to have this information because it is preferable for the parents or caregivers of children involved in incidents to be advised as soon as possible after the incident has occurred to ensure the best support and protection for their child. However, this should not occur until it has been ascertained from the state authority that informing the parents will not jeopardise an investigation.

6.6 Risk management and case management

The centre has a responsibility to proactively case manage ongoing issues relating to the wellbeing of children and staff, and relationships with carers and families. Some steps would include the following.

- Risk assessment and action to minimise/manage risk, particularly to children.
- Establishing case management roles and responsibilities.
- Establishing communication channels with the Officer-in-Charge and/or the investigating officer within CPIU so that information may be shared as appropriate. The Child Protection Coordinator at DCEO is available to provide assistance and support to staff in managing what can be complex issues.
- Establishing communication channels and providing support structures to ensure that those involved receive regular pastoral contact, can access information on the processes being followed, and are connected to potential sources of external support.
- Ensuring that all those involved respect the confidentiality of the matter and the privacy of those involved.
Securing relevant evidence and consulting DCEO about protocols around how evidence may be made available to police if required. Legal advice will be obtained if required.

6.7 Action to be taken if the suspected harm or likely harm to a child relates to the behaviour of a staff member, other employee, or volunteer

6.7.1 Diocesan Catholic Education personnel

Following submission to the police of a compulsory report alleging that harm to a child has been caused or is likely in the future as a result of the behaviour of a staff member, other employee or volunteer, an investigation into the matter must not be conducted by or on behalf of Catholic Education, Diocese of Rockhampton, pending the result of police inquiries. However, the Assistant Director: Schools (or delegate) will take immediate steps to ensure that a risk assessment is carried out to determine if the staff member, other employee or volunteer subject to the allegations should continue to be allowed to work in the centre. As a result of the risk assessment, the employee may be stood down from his/her duties, or have his/her duties restricted. If the employee is not an employee of Catholic Education, Diocese of Rockhampton, the appropriate steps in this regard will be taken by the Diocesan Director (or delegate) in association with that person’s employer.

The parent(s) or carer(s) of the child about whom a report has been made in relation to suspected or likely harm by a staff member, other employee or volunteer (unless the suspected or likely harm relates to the behaviour of a family member) will be informed by the Diocesan Coordinator Early Learning & Care of the centre or college as soon as practicable that a report has been provided to police, stressing the confidentiality of the matter.

If the report of suspected or likely harm by a staff member, other employee or volunteer relates to the behaviour of a family member, the Centre or DECO personnel will not inform the parent(s) or carer(s) of the child concerned without prior consultation with the police. They will only inform the parent(s) or carer(s) of the child if, on the advice of the police, he/she believes that this will not jeopardise an official investigation.

On receiving a copy of a compulsory report in which the suspected or likely harm arises from the behaviour of a registered teacher, the Diocesan Director (or delegate) will without delay make a written notification of this to the Queensland College of Teachers.

The Diocesan Director will keep a copy of the compulsory report in a separate confidential file.

The Assistant Director: Schools (or delegate) will establish liaison with the Queensland Police Service to assist in the management of the issue.

If the compulsory report concerns the behaviour of a staff member, other employee or volunteer who is a cleric or religious, or who was a cleric or religious at the time of the alleged behaviour, the Diocesan Director (or delegate) will inform the Director of Professional Standards as soon as possible.

6.7.2 Notifying the employee or volunteer

The Assistant Director: Schools (or delegate) will seek advice from the police as to if and when the employee or volunteer should be informed of the allegation. As soon as it is deemed appropriate to inform the employee or volunteer, a meeting will be held between the employee or volunteer and the Assistant Director: Schools (or delegate). The employee or volunteer will be advised that he/she can have a support person at this meeting. At the meeting, the employee or volunteer will be informed that a report of suspected harm or likely harm has been made about him/her and that this information has been handed to the police. He/she will also be given the details of a nominated person (normally the Assistant Director: Schools) to contact who will be available to provide information regarding the
processes being undertaken and to facilitate the accessing of other support. The information communicated verbally at the meeting will also be provided in writing. If the employee is not an employee of Catholic Education, Diocese of Rockhampton, the appropriate steps will be taken in association with that person's employer in this regard.

In the case of a staff member being the subject of the report, he/she will be reminded that he/she may access the confidential counselling services available through the ACCESS Counselling Services.

6.7.3 Standing down from duties

If as the result of a risk assessment it is decided by the Diocesan Director that the employee or volunteer should be stood down from his/her duties, or have them restricted, the police should be consulted to ensure that the timing and circumstances of this does not unnecessarily interfere with their inquiries.

The employee or volunteer concerned will be informed of the decision to stand him/her down or restrict his/her duties. The basis for this decision will be provided to the employee or volunteer in writing following the meeting at which this information has been communicated verbally. He/she will also be given the details of a nominated person (normally the Assistant Director: Schools) to contact who will be available to provide information regarding the processes being undertaken and to facilitate the accessing of other support.

In the case of a staff member being the subject of the report, he/she will be reminded that he/she may access the confidential counselling services available through ACCESS Counselling Services.

A staff member will normally continue on full pay during the stand down period unless disqualified or prevented from performing his/her duties by an external body. The Assistant Director: Schools (or delegate) will discuss with the person what statement, if any, will be made to staff concerning his/her absence from centre. (The AD:S may consult with the Diocesan Director and Child Protection Coordinator about the nature of this statement.) The contents of any such statement may be limited by legislation.

If the employee is not an employee of Catholic Education, Diocese of Rockhampton, the appropriate steps in this regard will be taken by the Assistant Director: Schools in association with that person’s employer.

6.7.4 Pastoral care and support

Pastoral care and support will be provided to the complainant, to the employee or volunteer against whom the allegation has been made, and any others involved. The welfare and best interests of any children involved will be paramount and advice can be sought from the DCEO Student Protection Coordinator about appropriate support for the child and his/her family.

6.7.5 Additional Requirements for Education & Care Services e.g. Early Learning & Care Services

Any serious incident, breaches of the law (Education and Care National Law Act 2010) and complaints at or about the approved education and care service alleging that the safety, health or wellbeing of a child or children was or is being compromised while that child or children is or are being educated and cared for by the approved education and care service, must also be notified to the Australian Children’s Education & Care Quality Authority (delegated to Office for Early Childhood & Care). The dignity and confidentiality of all stakeholders must be kept at all times during the reporting process unless otherwise stated by law.
6.8 Reporting process of alleged harm

Responding to allegations of student harm or likely harm by a person who is not another child/student at the school or centre (not including suspicions of sexual abuse or likely sexual abuse).

REPORTING OF HARM FLOWCHART SUMMARY (Kindergartens/Pre-prep & Long Day Care)

1. Reasonable suspicion by a staff member of sexual abuse/likely sexual abuse of a child by another person?
   - Yes
     - Staff member who first suspects ('first person') must immediately provide a written report to Diocesan Coordinator Early Learning & Care (ELC) / Diocesan Director.
     - If ‘first person’ is the Diocesan Coordinator ELC, the written report must be given to the police and Diocesan Director.
   - No

2. Reasonable suspicion of harm or likely harm to a child from any source?
   - Yes
     - Diocesan Coordinator ELC (or other Child Protection Contact) should make a report to police and/or Department of Communities Child Safety Services. Assistant Director: Schools or Student Protection Coordinator are also to be informed.
   - No

3. Complaint of or reasonable suspicion of inappropriate behaviour by a staff member towards a child?
   - Yes
     - Staff Member who first suspects makes report to the Diocesan Coordinator ELC or another Child Protection Contact. If the Child Protection Contact informed is not the Diocesan Coordinator ELC, he/she informs the Assistant Director: Schools if the Diocesan Coordinator ELC is implicated.
   - No

4. Nature and/or circumstances of alleged inappropriate behaviour such as to justify disciplinary sanction if substantiated?
   - Yes
     - Diocesan Coordinator ELC (or other Child Protection Contact) reasonably suspect that harm has been caused or is likely to be caused?
   - No

5. Does the Diocesan Coordinator ELC (or other Child Protection Contact) reasonably suspect that harm has been caused or is likely to be caused?
   - Yes
     - Diocesan Coordinator ELC (or AD: Schools) submits report to Diocesan Director. They may authorise formal intervention at school level or by a party external to the school. Outcomes are documented by report to Diocesan Director.
     - No

6. Resolved through local guidance/correction/mediation/conciliation. Documented by report to AD: Schools

In addition to the following diagrams, where the source of harm is at the service, notification must be provided to the Australian Children’s Education & Care Quality Authority within 24 hours (delegated to Office for Early Childhood & Care).
6.9 Reporting allegations or suspicions of harm by another child

Responding to allegations or suspicions of child harm or likely harm by another child (not including suspicions of sexual abuse/likely sexual abuse)

Staff member has reasonable suspicions of harm or likely harm cause to one child by another.

Staff member immediately ensures the safety of all children involved.

Staff member reports to the Diocesan Coordinator Early Learning & Care (ELC) or other Child Protection Contact (CPC) and writes a clear account of what they observed or became aware of.

If Diocesan Coordinator ELC or CPC reasonably suspects that harm has been caused or is likely to occur, a report is made to the police. This report should indicate if a weapon is involved.

If there is no reasonable suspicion of harm or likely harm, and a weapon is not involved the Diocesan Coordinator ELC should ensure that appropriate people are interviewed and the matter dealt with in accordance with the centre’s Code of - Positive Relationships Procedure. Appropriate records are to be kept, dated and signed by relevant personnel.

Where possible, and if appropriate, efforts should be made to reconcile parties involved.

Key stakeholders (parents, children and teachers should be kept informed).

Whole centre strategies to prevent and mediate the incidence of bullying and other child to child issues are adopted.
6.10 Reporting allegations or suspicions of self-harm

Staff member receives allegation/report or makes observations leading to concerns or reasonable suspicions of child self-harming behaviour.

Staff member immediately ensures the safety of the child involved.

Staff member documents concerns and informs Diocesan Coordinator (ELC) or Child Protection Contact (CPC). Diocesan Coordinator ELC or CPC contacts parents and supports family in accessing counselling.

If Diocesan Coordinator ELC or CPC reasonably suspects harm or likely harm, a report is made to the relevant state authority.

Diocesan Coordinator ELC and/or counsellor in consultation with caregivers put in place and intervention process and then monitor the child’s well-being.

Written report to the AD:S and Child Protection Coordinator.
7 Recording and record-keeping

7.1 Making child protection records

The notes/records/reports staff make about child protection concerns are important documents. Centre personnel could be interviewed as part of an investigation, or required to attend court. They may need to refer to their notes later or these documents could be subpoenaed. In making any record of concerns about any child protection issue, staff are encouraged to keep in mind the following.

Do

- Be as objective as you can and record factual information as soon as possible.
- Write down exactly what has been observed or heard, noting the date and time.
- Record accurately the actions you have taken.
- Always sign and date the record. It should be clear whether the record was made on the same day as the incident, or after.

Do not

- Record an opinion about what was observed or heard.
- Record your judgements about people or situations.
- Interpret what you believe was observed or heard.
- Use emotive language.
- Use language that could be interpreted as prejudicial.

The Student Protection Coordinator at DCEO is available to give advice as to the type of material that should and should not be documented.

7.1.1 Reporting forms

Copies of the reporting forms to be used are to be found in Section 14. Electronic versions of the forms are available on the Diocesan Coordinator Early Learning & Care s and Child Protection pages on the DCEO mysuite Portals.

Completed DCEO child protection reporting forms should be retained as vital centre records demonstrating that the centre is following the Catholic Education, Diocese of Rockhampton Office Child Protection Processes and so fulfilling a component of compliance under the Education (Accreditation of Non-State Centres) Regulation 2001. Copies of completed reporting forms should also be sent (preferably by email or to the Directorate fax) to the Assistant Director: Schools and the Student Protection Coordinator at DCEO.

7.1.2 Storing child protection records

The completed forms with other child protection records should be filed in a confidential file and not be available to staff generally except on a strict need to know basis as established under centre protocols and procedures. Keeping the information in a central file apart from individual staff or child files ensures accountability and assists in the continuity of information from year to year. These records may be the subject of a subpoena in court processes.
### 7.2 Supporting members of the centre community

The following suggestions are provided to assist those responsible for the ongoing support of members of the centre community.

#### 7.2.1 Ongoing support of children

Specific support intervention for a particular child should be a part of case management and responsibility for it should be allocated to those holding the appropriate roles within the centre. Other staff with a need to know should only know what is strictly necessary and understand that their role is only to provide generalised support.

The following suggestions are provided to assist those responsible for the ongoing support of children.

- Refer children who have been affected to the Centre counsellor.
- Remind the child of other people who can talk with him/her if required.
- Employ techniques that help build the child’s self-esteem and sense of security.
- Caringly guide the child towards healthy relations with others.
- Do not tolerate negative behaviour; state your expectations clearly and be consistent.
- Very importantly, do not dwell or continually revisit the issue; discourage the child from allowing it to become a means of getting attention.
- Assist in preparing the child for any transitions and changes if possible.
- Continue to observe, monitor and review the child’s behaviour and progress to manage risk and enable the early identification of issues that may arise.

If appropriate, Counsellors at centres and the DCEO Student Protection Coordinator will be available to advise and assist in linking children with appropriate support networks and community agencies if required.

#### 7.2.2 Ongoing support of parents and families

Specific support interventions for parents and families should also be a part of case management and responsibility for it should also be allocated to those holding the appropriate roles within the centre. Counsellors at centres and the Student Protection Coordinator at DCEO have experience in working with parents and families affected by child protection issues and can offer advice and support to those involved, including linking parents and families with appropriate support networks and community agencies if required.

#### 7.2.3 Ongoing support of Diocesan Coordinator Early Learning & Care and staff

Taking action in child protection matters can be stressful for all staff involved. Staff need to be aware of their own reactions. They may need support and assistance with their own feelings of anger, fear and helplessness. It is suggested that the Diocesan Coordinator Early Learning & Care should ensure that any staff member involved in any child protection incident is provided with opportunities for support and debriefing. Diocesan Coordinator Early Learning & Care s are also strongly encouraged to debrief with an appropriate person. The DCEO Student Protection Coordinator will be available to support staff involved in child protection incidents and to assist in the linking of those involved with supportive networks if required. Staff should also be reminded that they may access the confidential counselling services available through ACCESS Counselling Services.
8 Suspected inappropriate behaviour by a staff member towards a child (other than suspected or likely sexual abuse or suspected or likely harm)

8.1 Reporting of inappropriate behaviour

The reporting of inappropriate behaviour by a staff member towards a child is a requirement of Catholic Education, Diocese of Rockhampton. This requirement is in accordance with Catholic Education, Diocese of Rockhampton responsibilities under the provisions of the Education (Accreditation of Non-State Centres) Act and Regulation 2001. A staff member is subject to disciplinary sanction as an employee should he/she fail to act.

A staff member who reasonably suspects inappropriate behaviour by another staff member towards a child is required to report this matter to the Diocesan Coordinator Early Learning & Care or other Child Protection Contact.

If a staff member reasonably suspects inappropriate behaviour towards a child by a person other than another staff member, he/she is responsible for acting upon this in accordance with centre and Catholic Education, Diocese of Rockhampton, policies and guidelines.

Inappropriate behaviour includes but is not limited to any behaviour, including words, towards a child that is contrary to what is required of staff members under Catholic Education, Diocese of Rockhampton Office’s Code of Conduct.

If a child, parent or other person makes a complaint in relation to an employee’s behaviour towards a child that the child or parent considers to be inappropriate, this must be responded to in accordance with the processes detailed within this document or supporting documentation.

Such an allegation might constitute inappropriate behaviour of a physical, sexual, emotional or psychological nature.

8.2 Inappropriate behaviour – reporting responsibilities

8.2.1 Staff members

A staff member who:

- observes or reasonably suspects inappropriate behaviour by an employee towards a child, which does NOT involve sexual abuse, likely sexual abuse, harm or likely harm …

  or

- becomes aware of a complaint or allegation in relation to an employee’s behaviour towards a child that the child (or the child’s parent) considers to be inappropriate, but which does NOT involve sexual abuse, likely sexual abuse, harm or likely harm …

… must make a written report to the Diocesan Coordinator Early Learning & Care or another Child Protection Contact at the centre and keep appropriate records.
The fact that a complaint or allegation is not presented formally or in writing is not a valid reason to fail to follow the processes outlined below.

8.2.2 Child Protection Contact

If reported to a Child Protection Contact other than the Diocesan Coordinator Early Learning & Care, the Child Protection Contact must provide a copy of the report to the Diocesan Coordinator Early Learning & Care as soon as practicable and keep appropriate records, unless the allegation of inappropriate behaviour is made against the Diocesan Coordinator Early Learning & Care, in which case the Child Protection Contact must provide a copy of the report to their Assistant Director: Schools.

8.2.3 Diocesan Coordinator Early Learning & Care /Assistant Director: Schools:

- observes or reasonably suspects inappropriate behaviour by an employee towards a child, which does NOT involve sexual abuse, likely sexual abuse, harm or likely harm ...
- or
- becomes aware of a complaint or allegation in relation to an employee's alleged behaviour towards a child that the child (or the child's parent) considers to be inappropriate but which does NOT involve sexual abuse, likely sexual abuse, harm or likely harm ...

... the Diocesan Coordinator Early Learning & Care must take action in relation to the matter and document it in accordance with the processes outlined in this document and other documents issued by Catholic Education, Diocese of Rockhampton.

The fact that a complaint or allegation is not presented formally or provided in writing is not a valid reason to fail to follow the processes outlined below.

8.2.4 Intervention and reporting

Where there are allegations about an employee’s inappropriate behaviour towards a child the Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools where the allegation is against the Diocesan Coordinator Early Learning & Care) will determine as quickly as possible the level of response required and the appropriate procedures to be followed. Allegations can be categorised into either allegations of minor inappropriate behaviour or allegations that are more complex or serious. Reports of all harm to a child at a centre by a staff member must be reported to the Diocesan Coordinator Early Learning & Care who will inform the Director of Catholic Education and a notification will be in accordance with the Education and Care Services National Law 2011.

8.3 Situations that constitute minor inappropriate behaviour

A typical incident covered by minor inappropriate behaviour could include a one-off allegation of inappropriate behaviour by an employee, where no physical injury results and there is no suggestion of sexual misconduct or criminal behaviour. An intervention must not be undertaken if there is an allegation or reasonable suspicion of sexual abuse or likely sexual abuse of a child or an allegation or reasonable suspicion of harm or likely harm. The appropriate interventions for such situations are covered in Sections 5 & 6.

Minor incidents relate to allegations that, if substantiated, may constitute a breach of the Code of Conduct and possibly be deemed to be professional misconduct, they are not so serious as to make it likely that the employee would face a formal disciplinary sanction. When allegations relate to repeated
or multiple possible minor breaches, they may need to be seen differently as explained in Section 8.5.

Examples of minor inappropriate behaviour requiring interventions include the following, but are not restricted to:

- using unprofessional language or otherwise inappropriate comments to or in the presence of a child
- making disrespectful personal comments about a child and/or a child’s family to or in the presence of a child
- shaming, humiliating or unfairly embarrassing a child
- pushing or grabbing a child (no injury) *
- exposing a child to inappropriate material
- disclosing inappropriate personal information to a child
- inappropriate questioning of a child about personal and private matters
- unreasonable, unfair and/or unjust disciplinary measures
- unfairly failing to follow a centre’s behaviour support policy and procedures
- the imposition of manifestly unreasonable expectations
- unfairly exerting power over a child through the use of fear, threats, or unwarranted moral pressure.

* Even minor assaults can be criminal offences. The management of these matters will depend on factors like the seriousness and circumstances of the allegation, the wishes of the parties involved, whether the police have become involved, and whether the employee has a previous history of similar conduct. If it is reasonably suspected that harm has been caused the Diocesan Coordinator Early Learning & Care must report such a matter to the police as a Compulsory Report Section 6).

8.4 Situations that constitute more complex or serious inappropriate behaviour

There will be times when there are allegations of repeated, more complex or serious inappropriate behaviour by an employee towards a child. Such behaviour, if substantiated, would constitute professional misconduct and would justify a formal disciplinary sanction against the employee. An intervention must not be undertaken if there is an allegation or reasonable suspicion of sexual abuse of a child, or likely sexual abuse in the future, or an allegation or reasonable suspicion of harm or likely harm to a child in the future. The appropriate interventions for such situations are covered in Sections 5 & 6.

Examples of more complex or serious inappropriate behaviour requiring interventions include but are not restricted to:

- repeated behaviour of a kind that has previously been dealt with by a Diocesan Coordinator Early Learning & Care or Assistant Director: Schools
- multiple instances of behaviour, reported at or about the same time, of a type that would normally be dealt with by an informal intervention, but which taken together could justify a formal disciplinary sanction
- inappropriate physical contact causing minor injury *
- harsh verbal (including digitally transmitted) abuse or belittling of children including derogatory language and demeaning names
- significant or repeated victimisation
- exposing or subjecting a child to significant threats and/or intimidation
- exposing a child to material that is significantly offensive or inappropriate to his/her age/maturity
- verbal (including digitally transmitted) or non-verbal communication that significantly breaches professional boundaries.
* Even minor assaults can be criminal offences. The management and investigation of these matters will depend on factors like the seriousness of any injury, the wishes of the parties involved, whether the police have become involved, and whether the employee has a previous history of similar conduct. If it is reasonably suspected that harm has been caused, the Diocesan Coordinator Early Learning & Care must report such a matter to the police as a Compulsory Report (Section 6.)

8.5 Situations involving volunteers or employees who are not employees of Diocesan Catholic Education

If the person against whom an allegation of inappropriate behaviour has been made is a volunteer or an employee who is not employed by Catholic Education, Diocese of Rockhampton, the Diocesan Coordinator Early Learning & Care will take appropriate steps, with the relevant employer if necessary, to deal with the matter in a manner that is consistent with the procedures outlined in this document as they apply to an employee of Catholic Education, Diocese of Rockhampton.

9 Inappropriate staff behaviour intervention processes

9.1 Allegations of minor inappropriate behaviour

An inquiry is carried out with the authority of the Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools if the allegation is against the Diocesan Coordinator Early Learning & Care). A documented record of the process and of the outcomes is provided to the Diocesan Director at the end of the intervention process.

Allegations giving rise to an inquiry are generally resolved through informal resolution processes that are managed locally by the Diocesan Coordinator Early Learning & Care and may include such responses as supervisory guidance and correction and in some cases mediation and/or conciliation. If the allegation involves the Diocesan Coordinator Early Learning & Care, the response is co-ordinated by the Assistant Director: Schools.

9.1.1 Responsibilities

**Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools)**

The response to an allegation against an employee will be co-ordinated locally by the centre Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools where the allegation is against the Diocesan Coordinator Early Learning & Care). The Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools) will determine how to best address the allegation with the employee and how to initiate any disciplinary consequences that may be determined to be appropriate. This might involve consultation with relevant personnel in the Diocesan Catholic Education Office (e.g., Assistant Director: Schools, Legal Counsel, Student Protection Co-ordinator).

Where an allegation of minor inappropriate behaviour is made against the Diocesan Coordinator Early Learning & Care, the Assistant Director: Schools may request the matter to be carried forward by another Assistant Director: Schools (or delegate).

The resolution of all minor incidents remains the responsibility of the Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools where the allegation is against the Diocesan Coordinator Early Learning & Care). The Diocesan Coordinator Early Learning & Care or Assistant Director: Schools will assess the matter so as to formulate a plan to address it with the employee. Management guidance will be provided and appropriate support will be extended to all concerned. Strict confidentiality shall be maintained regarding the matter.
Should an employee deny or contest the allegation of inappropriate behaviour towards a child, the Diocesan Coordinator Early Learning & Care (or, if the matter involves the Diocesan Coordinator Early Learning & Care, the Assistant Director: Schools) must decide whether or not further information-gathering at the centre level is required or whether management guidance will suffice. The decision regarding whether and how to gather further information will depend on factors such as the seriousness of the allegation, the attitude of the complainant(s), any record of past allegations of inappropriate behaviour on the part of the respondent and the likelihood of an allegation being able to be substantiated given the circumstances.

If, in the opinion of the Diocesan Coordinator Early Learning & Care /Assistant Director: Schools, a formal investigation is warranted, a report should be provided to the Diocesan Director (see below) in order to obtain authorisation for an investigation. A formal investigation (as opposed to data gathering to allow an assessment of the case to be made) must not be undertaken at the centre level without the authorisation of the Diocesan Director.

An employee may admit inappropriate behaviour. The inappropriate behaviour will then be addressed through documented management guidance and/or correction. Conciliation/mediation may be provided if desired by the complainant.

At the completion of the intervention, the employee will be formally advised of the outcome. The parent/caregiver of the child/s concerned is to be advised in writing of the outcome unless there are extraordinary reasons why this should not occur, in which case the reasons should be documented. Any other complainants (including children) are also advised of the outcome.

A report form should be completed by the Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools), with any relevant details attached. The report should include, as a minimum, the details and circumstances of the allegation, the action taken by the Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools) to assess and investigate the allegations, and the outcome. The outcome should document the staff member’s account of the incident, state whether or not the behaviour alleged has been admitted to by the employee and should contain clear details of the advice/guidance that has been provided to the employee. The outcome should also indicate if the behaviour alleged is judged to be not contrary to the Code of Conduct.

The original report should be kept on a confidential file at centre level (or by the Assistant Director: Schools if the allegation concerns the Diocesan Coordinator Early Learning & Care). A copy of the report is forwarded to the Assistant Director: Schools for placing in a confidential file and another copy must be provided to the employee.

9.1.1.2 Diocesan Catholic Education personnel

The Assistant Director: Schools (or delegate) is responsible for ensuring that reports are checked for completeness, accuracy, and relevance, and whether any previous reports have been received concerning the employee.

Where previous reports have been received concerning the employee, the Assistant Director: Schools will determine what further action, if any, needs to be taken.

The Diocesan Director will receive and keep the report in a separate confidential file.

9.1.2 Pastoral care and support

Pastoral care and support will be provided to the complainant, to the employee against whom the allegation has been made, and any others involved. The welfare and best interests of any children involved will be paramount and advice may be sought from DCEO Child Protection Services about appropriate support for the child and his/her family.
9.2 Allegations of more complex or serious inappropriate behaviour

An inquiry at this level is carried out under the authority of the Diocesan Director or delegate. The matter is formally reported to the Diocesan Director at the commencement and end of the intervention process.

9.2.1 Intervention responsibilities

9.2.1.1 Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools)

As soon as the Diocesan Coordinator Early Learning & Care (or Assistant Director: Schools) is aware that the allegation is of such a nature as to require an investigation, a Report must be completed and forwarded to the Diocesan Director without delay.

9.2.1.2 Diocesan Catholic Education personnel

On receipt of an allegation of inappropriate behaviour against an employee, the Diocesan Director (or delegate) will assess the matter and determine how it is to be progressed. The Diocesan Director (or delegate) will consider the details of the allegation and as necessary will clarify it and any issues related to it by consulting with relevant persons such as the Diocesan Coordinator Early Learning & Care, Assistant Director: Schools, Legal Counsel, and/or the Diocesan Student Protection Coordinator. The Diocesan Director (or delegate) will also consider any previous reports on file of allegations of inappropriate behaviour made against the employee.

The Diocesan Director (or delegate) will take immediate steps to ensure that a risk assessment is carried out to determine if the employee subject to the allegations should continue to be allowed to work in the centre. As a result of the risk assessment, the employee may be stood down from his/her duties, or have his/her duties restricted.

If the Diocesan Director forms the view that the matter involves an allegation or reasonable suspicion of sexual abuse/likely sexual abuse of a child or an allegation or reasonable suspicion that harm or likely harm has been or will be caused to a child, the Diocesan Director must immediately make a Mandatory or Compulsory Report (Sections 5 & 6).

If the Diocesan Director forms the view that the matter should be handled as a lower level investigation, the matter is referred back to the Diocesan Coordinator Early Learning & Care (Section 9.1).

If the Diocesan Director believes that a formal intervention is appropriate, a decision is made as to who should most appropriately conduct an investigation into the allegation. The Diocesan Director may authorise the Diocesan Coordinator Early Learning & Care, a DCEO staff member (e.g., Assistant Director: Schools, or Employee Relations staff member), or an external party to conduct the investigation.

The Diocesan Director (or delegate) will inform the parent or carer of the child/s towards whom the inappropriate behaviour is alleged to have occurred in writing that an investigation into the matter has been authorised. The name of a contact person who can provide information about the process being followed will be provided.

9.2.2 Notifying the employee

As soon as the Diocesan Director (or delegate) deems it to be appropriate to inform the employee, a meeting will be held between the employee and the Diocesan Director (or delegate). The employee will be advised that he/she can have a support person at this meeting. At the meeting, the employee will be informed that an allegation of inappropriate behaviour has been made against him/her, will be provided with an outline of the allegation(s) and advised that an investigation into the matter has been
authorised. The employee will be reminded that he/she may access the confidential counselling services available to all employees through ACCESS Counselling Services. He/she will also be given the details of a nominated person to contact who will be available to provide support regarding the processes being undertaken and to facilitate the accessing of other support. The information communicated verbally at the meeting will also be provided in writing.

9.2.3 Standing down from duties

As the result of a risk assessment it may be decided that the employee should be stood down from his/her duties, or have them restricted. In this case, the employee concerned will be informed of the decision to stand him/her down or restrict his/her duties. The basis for this decision will be provided to the employee in writing following the meeting at which this information has been communicated verbally. The employee will be reminded that they may access the confidential counselling services available to all employees through ACCESS Counselling Services. He/she will also be given the details of a nominated person to contact who will be available to provide support regarding the processes being undertaken and to facilitate the accessing of other support.

The employee will normally continue on full pay during the stand down period unless disqualified or prevented from performing his/her duties by an external body. The Diocesan Director (or delegate) will discuss with the person what statement, if any, will be made to staff concerning his/her absence from centre. Any such statement will be subject to restrictions contained in legislation.

9.2.4 Pastoral care and support

Pastoral care and support will be provided to the complainant, to the employee against whom the allegation has been made, and any others involved. The welfare and best interests of any children involved will be paramount and advice should be sought from the DCEO Student Protection Coordinator about appropriate support for the child and his/her family.

9.2.5 Investigation process

The investigator shall as soon as possible arrange for a meeting to be held to inform the employee of the specific nature of the allegation(s). Prior to the meeting, the employee will be advised that he/she can have a support person at this meeting. A written record of the meeting and outcomes will be provided to the employee, and he/she will be reminded of the free confidential counselling services available to all employees through ACCESS Counselling Services. In the written record of the meeting the employee the allegation(s) will be listed and the employee will be asked to reply to the allegation(s) within a reasonable time (normally no more than seven days).

The investigator will contact the parent(s) or carer(s) of the child/s against whom the inappropriate behaviour is alleged to have occurred and the following issues will be discussed.

- That an allegation has been made and is being investigated.
- The investigation process.
- The provision of parental/carer permission for child/s to be interviewed.
- Parent/carer views, concerns and support needs.
- Communication process for the parent/carer to be updated re the investigation and other related issues.
- The need for confidentiality.

If the investigator determines that it is desirable for other children (e.g., children named as witnesses) to be interviewed, the above guidelines relating to parents/carers will be followed in relation to them also.
Pastoral care and support will be provided to the complainant, to the employee against whom the allegation has been made, and any others involved. The welfare and best interests of any children involved will be paramount.

In conducting the investigation the investigator shall ensure that appropriate confidentiality is maintained.

Should the investigator during the course of the investigation form the view that that the matter involves an allegation or reasonable suspicion of sexual abuse/likely sexual abuse of a child or an allegation or reasonable suspicion that harm has been caused to a child, then,

- if the investigator is an employee of Catholic Education, Diocese of Rockhampton, he/she must immediately make a Mandatory report (Sections 5 & 6).
- if the investigator is not an employee of Catholic Education, Diocese of Rockhampton, he/she must immediately make a written report to the Diocesan Director (or delegate) who will then immediately complete a Mandatory report (Sections 5 & 6).

At the conclusion of the investigation, a written report, outlining the process of investigation, the evidence gathered, and the conclusions reached will be provided to the Diocesan Director by the investigator. The report will indicate whether, in the investigator’s opinion, the allegation(s) are substantiated on the balance of probabilities and whether the Catholic Education, Diocese of Rockhampton’s Code of Conduct has been breached.

The Diocesan Director will receive and keep the investigation report in a confidential file.

The Diocesan Director (or delegate) is responsible for informing the Diocesan Coordinator Early Learning & Care and relevant Assistant Director: Schools of the outcome of the investigation. The Diocesan Director (or delegate) advises the parent/caregiver of the child concerned of the outcome unless there are extraordinary reasons why this should not occur, in which case the reasons should be documented. Any other complainants (including children) are also advised of the outcome.

### 9.2.6 Determination of professional misconduct

If, following the presentation of the investigation report, the Diocesan Director (or delegate) has determined that allegations of inappropriate behaviour are substantiated and that they constitute professional misconduct, the Diocesan Director (or delegate) will communicate this in writing to the employee and advise the Diocesan Coordinator Early Learning & Care accordingly.

If the Diocesan Director is not considering terminating the employee’s employment, the employee will receive a letter stating the seriousness of the misconduct and containing a warning that further substantiated misconduct may lead to termination of the employee’s services.

If, on the evidence, the Diocesan Director is considering the termination of the employee’s services then the Diocesan Director will provide the employee with a timeframe within which the employee is given the opportunity to show cause as to why his/her employment should not be terminated. The Diocesan Director will consider any submission that the employee chooses to make in response within the timeframe given. Following receipt of the submission from the employee, the Diocesan Director will make a decision in relation to the employee’s employment status and will communicate this in writing to the employee.

If an employee whose employment is terminated by the Diocesan Director is a teacher, and the circumstances of the dismissal, in the opinion of the Diocesan Director, call into question the teacher’s competency to be employed as a teacher, the Diocesan Director must give notice of the dismissal to the Queensland College of Teachers within a period of 14 days of the dismissal (Education [Queensland College of Teachers] Act 2005 s.78).
9.2.7 No determination of professional misconduct

If, following the presentation of the investigation report, the Diocesan Director (or delegate) has determined that the allegations of inappropriate behaviour are not substantiated and therefore no professional misconduct substantiated, the Diocesan Director (or delegate) will communicate this in writing to the employee and advise the Diocesan Coordinator Early Learning & Care accordingly.

9.2.8 Finalisation

The Diocesan Director (or delegate) will advise the parent/caregiver of the child concerned of the outcome unless there are extraordinary reasons why this should not occur, in which case the reasons should be documented. Any other complainants (including children) are also advised of the outcome.

Pastoral care and support will be provided to the complainant, to the employee against whom the allegation has been made, and any others involved. The welfare and best interests of any children involved will be paramount.

If the employee continues to work at the centre, the Diocesan Coordinator Early Learning & Care will support the pastoral care of the employee, and the employee will be reminded of the confidential counselling services available to all employees through ACCESS Counselling Services. Reasonable steps will be taken by the Diocesan Coordinator Early Learning & Care to manage risks and to provide appropriate ongoing supervision of and support for the employee.

If the employee has been stood down during the investigation and returns to work at the centre, all reasonable steps will be taken by the Diocesan Coordinator Early Learning & Care to assist the employee to reintegrate into the centre community.

9.2.9 Additional Requirements for Education & Care Services

Any serious incident, breaches of the law (Education and Care National Law Act 2010) and complaints at or about the approved education and care service alleging that the safety, health or wellbeing of a child or children was or is being compromised while that child or children is or are being educated and cared for by the approved education and care service, must also be notified to the Australian Children’s Education & Care Quality Authority. The dignity and confidentiality of all stakeholders must be kept at all times during the reporting process unless otherwise stated by law.

10 Following mandatory or compulsory reporting of employee or volunteer conduct to police

Following a matter being reported to police there can be one of two outcomes. These can be summarised as follows.

- Conviction of a criminal offence in a court of law.
- No conviction. Police may decide not to investigate, to discontinue an investigation or not to lay a charge following an investigation, a prosecution may not go ahead following a charge having been laid, or a matter may go to court but not result in a conviction.

In addition to the scenarios set out above, Catholic Education, Diocese of Rockhampton may become aware that a staff member has been under investigation or has been prosecuted for an offence against a child in circumstances where a mandatory report has not been made by a Catholic Education, Diocese of Rockhampton, staff member.
The procedure below will be followed in all the scenarios set out above. Where the matter involves a volunteer or an employee who is not an employee of Catholic Education, Diocese of Rockhampton, action will be taken, with the relevant employer if necessary, to deal with the matter in a manner that is consistent with the procedures outlined in this document as they apply to an employee of Catholic Education, Diocese of Rockhampton.

Where the employee or volunteer concerned is a cleric or religious, or was a cleric or religious at the time of the alleged behaviour, the Director of Professional Standards will be informed as soon as possible.

10.1 Conviction

If a current staff member is convicted in a court of law for an offence against a child that is deemed to be an act of serious professional misconduct, then the Diocesan Director will proceed to dismiss the staff member.

The Diocesan Director (or delegate) will document the outcome of the court proceedings in the formal communication regarding the termination of the staff member’s employment.

If the staff member who is convicted is a teacher, the Diocesan Director or delegate will inform, in writing, the Queensland College of Teachers.

If the conviction is for a charge that is deemed to be less than serious professional misconduct but is contrary to the Catholic Education, Diocese of Rockhampton Code of Conduct, then the Diocesan Director will proceed to take disciplinary action against the staff member.

The pastoral care of child/s and staff involved will be monitored and support provided.

10.2 No conviction

The failure of a court to record a conviction against the staff member against whom a charge has been made, a decision not to prosecute, does not necessarily mean that the allegation was unwarranted and that the staff member has no case to answer as an employee within a Catholic centre. The fact that a staff member has been found ‘not guilty’ of an offence does not automatically mean that a matter has been closed.

The standard of proof required for disciplinary action within the employer-employee relationship is ‘on the balance of probability’, rather than the criminal standard of ‘beyond reasonable doubt’. In addition, a serious breach of the Catholic Education, Diocese of Rockhampton Office, Code of Conduct may not be a criminal offence. For this reason, the matter concerned must still be appropriately dealt with by Catholic Education, Diocese of Rockhampton, as a disciplinary matter.

When Catholic Education, Diocese of Rockhampton, becomes aware that a police investigation or prosecution will not proceed, or that a conviction has not been recorded, the matter will proceed according to Catholic Education, Diocese of Rockhampton, Employee Misconduct Processes. Documents on the public record as a result of court proceedings, and/or materials made available as a result of police investigations may be considered as part of any investigation conducted by or on behalf of Catholic Education, Diocese of Rockhampton.
11 Child protection contacts

11.1 Relevant requirements

The Education (Accreditation of Non-State Centres) Regulation 2001 (s. 10) requires Non-State centres in Queensland to nominate at least two stated staff members to whom a child can report behaviour of another staff member that the child considers inappropriate.

In Catholic Education, Diocese of Rockhampton centres, it is recommended that the Diocesan Coordinator Early Learning & Care is to be nominated as one Child Protection Contact. It is the responsibility of the Diocesan Coordinator Early Learning & Care to ensure that there is at least one other staff member nominated as Child Protection Contact and that all Child Protection Contacts are aware of their role and responsibilities.

The names and identities of the Child Protection Contacts must be made known to staff, children and parents, and must be prominently displayed in areas frequented by staff and by children. Children must also be made aware of the process for the reporting of inappropriate behaviour by an employee to a Child Protection Contact. The Diocesan Coordinator Early Learning & Care is responsible for ensuring that this information is made available to the centre community.

11.2 Selection of child protection contacts

Diocesan Coordinator Early Learning & Care s are advised to give serious consideration as to who is selected as a Child Protection Contact in the centre. While there is a requirement to have at least two Child Protection Contacts it may be appropriate to nominate more than two in larger centres taking into account the age and diversity of children. Furthermore, gender balance issues ought to be considered in appointing child protection contacts in a centre.

In the general selection of a staff member for this role, the following should be considered.

1. The employee’s personal attitudes, experiences and beliefs.
   • Non-judgemental and with the capacity to be objective when managing sensitive issues.
   • Calm and resilient.
   • Demonstrates a high degree of integrity, discretion and confidentiality.
   • Preparedness to assume the responsibilities of the role in addition to their other duties.

2. The employee’s role within the centre.
   • Reflects professional standing and experience in working with complex child and family issues.
   • Enables them to be readily available and accessible.

3. The employee’s personal profile within the centre. *
   • Approachable.
   • Trusted by children.
   • Trusted by staff members.
   • Willing and able to respond personally and sensitively.

* It is important to note that unfortunately many of the positive characteristics mentioned here are also evident in the ‘grooming’ behaviours used by child sex offenders towards children, families,
colleagues and an organisation. The potential for this dynamic to exist necessitates caution when assessing an employee’s profile within the centre community and makes it important not to rely solely on this one aspect of suitability.

4. The employee’s willingness and capacity to work in a proactive partnership with the Diocesan Coordinator Early Learning & Care and any other Child Protection Contact at the centre.

5. A willingness and ability to make effective and objective child protection records and reports.

6. A willingness and ability to attend child protection professional learning opportunities when offered.

Endorsement by the Diocesan Child Protection Co-ordinator

Diocesan Coordinator Early Learning & Care s are to forward the names of the proposed Child Protection Contacts to the Diocesan Child Protection Co-ordinator prior to any formal conversation with the proposed Child Protection Contact for confirmation. Upon receiving such confirmation from the Diocesan Child Protection Co-ordinator of the proposed appointee's suitability for the position the proposal may proceed.

If there are issues regarding suitability of the proposed Child Protection Contacts then discussions with the Diocesan Child Protection Co-ordinator will assist and support the Diocesan Coordinator Early Learning & Care in determining more suitable candidates.

11.3 Responsibilities of child protection contacts

- To fully understand and embrace the personal attitudes and obligations of the role (non-judgemental and with the capacity to be objective when managing sensitive issues; calm and resilient; a high degree of integrity, discretion and respect for confidentiality).
- To receive allegations/complaints from either staff or children and to clarify the nature of the claim, if necessary, without setting out to validate the complaint.
- To understand the requirement under mandatory reporting (i.e., when there is suspected sexual abuse/likely sexual abuse of a child from any source) to report directly to the Diocesan Coordinator Early Learning & Care or the Director of Catholic Education who will then report directly to police.
- To report to a relevant State authority.
- To make effective and objective Child Protection records.
- To attend child protection professional development (in particular, centre child protection training each year as well as the diocesan biennial in-service).

When the Child Protection Contact is not the Diocesan Coordinator Early Learning & Care it is their responsibility to:

- inform the Diocesan Coordinator Early Learning & Care of an allegation/complaint. **
- assist the Diocesan Coordinator Early Learning & Care in the management of child protection incidents if requested
- assist the Diocesan Coordinator Early Learning & Care in the support of children and staff when appropriate.

** In cases where the Diocesan Coordinator Early Learning & Care is the subject of the allegation/complaint then inform the Assistant Director - Schools unless the allegation against the Diocesan Coordinator Early Learning & Care is mandatory reporting (suspected sexual abuse/likely sexual abuse of a child) which should be reported directly to the Diocesan Director of Catholic Education.
12 Compliance and accountability measures

12.1 Ensuring that the child protection processes that apply in the centre are known by employees, children and families

Diocesan Coordinator Early Learning & Care is responsible for:

12.1.1 Ensuring that the Child Protection processes that apply in the centre are made known to employees, children, staff members and families

The Diocesan Coordinator Early Learning & Care is responsible for ensuring that:

- the documents stipulating the Child Protection processes are freely available to employees, children and families
- employees, children and families are aware of the Child Protection processes including the names of the centre’s Child Protection Contacts
- she/he can demonstrate to Diocesan Catholic Education Office how the Child Protection processes are being implemented within the centre.

12.1.2 Ensuring that the documents stipulating Child Protection processes are freely available to employees, children and families

- The Diocesan Coordinator Early Learning & Care will ensure that an up-to-date hard copy of the documents will be placed in the centre library and will be freely available for inspection by employees, children and families during centre hours.
- The Diocesan Coordinator Early Learning & Care will ensure that centre makes an electronic copy of the documents readily available to children and families through the centre’s Internet site/intranet.
- Diocesan Catholic Education Office will publish an electronic copy of the documents on the DCEO mysuite portal so that they are freely available to staff members.

12.1.3 Ensuring that employees are aware of the Child Protection processes

Diocesan Coordinator Early Learning & Care is responsible for ensuring that:

- all new staff members are made aware of the requirements of the Code of Conduct and the documents that stipulate DCEO Child Protection processes as part of their induction
- the names of the centre’s Child Protection Contacts are made known to employees and displayed in the staffroom, and in the staff handbook and/or the centre’s intranet site
- all new staff members undertake Catholic Education, Diocese of Rockhampton Child Protection training during their initial period of employment, which is a Microsoft PowerPoint presentation
- all staff members receive two hours further training about their Child Protection responsibilities on at least an annual basis
- other employees understand their Child Protection responsibilities as appropriate
- all volunteers complete Child Protection training and receive a copy of the Volunteer Code of Conduct
- he/she appoints at least one other suitable staff member to fulfil the role of Child Protection Contact for the centre.

Catholic Education, Diocese of Rockhampton Office is responsible for ensuring that:
as part of induction all new Diocesan Coordinator Early Learning & Care s receive Child Protection training that is appropriate to their roles and responsibilities
suitable Child Protection programs and training materials are made available and delivered to staff
child Protection brochures are made available (on request) to centres for distribution
specialised Child Protection training is made available and delivered to Diocesan Coordinator Early Learning & Care s, other Child Protection Contacts and Centre counsellors
specialised Child Protection expertise is available to staff members through the work of the Student Protection Coordinator and other staff within Diocesan Catholic Education Office.

12.1.4 Ensuring that children are aware of the Child Protection processes

Diocesan Coordinator Early Learning & Care is responsible for ensuring that:

- the ‘Feeling safe’ Child Protection posters are displayed prominently in areas of the centre frequented by children
- the names of the centre’s Child Protection Contacts are made known to children and parents in a variety of ways and publicised in the centre community, for example, by posters, assemblies, handbooks, the centre newsletter, the centre’s internet site/intranet and parent information sessions
- children and parents are made aware of the processes for reporting to a Child Protection Contact for example, by posters, assemblies, handbooks, the centre newsletter, the centre’s internet site/intranet and parent information sessions the behaviour of any staff member that a child considers is inappropriate
- children and parents are made aware that a hard copy of the documents stipulating Child Protection processes are in the centre library and freely available for inspection during centre hours
- children and parents are made aware that electronic copies of the documents stipulating Child Protection processes are available through the centre’s internet site/intranet
- Child Protection and Integrity in Relationships brochures are made available to parents.

Catholic Education, Diocese of Rockhampton is responsible for ensuring that:

- suitable Child Protection brochures are made available in hard copy and electronic formats for distribution by centres
- child Reporting Process Posters are supplied as required.

12.2 Ensuring that the Diocesan Coordinator Early Learning & Care can demonstrate to Diocesan Catholic Education Office, how the child protection processes are being implemented within the centre

The Diocesan Coordinator Early Learning & Care must:

- keep and make available on request records and other evidence that demonstrate that the Child Protection processes are being implemented within the centre, and how they are being implemented
- keep updated the names of the centre’s Child Protection contacts in the centre’s documents
- inform Diocesan Catholic Education Office annually of the names of the centre’s Child Protection Contacts for placing on a centralised register, and of any changes that occur from time to time
- demonstrate the centre’s compliance with Child Protection requirements as part of Centre Cyclical Review.
13 Sources/references

This document specifying the processes required of centres administered by Catholic Education, Diocese of Rockhampton complements the processes developed by the National Committee for Professional Standards entitled *Towards Healing – Principles and Processes in Responding to Complaints of Abuse against Personnel of the Catholic Church in Australia* (2010). The National Committee for Professional Standards was established by the Australian Catholic Bishops’ Conference and the Australian Conference of Leaders of Religious Institutes. The document is also in harmony with the principles and behavioural standards contained in the National Committee for Professional Standards resource document *Integrity in the Service of the Church* (2011).

The current document also incorporates key requirements of Queensland legislation in relation to the protection of children.

- The Education (Queensland College of Teachers) Act 2005.
- The National Education & Care Services Act 2010.


Further, there are a number of other documents/resources that outline how Catholic Education, Diocese of Rockhampton, will respond to various types of issues in relation to child protection which arise in centres it operates. These include the following.

- Student Protection – Statement of Principles.
- Integrity in Relationships – Statement of Principles.
- Employee Misconduct Processes 2010.
- Grievance Procedures for Parents and Students (Policy 2012–02).
- Prevention and Elimination of Sexual Harassment and Bullying (Policy 2012–02).
- Sexual Harassment and Bullying Procedures and Guidelines 2010.
- Anti-Bullying Policy (currently being developed).

14 Forms

14.1 All forms can be located on the Diocesan Portal and are updated periodically in line with relevant legislation.

14.2 ACECQA 24 Notifications of Complaints & Incidents

This form is to be completed by the Diocesan Coordinator Early Learning & Care in consultation with those personnel responsible for the reporting of the incident Please find this form attached.
Promoting Well-being & Positive Relationships Procedure

Quality Area Procedure: Children
Ratified by: Approved Provider
Coordinating Responsibility: Nominated Supervisor

Service Expectations

Our centre recognises that positive relationships are crucial to children fostering a sense of belonging and well-being. We also are aware of the unique understandings, perceptions and capabilities that each child brings from their own life experiences and families. As a family-centred service, we therefore, encourage effective partnerships and communication between home and the service to develop the child’s positive relationships, citizenship and sense of identity.

Service Expectations

Within an environment where all contributions are valued, members of the centre’s community make shared decisions about expectations of behaviour. These expectations are to be founded on the understanding that everyone who attends the service is respected, safe, secure and given appropriate responsibility. When children are given choices and control they experience connections between actions and consequences. In the orientation process, families will be offered the opportunity to view and contribute to the expectations.

To align with health and safety policy and regulatory obligations, there will be necessary inclusions e.g. children must wear hats and sun safe clothing. Educators will ensure these are evident in the collective list of expectations.

The collaborative list of expectations will be visually displayed in the centre and issued to all staff and families. These expectations will be consistently reviewed with the children and families and will, where possible reflect the guidelines of our Catholic ethos.

As children continually learn to make appropriate choices, participate in unfamiliar social and emotional situations and engage in challenging decision-making, they may require guidance and support from our staff. Educators will encourage the child to problem-solve and reflect on the most appropriate means to achieve positive outcomes that align with the community’s expectations. Children will be asked where necessary, to restore any relationships that have been affected by their actions with guidance from educators.

Children in our care are entitled to feel safe and secure at all times. Therefore, if any child is causing harm to themselves or others, the educator will put measures in place to ensure the safety of all children. Additionally, the parents/careers of all the children involved will be informed and all stakeholders will be encouraged to work collaboratively to develop a plan of resolution (see below for procedures to develop this plan).

Resolution Management Plan

Catholic Education - Diocese of Rockhampton understands the right for all children to attend the service free from bullying of others and/or harassment.

The procedures for addressing any cases of reported harassment are as follows:

- Information regarding incidences will be documented
- All parents concerned will be informed of the behaviour by the Teacher
- All parties will be offered opportunities to restore relationships with the support of the Teacher
- A resolution management plan will be collaboratively developed and implemented to reflect the needs of all stakeholders
- Progress will be monitored by educators and regularly communicated to all stakeholders
- Children will be offered ongoing opportunities to reflect on their behaviour and make appropriate choices
- Where necessary, educators, children and parents will consult with the Diocesan Coordinator to provide support to all parties in seeking a resolution (may include mediating, offering guidance and direction in formulating management plans).
This quality area of the *National Quality Standard* focuses on collaborative relationships with families that are fundamental to achieving quality outcomes for children and community partnerships that are based on active communication, consultation and collaboration (adapted from *Guide to the National Quality Standard 3*).

**Policies & Procedures**

Aboriginal & Torres Strait Islander Education.........................................................211
Family Feedback & Grievance..............................................................................213
Parent Rights & Responsibilities.......................................................................216
Legislation & Support Documentation

- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Reference

Adapted from the Diocesan Aboriginal and Torres Strait Islander Education with permission

Each Catholic Service in the Diocese of Rockhampton will actively reach out to Aboriginal families and Torres Strait Islander families to facilitate their access to and participation in Catholic Education.

Since The Dreaming, Aboriginal peoples and Torres Strait Islander peoples have been deeply committed to the Creator and centred their lives in the natural-spiritual world. The land is from where identity comes, from where spirituality springs, where The Dreaming originates, where custodianship begins. The people have never lost their connection with the land and the sea and remain bound to it in spirit, living in harmony with nature.

This Aboriginal and Torres Strait Islander Education Policy recognises the uniqueness of Aboriginal and Torres Strait Islander societies, cultures and identities separate from other unique cultures within multicultural Australia. As the original inhabitants of Australia, Aboriginal peoples and Torres Strait Islander peoples are not part of the ethnic or migrant cultures which contribute so much to Australia’s spiritual, social and economic life. Rather they hold the position of the Indigenous Australian occupying a special religious, historical and social place within the Australian community.

This Policy also recognises that gospel values are universal and apply to all God’s people. By directing this policy specifically toward Aboriginal peoples and Torres Strait Islander peoples it attempts to acknowledge the unacceptable levels of education and social standing, which sees a greater percentage of sickness, unemployment, death and poverty among this section of the community in comparison to other groups within the wider Australian community.

Our Aboriginal and Torres Strait Islander Education Policy is an affirmation that we as church, following the example of Jesus, seek to achieve through education processes, justice and harmony with Aboriginal peoples and Torres Strait Islander peoples.

Principle: 1  Values

There should be no division in the body, but that its parts should have equal concern for each other. If one member suffers, all members suffer, if one member is honoured, all members share this joy. You then are the body of Christ and each one of you is part of it. [I Cor 12:25-27]

This policy values the uniqueness, diversity and dignity of Aboriginal peoples and Torres Strait Islander peoples through equity, justice, truth and faith.

Principle: 2  Implementation Issues

Faith Education & Care Services should:

- Foster the creation of a spirit of openness for Aboriginal students and Torres Strait Islander students and their parents /guardians / caregivers to develop a sense of identity and a sense of belonging to the centre’s community.
- Recognise and celebrate the unique giftedness that Aboriginal children and Torres Strait Islander children and their families bring to the community.
- Involve Aboriginal peoples and Torres Strait Islander peoples in educational decision making.
• Develop an Aboriginal and Torres Strait Islander Education Policy and encourage Aboriginal peoples and Torres Strait Islander peoples to participate in the development, monitoring and evaluation of the Policy.

• Promote an awareness of and respect for the cultural diversities, spirituality, values and traditions of Aboriginal students and Torres Strait Islander students.

• Include Aboriginal perspectives and Torres Strait Islander perspectives across the curriculum.
• Ensure staff have access to Cross Cultural Awareness Programs as part of their Professional Development.

• Seek assistance and support from Aboriginal staff and Torres Strait Islander staff employed in the Diocese and from the local Aboriginal communities and Torres Strait Islander communities.

• Register and become active members of the Dare to Lead Coalition.

Principle: 3 Reflection Material

Pope John Paul II message to Aboriginal people in Alice Springs 1986.
QCEC Aboriginal and Torres Strait Islander Catholic Education Policy.
QCEC Aboriginal and Torres Strait Islander Early Childhood Education Position Statement.
The Common Wealth for the Common Good.
National Aboriginal Education Policy.
Catholic Education Commission, Archdiocese of Canberra and Goulbourn Aboriginal Education Policy.
Dare to Lead.
Diocesan Learning Framework.
Legislation & Support Documentation

- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2011

Consistent with our Vision, Mission and Values, services managed by the Catholic Education Diocese of Rockhampton will treat all feedback from families in a serious manner which is respectful of the dignity of the individual.

Catholic Education Diocese of Rockhampton acknowledges the importance of open communication with parents/guardians/carers of children in our services. Centres welcome feedback from families on all areas of operations and will undertake to investigate and resolve grievances in a timely and transparent manner. All references to parent also include guardians and carers.

Principle: 1 Parent Feedback

1.1 Services will provide regular opportunities to parents to contribute to the evaluation of services provided to them. This may be in the form of:
   - Submissions/representation on the school/long day care Board.
   - Feedback box. Such feedback is to be recorded on the Feedback Record Sheet.
   - Regular Parent Survey
   - Quality Improvement Plan contributions.
   - Discussions directly with educators at pick up and drop off times, during sessions or at designated meeting times.

1.2 The Nominated Supervisor and educators will analyse the results of parent/carer feedback and implement any necessary and/or desirable changes.

1.3 Educators will treat parents’ responses to evaluation in a serious manner and communicate with parents/carers about any changes made as a result of parents/carer suggestions (e.g. newsletters, notice boards, etc.).

Principle: 2 Using an Interpreter System

2.1 Interpreter information will be made available for non-English speaking families wherever possible. It is recommended that this interpreter support sign be placed up in services.

The Queensland Department of Education, Training and Employment (DETE) funds free access for services to the Translating and Interpreting Service (TIS).

This Australia-wide service is operated by the federal Department of Immigration and Citizenship and employs interpreters who speak more than 170 languages and dialects.

2.2 Before requesting or booking an interpreter, find out:
   - what language the family speaks
   - whether the family has used an interpreter before and if they would like to use the same person
   - whether there are cultural preferences such as gender to consider
When requesting or booking an interpreter, quote:
- TIS client code (C944497)*
- service’s name and postcode
- contact details of person making request

To request an interpreter, visit www.immi.gov.au, fill in an on-site or telephone interpreter pre-booking form and submit it online or by fax, or phone 131 450 toll free, from 8am-6pm, Monday to Friday.

TIS needs advance notice to organise interpreters: three to five days for an on-site visit or 24 hours for a teleconference.

Services will be notified within three days of the availability of an on-site interpreter or within 24 hours for a telephone interpreter. However, in an emergency, services should phone TIS on 131 450 and an interpreter will be found as soon as possible.

Cancelling a booking

Cancellations should be made by email at least 24 hours before the on-site or telephone appointment so DETE is not billed for the service.

Invoicing for interpreting services - TIS will invoice DETE if services have quoted the correct client code (C944497)*.

* PLEASE NOTE: The TIS client code is confidential and should not be provided to any other service, organisation or family.

**Principle: 3 Parent Grievances**

3.1 On enrolment, the parents/carers are given written information that encourages them to develop open communication with the staff, and informs them of their rights to contact the services/centres and the relevant government agencies if they have any concerns in relation to the operation of the service or the care of the children.

3.2 Respect for the dignity of all those involved in any grievance procedure must remain a priority in all interactions between parties throughout the resolution process.

In order to ensure confidentiality and to respect the dignity of those involved in the process, discussions relating to a grievance should not be discussed with those not directly involved.

3.3 Where a concern is raised, an individual employee will write the details down noting the concern, place, person etc. and refer this note with contact details of the person to the nominated supervisor. The nominated supervisor shall then arrange for an investigation into the complaint and take necessary action to resolve the complaint.

3.4 If a parent/carer has concerns with a staff member or the service cannot resolve the matter with the personnel involved, parents/carers are encouraged to raise the matter with the nominated supervisor or appointed delegate.

If a concern is not resolved, parents/carers can contact the Diocesan Coordinator Early Learning & Care at:

Address: 143 West St, Rockhampton, QLD 4703
Postal Address: PO Box 524, Rockhampton, QLD 4703
Email: (insert regional office city) oshc@rok.catholic.edu.au or kindergarten@rok.catholic.edu.au
Phone: 0749313600
3.5 If parents/carers consider that the Diocesan Coordinator Early Learning & Care did not adequately address the concern, he/she can contact, in writing the Assistant Director Administration & Finance (delegated by the Director Catholic Education Diocese of Rockhampton) or the Approved Provider Representative – Diocesan Director Catholic Education, at the above address.

3.6 In the event that you are not satisfied with the outcome, the following authorities may be of assistance:

Queensland Catholic Education Commission (QCEC) Governing Body
for kindergartens and Pre-preps only
The Catholic Centre
1/143 Edward Street
Brisbane QLD 4000

Postal Address
GPO Box 2441
Brisbane QLD 4001

Phone: +61 7 3336 9306
Fax: +61 7 3229 0907

Office for Early Childhood Education and Care Department of Education and Training
Website: www.education.qld.gov.au
E-mail: ecec@dete.qld.gov.au
PO Box 15033
City East QLD 4002
Phone: 1800 637 711
Fax: (07) 3234 0310

Australian Children’s Education and Care Quality Authority (ACECQA):
Address: Level 15, 255 Elizabeth Street, Sydney, NSW, 2000
Postal Address: PO Box A292, Sydney, NSW 2000
Email: enquiries@acecqa.gov.au
Phone: 1800 181 088
Media only: 0477 301 274

3.6 Service/centre educators will ensure that they do not engage in, encourage or accept any act of unlawful discrimination against a child or his/her family.

3.7 All staff will treat any complaint by parents/carers concerning unlawful discrimination sympathetically and seriously. Unlawful discrimination includes discrimination on the basis of sex, race/ethnicity, disability, age or religious/political beliefs.
Parents/carers have the right to choose the type of care that they consider appropriate for their children. Participation by parents/carers in issues relating to the care of their children is important for several reasons. Parents/carers are the primary and continuing carers of their children; they have long-term responsibility for their children; their participation enhances staff responsiveness to the needs of their children. Participation by parents/carers in the service’s school/long day care board, which can make recommendations to the service’s management, can help ensure that a service is responsive to the needs and desires of parents/carers.

Parents/carers also need to have physical access to the program area to ensure their confidence in the service provided. A continuing exchange of ideas and information is also enhanced when a parent/carer is able to watch the child’s activities in the context of the childcare service.

The Parent/carer Code of Conduct is to be displayed in the service at all times.

**Principle: 1 Parent/carer Rights**

- To know that your child is in a safe and welcoming environment;
- To visit the service prior to your child commencing, during the child’s attendance and at other times to discuss your child’s progress with educators;
- To expect support in your role as the primary carer of your child;
- To be greeted by staff, volunteers and others associated with the service, in a warm and welcoming manner;
- To view and contribute to the service’s philosophy and goals;
- To view and contribute to the policies and procedures that oversee the operation of the service;
- To be involved in the growth and development of the service and provide feedback;
- To receive regular information from the service, be it by print, electronic media or other means that are deemed appropriate for individual family’s needs (e.g. where English is a second language);
- To collaborate and consult with service staff regarding your child in a confidential environment;
- To be provided in the enrolment package, the service’s contact details, opening times, grievance procedures and any relevant governing authority information;
- To participate on the school/ Long Day Care Board (a process of induction prior to this role is required);
- To receive information on workshops, functions and any other information which may be of benefit to your family or impact on care practices;
- To receive updates on current research regarding health and safety practices (e.g. immunisation, sun safety, nutrition, best sleep practices etc.), child development and play, as made available to the service;
- To express concerns according to service policy, and have these addressed in a timely and respectful manner;
- To be informed of contagious diseases that may have been identified at the service;
- To be informed of emergency, lock-down and evacuation procedures;
- To access current information about community services and resources to support parenting and well-being;
- To have access to the records and planning kept in relation to your child;
- To receive the Dealing with Medical Conditions Procedure if your child has a medical condition that requires a management plan;
To view up-to-date information on staff qualifications, the name, contact details and position of the responsible person on duty, nominated supervisor, approved provider and educational leader;
To view and contribute to service programs;
To view the weekly menu and provide feedback and input;
To view the current Approval to Operate as a Service information;
To be involved in the ongoing Quality Improvement Plan process and view the outcome of this assessment process incl. the service rating.

Should the service not satisfactorily meet parent/carer needs in relation to the above rights Parents/carers are actively encouraged to utilise the grievance procedure.

**Principle: 2 Parent Responsibilities**

- To respect the philosophy and goals of the service, Catholic ethos and values of Catholic Education – Diocese of Rockhampton;
- To support the service in its endeavours to provide a quality service for all children;
- To work cooperatively with staff in developing and implementing a Resolution Management Plan [as required];
- To read and be familiar with the service’s philosophy and goals and follow policies and procedures;
- To follow the parent Grievance Procedure and to raise concerns in a timely and respectful manner;
- To sign children in and out on a daily basis and to make sure no unauthorised person is sent to collect a child without first contacting the nominated supervisor;
- To notify the nominated supervisor of your child’s immunisation status;
- To notify the service of any contagious disease that your child may have been in contact;
- To keep your child home if you are aware or ought to reasonably know that your child has, or may have, a contagious condition (Public Health Act s 161);
- To value the individuality and uniqueness of your child and other children attending the service;
- To approach all communication with staff, volunteers and other parents in a friendly and respectful manner;
- To approach the responsible person in charge of the service if there is a concern involving another child;
- To collect children by the service’s closing time;
- To notify staff of any medical/dietary or personal needs of your child through regularly updating your child’s enrolment form;
- To notify the staff in writing of changes to or cancellations of bookings;
- To make regular payments of fees as per the Fee Payment Procedure and to ensure accounts are settled in full at the end of each term (and if applicable, pay any outstanding fees e.g. a late fee).

With regard to the above Rights and Responsibilities, all stakeholders are encouraged to sensitively address any concerns with parents/carers, the Nominated Supervisor or Diocesan Coordinator Early Learning & Care.

Should any of these responsibilities not be met, the following steps will be undertaken:

- The matter will be discussed with the parent/carer and the appropriate process outlined. In a vast majority of cases, this will be the last action required and the matter will be resolved.
- Should the matter recur, a letter will be sent by the service outlining the issue, the correct process and stating that another recurrence could lead to the cancellation of the booking. This action must be approved by the Assistant Director Administration & Finance or Assistant Director Schools in consultation with the Nominated Supervisor/ Diocesan Coordinator Early Learning & Care prior to implementation.
- If the matter occurs a third time, a letter should be sent by the service, referring to previous letters and conversations, and notifying of cancellation of the booking. This action must be approved by the Assistant Director Administration & Finance or Assistant Director Schools in consultation with the Nominated Supervisor/ Diocesan Coordinator Early Learning & Care prior to implementation.

It is essential that all such processes be undertaken in a respectful and professional manner. Signed and dated hard copies of all letters, meeting notes and records of conversations will be kept on file.
This quality area of the *Diocesan Faith Education & Care Framework* focuses on effective leadership and management of the service that contributes to quality environments for children’s learning and development.

Well-documented policies and procedures, well-maintained records, shared values, clear direction and reflective practices enable the service to function as a learning community. An ongoing cycle of planning and review, including engagement with families, creates the climate for continuous improvement (adapted from *Guide to the National Quality Standard 3*).

**Policies & Procedures**

- Kindergarten/Pre-preparatory Enrolment & Booking.................................219
- Delivery & Collection..................................................................................222
- Assets & Purchase Order...............................................................................226
- Bank Account ...............................................................................................227
- Fee Collection/Payment................................................................................229
Legislation & Support Documentation

- *Education and Care Services National Act 2010 & Regulations 2011*
- *Queensland Kindergarten Funding Scheme Operating Guidelines for Organisations Approved for Funding as a Central Governing Body, 2015*
- *Delayed Entry and Delayed Exit Enrolment Procedure for Approved Queensland Kindergarten Programs (Department of Education and Training)*

**Principle: 1 Enrolment Procedures**

**Procedures:**

1.1 *Expression of Interest Application Forms* are to be completed by families wishing to enrol their child at a centre. Fully completed *Expression of Interest Applications* will ensure a child’s placement onto a pre-preparatory/kindergarten’s Expression of Interest Waiting List. Lodgement of this form does not guarantee the child a place within a centre. A separate form needs to be completed for every child within a family.

1.2 Children may enrol into a pre-preparatory/kindergarten centre at any time during the year if a vacancy is available.

1.3 Children must have turned three years of age prior to the commencement of pre-prep/kindergarten. However, priority will be given to those children who are within the kindergarten-age cohort (see Principle 2 - Priority of Access).

1.4 Children will **not be** automatically enrolled into the school located nearest to the pre-prep/kindergarten when the child is of school-age. Families will need to make arrangements with the school to enrol their children for the following year.

1.5 Families will be forwarded a *Letter of Offer* when a place becomes available at the centre. On payment of an enrolment fee, an Enrolment Package will be provided to parents/guardians.

1.6 An enrolment fee will be charged upon receipt of the *Letter of Offer*. The enrolment fee is non-refundable.

1.7 All information contained in enrolment documentation will be treated in accordance with the *Catholic Education – Diocese of Rockhampton Student Collection Notice* (which is to be provided to all families on Enrolment – this document is to be provided as a separate document and not embedded in the Enrolment Form).
Principle: 2 Priority of Access

2.1 Kindergarten-age Children:
- Priority will be given to children who are of the eligible kindergarten age i.e. children who are at least four years old by June 30 in the year they participate in the program (however, children who turn four up to July 31 will also be considered for early enrolment depending on places available for children who are eligible to continue onto Preparatory in the following year):

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- Evidence of the child’s date of birth must be provided by the child’s parent or carer prior to enrolment.
- If there are additional places after the kindergarten offers have been made, the kindergarten-cohort will be offered additional days at the centre based on their place on the Expression of Interest Waiting list. Families will be made aware that if a kindergarten-cohort child requires a place during the year, they may be asked to withdraw from the extra days.
- Priority will be given to kindergarten-age children to extend their 600 hours, if places are available. Determination of the younger child to be replaced will be made on the basis of whether the child is already attending the centre, and then where the next child is on the waiting list (families will be contacted according to their place on the waiting list). Offers to extend beyond the 600 hours or to children younger than the kindergarten cohort age, will be made at a date later in the year, as determined by the Governing Body (QCEC).
- Younger children may be required to reduce their enrolled days to allow for the admission of a kindergarten-age child to make up the required 600 hours. Additionally, children of the kindergarten-age cohort who are enrolled for more than the designated 600 hours, may be asked to forgo the additional hours if another kindergarten-age child requires their place to make up the required enrolment period.

2.2 Children with Additional Needs:
- Catholic Education – Diocese of Rockhampton provides kindergarten children in priority groups, who may have additional needs or require additional support, with equitable access to pre-preparatory/ kindergarten programs.
- Inclusive practices within our centres ensure that children within these priority groups have the same opportunity to participate in our kindergarten program as their peers. Parents/carers are encouraged to share with educators their child’s needs so that support provisions are established prior to the commencement of kindergarten.
- Additional funding may be available to support children in kindergarten programs who have a disability or significant learning difficulties. When applying for additional funding for children with identified needs, the Diocesan Disability Funding Application Procedure will be followed.

2.3 The following children may be given priority of access in exceptional circumstances at the discretion of the Director – Catholic Education, Diocese of Rockhampton:
- Siblings of families attending the service.
- Children of staff.
- Children from the defined catchment area, to align with the associated school.

Principle: 3 Days of Attendance

3.1 At the time of enrolment parents/guardians will be required to nominate the days/sessions, their child will be attending.
3.2 Children who are of kindergarten age will be enrolled within our five day per fortnight Approved Kindergarten program. These enrolled days will remain in place for the remainder of the year/ nominated period or until written notification is received by the parent/ carer.

3.3 In the case of a parent/guardian requesting to alter their enrolment day/s, they are required to complete a Cancellation/ Alteration of Enrolment Form.

3.4 Alterations to enrolment will not occur until such time that this form is completed and returned to the Nominated Supervisor.

3.5 Children in remote areas where the distance to a kindergarten exceeds 50km from the nearest centre may be able to apply for a negotiated enrolment whereby payment for nonattendance is compensated by the centre. Evidence of distance from place of residence to the kindergarten is required for this option to be considered.

**Principle: 4 Orientation**

4.1 Families:
- New families will be provided with all the relevant enrolment information
- Time will be provided for families to discuss any needs with the teacher
- Centre information will be made available on request in different languages
- Staff will be introduced to new families
- Parents and child will be shown around the centre
- Families will be invited to spend time with their child during centre hours
- Families will be shown the procedures for signing in/out
- Families will be shown where they can access/view relevant information regarding service procedures
- Interpreter centres will be made available for non-English speaking families

4.2 Children:
- New children will be introduced and welcomed to the group
- Staff will familiarise the children into their new environment
- New children will be closely monitored to ensure they are settling into the program

**Principle: 5 Funding For Approved Kindergartens**

5.1 Approved Kindergarten Funding is only available to:
- Children in the eligible kindergarten cohort i.e. children who are at least 4 years old by the 30 June (or from 2015, children who turn 4 by the 31 July) in the year they participate in an approved kindergarten program;
- Children who are enrolled for a minimum of 600 program hours per year (equates to 15 hours per week, 40 weeks per year);
- Support the participation of children enrolled in one approved kindergarten. Therefore, families are required to nominate the centre who will receive kindergarten funding.
- Families will be required to pay for all enrolled days including those that fall on a public holiday or pupil-free day as these are accounted for in the extra hours offered every day (we are only required to operate for 600 hours and cover all additional closure days over the year).
- Hours missed due to public holidays and pupil free days are added to your child’s daily attendance i.e. we are only required to offer the 600 hours but over the given year exceed these hours with extended opening hours to cover these closures. Therefore, these days are included in term fees.

**Principle: 6 Kindy Plus Subsidies**

6.1 QKFS Plus Kindy Support Subsidy is only available:
- If a parent or a child holds a current Australian Government Health Care Card they are eligible for low-cost kindy. Foster families with a Health Care Card may also claim the subsidy.
- If a parent identifies as being Aboriginal or Torres Strait Islander (or have a child who does) they are also eligible for low or no-cost kindy.
• If a family have three or more children, of the same age, enrolled in the same year, they are eligible for low-cost kindy when using approved kindergarten program providers.

The subsidy can be claimed once only, even if a family meets multiple criteria.

The subsidy is provided to the service provider to reduce expenses for eligible parents

6.2 Health Care Card/ Concession Card Guidelines:
• It is the responsibility of the parent/carer to notify the pre-prep/kindergarten of any change to eligibility for a health care card entitlement. The centre will make the necessary adjustment to fees.

Principle: 7 Delayed Entry & Exit

7.1 Scope:
• Delayed entry to or delayed exit from our approved kindergarten program may be initiated by either the parent and/or the kindergarten teacher. Enrolment decisions should be informed by a child’s developmental abilities, prior experiences and social emotional capabilities.
• Applications for delayed entry or exit from kindergarten programs are managed by the Queensland Catholic Education Commission (QCEC) through the Rockhampton Diocesan Catholic Education Office. Details will be supplied by the centre directors to the Diocesan Coordinator Early Learning & Care to forward onto QCEC in the last term of the year.
• In determining whether to apply for delayed entry to or delayed exit from an approved kindergarten program, parents and educators are to include supporting documentation from relevant specialists/ education professions in their application.

7.2 Delayed Entry:
• Delayed entry means that a child older than kindergarten age (four by 30 June in the year they participate in kindergarten program) can be approved for enrolment in an approved kindergarten program where the child has not previously been enrolled in a kindergarten program.

7.3 Delayed Exit:
• Delayed exit means that a child can be approved to participate in an approved kindergarten program for a second year.

For children born in the one month cohort July 1 – July 31 in any given year, there will be no requirement to complete a delayed exit process as per the QKFS Guidelines.

7.4 Procedures:
• The Department of Education and Training’s Delayed Entry and Delayed Exit Enrolment Procedure for Approved Queensland Kindergarten Programs should be followed in relation to the application process.

Principle: 8 Emergency Care

8.1 Limited emergency care places are available. Emergency care covers the inclusion of no more than two or more children from the same family who are, educated and cared for at the service in an emergency for a period of not more than two consecutive days on which the service operates. Should use of these places be required on more than 3 occasions during the term or the care of more than the two children from one family is necessary, consultation with the Diocesan Coordinator Early Learning & Care will be required. Exceeding the number of places available will only be permitted if there is no risk to the health, safety and wellbeing of the children at the service.

8.2 If service approval places are exceeded as a result of emergency care being provided, an Emergency Care Notice will be displayed.
Catholic Education – Diocese of Rockhampton aims to provide effective supervision for all children at all times within the operating hours for the service. Safety and comfort of children and service staff will always be a priority.

**Legislation & Support Documentation**

- National Education & Care Services Regulations 2011
- National Education & Care Services Act 2010

**Principle: 1 Signing In/Out**

- A child may only leave the education and care service premises under the following circumstances:
  - a parent or authorised nominee collects the child
  - a parent or authorised nominee provides written authorisation for the child to leave the premises
  - a parent or authorised nominee provides written authorisation for the child to attend an excursion
  - the child requires medical, hospital or ambulance treatment, or there is another emergency.

- All children will be signed in and out by a parent or an authorised person.
- In addition, the authorised person (staff member or parent) signing a child in or out on the attendance sheet must:
  - Note the time;
  - Print their name;
  - Sign the entry.
- Responsibility for the child by service personnel begins when the child is signed in by an authorised person. Responsibility ends when the child is signed out by a parent or an authorised person.
- the approved provider, nominated supervisor or responsible person in charge of the service is not required to allow a parent to enter the service premises if—
  - permitting the parent’s entry would—
    - (i) pose a risk to the safety of the children and staff of the service;
    - (ii) conflict with any duty of the educators under the Law;
  - the service is aware that the parent is prohibited by a court order from having contact with the child.
- In this procedure the term ‘parent or authorised nominee’ does not include a parent who is prohibited by a court order from having contact with the child.
- In the event of a child being collected by a taxi, the child may only leave the premises in accordance with the written authorisation of the child’s parent or authorised nominee named on the child’s enrolment record (Section 99: 4 of the Education and Care Services National Regulations). An authorisation for collection from a service by a taxi service will need to be
completed by the parent and stored in the individual child’s file before this will be allowed to occur.

**Principle: 2 Late Collection of Children**

1.1 In some cases parents may be unavoidably detained and unable to collect their child before closure time. If this occurs, parents must contact the service as soon as possible to advise of either alternative arrangements or their own expected time of arrival.

Where the parent verbally authorises a person, who is not familiar to service staff to collect the child, the person is required to provide recognised identification.

On enrolment, parents will provide emergency contact lists of personnel who are authorised to collect their child. These details will include the authorised contacts’ details. Parents will be required to update the service of any changes to these details.

1.2 When no contact has been made 10 minutes after the service’s closure the responsible person will:

- Attempt to phone parents to ascertain why collection has not occurred.
- Inform parents that they may/will incur a late fee (as per Fee Payment Fact Sheet).

1.3 If the service is unable to contact the parent they will:

- Phone authorised/emergency contact people listed on the child’s enrolment form to arrange for immediate collection of the child.
- Contact the Nominated Supervisor

1.4 If no one can be contacted and the child has not been collected after an hour of service closure the Department of Child Safety and or the Police will be contacted and asked to take responsibility for the child.

Two staff will remain on duty at all times while there are children are in attendance and for the operational hours of the service.

To ensure the comfort and safety of children, staff will work together to provide effective care and support. This may include providing necessary food and clothing to ensure the continued comfort for child.

When the parent or authorised/ emergency contact arrives to collect child:

- Ensure that the correct time is written in on sign in/out sheet (responsible person is to co-sign to acknowledge time out).
- Write in communication book – detailing family name, child, date and time of collection.

Ensure Service Fee Collection/Payment Procedure is adhered to in relation to the charging of late fees and a possible follow up letter to the parent regarding the late fee incurred.

NB. Staff are to sign out/ write time on timesheet of the time they depart the service.

**The following is to be considered in conjunction with the service Fee Payment Fact Sheet:**

- In consideration of the safety of our staff, families who are more than fifteen minutes late on any occasion may be required to pay taxi fares to transport staff home if staff do not have their own private vehicle at the service.
- Consistent late arrivals may result in the termination of a family enrolment at the service. These late arrivals will be brought to the attention of the Diocesan Coordinator Early Learning & Care.

**Principle: 3 Children Arriving Without a Booking**

The service is required to maintain a record of each child to ensure the safe and appropriate care of children and compliance with legislation.

As such, children without enrolment forms are legally unable to attend the service until such time as a completed enrolment form is provided to the service. However, at all times, care should be taken to ensure that all children are kept safe. Additionally, interactions with children, families and school personnel should be treated with sensitivity and respect.

If a child (and parent) arrives at the centre and the child is not booked in, explain to the parent that a booking was not made and check the following:

- The number of children booked to attend that session;
- The approved capacity of the session;
- The staff:child ratio.

**If there are vacancies for the session and the child has a current enrolment:**

- The parents are to be informed that as the booking is casual, payment must be received immediately.
- Upon payment the child’s name is to be added to the daily attendance roll for the day and the parents sign for the attendance.

**If there are NO vacancies for the session and a parent wishes to book their child in:**

- Inform the parent that there are no vacancies at the service for that session.
- Parents will need to make other arrangements for the care of the child unless the emergency care legislation can be applied.

**If there are vacancies for the session and a child DOES NOT have a current enrolment form:**

- Explain to the parent that a current enrolment must be filled in for a booking to be accepted and for a child to attend the service.
- Inform the parent that a meeting will need to be set up with the Nominated Supervisor if further bookings are required so that aspects of the service operation can be further explained to the parent.
- The parent is to pay for the session immediately before the booking and enrolment form is accepted.
Assets & Purchase Order Procedure

**Principle: 1  Expenditure - requirements for purchase orders**

For expenditure on Assets and where a Purchase Order is needed by the supplier before an invoice or delivery is provided (usually assets) the following will apply:

1.1 An official quotation must be obtained from the supplier and must be authorised before a Capital Expenditure form (see attachment) can be submitted or Purchase Order can be issued.

1.2 In kindergartens and pre-prep centres, the Nominated Supervisor will seek authorisation from the Diocesan Coordinator Early Learning & Care via a purchase order for items over $100. For these items purchased on credit card, then the Nominated Supervisor will consult with the Diocesan Coordinator Early Learning & Care.

1.3 For significant purchases from $1,000.00 to $5,000.00, the Nominated Supervisor (in consultation with the Principal/ Diocesan Coordinator Early Learning & Care) will authorise and issue the Purchase Order.
1.4 Purchases $5000.00 and over will require approval from the Diocesan Catholic Education Office through the submission of a Capital Expenditure form.

1.5 Capital Expenditure forms are to be completed by the Nominated Supervisor who will forward them with the quotation to the Assistant Director Administration for approval.

1.6 For individual items over $3,000.00 (GST exclusive) if not funded by a donation or a grant a copy of the tax invoice is required by DCEO School’s Accounting so the item can be added into the fixed asset register for depreciation.

1.7 Purchase Order books are to be treated the same as a cheque book, kept in a locked secure place only accessible to authorised officers.

1.8 If a Purchase Order is cancelled the supplier will be notified in writing and the cancelled Purchase Order will be attached to the Purchase Order book.

1.9 The cancellation authorisation and reason is to be documented on the Purchase Order.

1.10 All assets purchases over $500.00 and under $3,000.00 will need to be entered into a minor capital register which is kept at the service and will be maintained by the service Nominated Supervisor or authorised person.

**Principle: 2 Elements of a Tax Invoice**

A Tax Invoice is the bill sent by a supplier which is used to identify how much GST (Goods and Services Tax) is payable. A Tax Invoice should have an ABN (Australian Business Number) and should indicate if GST is applicable.

1.2 **GST** Most Tax Invoices will have the GST portion shown. Where GST is included in the total, but the GST is not shown, divide the total by 11 and this will give you the GST amount. e.g. $127.50 ÷ 11 = $11.59

**Bank Account Procedure**

**Bank Account Procedure**

Quality Area Procedure: Leadership
Ratified by: Approved Provider
Coordinating Responsibility: Nominated Supervisor

**Principle: 1 Accessibility and Notification of Bank Accounts**

1.1 The Service shall have as its operating bank account a Diocesan Development Fund (DDF) cheque account

1.2 This account will be used for the day to day operations on the service (i.e. Cheque payments, wages payments, CCB deposits, Parents fees etc.)

**Principle: 2 Notification and Authorisation of Accounts & Changes**

2.1 The Principal/ Diocesan Coordinator Early Learning & Care will be notified of all new and existing accounts held in the name of the service or on behalf of the service (e.g. Cheque accounts, Credit accounts, Deposit accounts, Loans, Term deposits etc.)

2.2 If the Service requires any other services or forms from the DDF, the Nominated Supervisor must notify DDF.
**Principle: 3  Access to and Maintenance of Records**

3.1 An authorised person must keep the monthly financial reports in a locked and secure place (e.g. lockable filing cabinet)

3.2 The authorised person will have access to these items and will make them available on request by the Nominated Supervisor or Diocesan Coordinator Early Learning & Care.

**Principle: 4  Credit Card Guidelines**

4.1 **PURPOSE**
The purpose of these guidelines is to ensure appropriate and responsible usage of corporate credit cards by employees in Catholic kindergartens in the Diocese of Rockhampton.

4.2 **THE FACILITY**
The Westpac Bank will establish one facility covering all diocesan kindergartens. This facility will operate on two levels. The top level will be all-inclusive and result in detailed statements of all cards/transactions being sent to DCEO. The second level will be each cardholder and a detailed statement of transactions will be issued to individual cardholders. Each month the amount owing (second level) will be swept from the kindergarten’s bank account.

4.3 **SCOPE**
These credit card guidelines apply to all kindergarten employees who have been issued with a corporate credit card.

4.3 **PROVISION OF CARDS**
The credit cards provided are Westpac Corporate MasterCards. Applications for credit cards must be forwarded to DCEO and approved by the Diocesan Director or her delegate. Cards will be allocated to the kindergarten directors. Each credit card will have a set limit and changes to card limits must be approved by the Diocesan Director.

4.4 **APPLYING FOR A CREDIT CARD**
A prospective cardholder will submit an application form, through DCEO. DCEO will submit the application and notify Westpac as to which kindergarten within the company the cardholder is to be assigned.

4.5 **CANCELLING A CREDIT CARD**
Where a card is no longer required, or when a cardholder ceases employment with a kindergarten the cardholder will return the card to DCEO. DCEO will:

- cut-up the card and
- complete a form to advise Westpac to cancel the card.

Corporate MasterCards are kindergarten specific and should be cancelled if a cardholder leaves for any reason.

4.6 **AUTHORITIES AND RESPONSIBILITIES**
- **Cardholder**
  - Cardholders are to ensure the card’s safe custody.
  - Each cardholder is personally responsible for all charges incurred on their corporate credit card. In particular, the cardholder is responsible for ensuring that the use of their card complies with these guidelines and all Diocesan Catholic Education policies and guidelines relevant to expenditure of funds at all times.
  - It is the responsibility of each cardholder to ensure limits are not exceeded.
  - The card must only be used to purchase goods and services to facilitate the conduct of kindergarten business. Before purchases are made, the kindergarten budget is to be reviewed and purchases for unusual or large expenditure should be approved by DCEO.
  - The use of credit cards for private use is not permitted.
  - Cardholders must obtain and safeguard the necessary documentation to support their expenditure. This includes tax invoices for all expenditure.
NB – an EFTPOS receipt is NOT a Tax Invoice. Failure to do this may result in the cardholder being held responsible for the expenditure incurred on the card.
- The use of corporate credit cards to withdraw or obtain cash is not permitted.

4.7 Statement Reconciliation

- **It is the responsibility of the cardholder to:**
  - reconcile the Westpac monthly statement to the supporting documentation for every transaction including obtaining copies of misplaced tax invoices
  - ensure that the correct documentation is provided:
    - tax invoice
    - eftpos receipt
  - follow up on any incorrect or disputed charges
  - assist DCEO to allocate each transaction to the appropriate expense account
  - sign the credit card statement as true and correct
  - email scanned copies of the credit card statement with the matched supporting documents to DCEO.

- **DCEO finance staff to:**
  - prepare a corporate credit card reconciliation for authorisation by the cardholder’s line manager at DCEO.

4.8 Statement Verification

- The cardholder’s line manager must:
  - check and, as appropriate, sign the Corporate Credit Card Reconciliation thus verifying the expenditure incurred
  - follow up and report misuse of credit cards
  - advise the Assistant to the Director Administration & Finance of any non-compliant usage that cannot be resolved at the school
4.9 MISUSE OF A CREDIT CARD

- Any alleged, suspected or actual instances of misuse are to be reported to the Assistant to the Director Administration & Finance for investigation.
- “Private Use” will be regarded as misuse. Misuse will be regarded as a serious matter and may constitute serious misconduct.
- Failure to supply tax invoices, receipts or supporting documentation may be viewed as misuse.

4.10 LOST OR STOLEN CREDIT CARDS

Any loss or theft of the credit card must be reported immediately to Westpac (a 24 hour facility is available).

4.11 DEFINITIONS

- **Private use** is non DCEO business use
- **Tax Invoice** is an invoice which meets Australian Taxation Office requirements for GST. It must show the following:
  1. ABN
  2. GST-inclusive price
  3. the words “Tax Invoice” stated prominently
  4. the date of issue of the tax invoice
  5. the name of the supplier
  6. brief description of each supply
  7. when GST payable is exactly 1/11th of the total price, either a statement similar to „the total price includes GST”, or the GST amount.
  8. if more than $1,000, the name of the recipient and either the address or the ABN of the recipient.

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**Fee Collection/Payment Procedure**

**Quality Area Procedure: Leadership**

**Ratified by: Approved Provider**

**Coordinating Responsibility: Nominated Supervisor**

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**Legislation & Support Documentation**

The Service Fees Collection/Payment Procedure is required to manage the payment of debtor’s accounts within a reasonable time to ensure a quality service that is sustainable.

Parents who have accounts need to be reminded to pay within the agreed timeframe.

The Fees Collection Procedure should be implemented in a fair and equitable manner.

**Principle: 1 Objectives**

- Prevent or minimise the likelihood of non-payment of accounts by parents;
- Identify appropriate action required to recover outstanding monies, as payments become overdue.
Principle: 2  Designated Credit Period & Prevention Outstanding Debts

2.1 **Responsibilities:**
It is the Nominated Supervisor’s responsibility to ensure that parent statements are issued at least every 14 days. All outstanding invoices are followed up with parents. This will include sending statements of overdue accounts; follow up phone calls and letters as required.

2.2 **Record Keeping:**
The Nominated Supervisor or delegate will keep all records of overdue accounts. A record of all contact with clients to recover overdue funds will be maintained in an “Outstanding Fees Recovery Record” sheet. These records will include statements, letters, phone calls, payment plans, etc.

2.3 **Preventative Measures:**
Reasonable steps must be taken by the Nominated Supervisor or delegate to ensure that the parents are informed of the services fee structure, terms of payment, adequate notice of expected increases in fees and are notified of outstanding amounts to facilitate payment (e.g. Direct Debit). The Nominated Supervisor or delegate may decide to put into place a bond or fees in advance system of payment to ensure that payment is received for services in a timely manner.

Principle: 3  Designated Payment Period

3.1 **Designated Payment Period:**
The preferred Fees Payment Policy is for fees to be paid in advance.

The Designated Payment Period is the day/days the fees should be paid by in light of the criteria below:-

- **Booked attendances** payment is to be made at least one week in advance (i.e. the Friday before the week that care is provided). If payment is not received by the required in-advance date the casual fee rates will apply. Missed hours of attendance due to pupil free days are recovered over the given year due to the additional hours offered daily (Kindergarten Funding Guidelines only require kindergartens and pre-preps to offer 600 hours, our centres operate beyond these guidelines). Public holidays are not required to be recovered under KFG. Therefore, as additional hours have been provided throughout the year in addition to designated KFG guidelines, families will be required to pay for both public holidays and pupil free days.

- **Casual attendances/occasional care** payment is to be collected on the day the care is provided (i.e. for long day care and before school care – when the child is dropped off, for after school care – when the child is picked up). An increase in the booked fee rates should be considered for casual attendances.

3.2 Authorisation by the Principal or Diocesan Coordinator Early Learning & Care to operate outside this procedure is required. This authorisation will be reviewed at the end of each quarter (e.g. at the end of each school term). The payment period can be up to a maximum of 14 days.

3.3 All parents must abide by the designated payment period unless other terms are negotiated with the approval of the Principal or Diocesan Coordinator ELC (e.g. a fee payment plan arranging periodical instalments).

3.4 An account becomes overdue if it is not paid within the designated payment period.
Principle: 4  Managing Overdue Accounts

When reviewing overdue accounts for each stage of action, consider any special circumstances before proceeding, such as a child at risk of harm or neglect, a family financial hardship etc. (Support is available in these circumstances via Health Care Card Subsidy – government determines financial hardship)

All amounts overdue (i.e. exceeding the relevant credit period) shall be managed as follows:

4.1  Stage 1: Within 7 days
Within 7 days of a debt being deemed overdue, the parents shall be contacted informally (e.g. face to face or by phone) to allow for the identification of any issues causing the outstanding debt. If there are circumstances that are preventing the parents from paying, the Nominated Supervisor or delegate must discuss the situation, the service’s option and if a payment period extension (see below) is appropriate or if a payment plan is necessary. An account reminder will be issued with the next statement (e.g. highlighted amounts and attention stickers).

4.2  Stage 2: More than 14 days
Where payment has not been received within 14 days after the relevant payment period or a payment plan has been breached, a polite reminder letter with a statement of account will be sent to the parents requesting the payment of all outstanding monies highlighted as “FINAL REMINDER - PAYMENT DUE NOW”.

4.3  Stage 3: More than 21 days
Where payment has not been received within 21 days of the relevant payment period expiring, the parents must be advised by letter, with a statement of their account, that care may cease to be provided until payment has been received. The parents must also be advised that if payment in full is not received by the service within 7 days from the date of the letter, formal recovery action may be instigated. This must be formally documented and forwarded to the respective parents. The Principal and/or the Diocesan Coordinator ELC are to be advised if a child’s care is to be suspended.

4.4  Stage 4: Within 30 days;
Where payment has not been received within 30 days of the expiration of the relevant payment period, formal recovery action may be instigated in consultation with the Diocesan Coordinator ELC. The Nominated Supervisor and the Diocesan Coordinator may decide to cease providing care to that family. The Diocesan Coordinator ELC will notify the parent of the decision made, by a Suspension Letter.

Principle: 5  Payment Period Extension

5.1  The Diocesan Coordinator ELC as advised by the Assistant Director Administration & Finance/Schools has the discretion to grant a payment period extension to a family. In considering any extension, the following will be taken into account:
• The length of time the family has using the service;
• Past payment record (if applicable);
• Relations with the parents/guardians;
• The likelihood that the parents/guardians will pay (if attainable);
• The reasonableness of the requested payment period extension.
• Negotiated Payment Plan
• Outstanding fee practices of school should be consulted (if applicable).

Payment Period extensions must be documented and reviewed by the on a regular basis, taking into account the criteria above.
Glossary of Terms

This glossary of terms has been included as a guide to the National Quality Framework process.

**Approved learning Framework:** a guide to general goals or outcomes for children’s learning and how they might be attained. It provides a scaffold to assist settings to develop their own, more detailed program. This includes the early Years Learning Framework, Belonging, Being and Becoming, and the Framework for School Age Care, My Time, Our Place (Early Years Learning Framework, p. 46).

**Assessment:** “refers to the process of gathering and analyzing information as evidence about what children know, can do and understand. It is part of an ongoing cycle that includes planning, documenting and evaluating children’s learning” (Early Years Learning Framework, p. 17).

**Authorised Officer:** This is the person who will come to your service and assess against the National Quality Standards. This role may also be referred to as an Assessor.

**Certified Supervisor:** means a person who holds a supervisor certificate, who meets the conditions of the National Regulations (Guide to the National Quality Standard, p. 202).

**Collaboration:** involves working together cooperatively towards common goals. Collaboration is achieved through information sharing, joint planning and the development of common understandings and objectives (My Time, Our Place, p. 41).

**Communities:** social or cultural groups or networks that share a common purpose, heritage, rights and responsibilities and/or other bonds. ‘Communities’ is used variously to refer, for example, to the community within school age or early childhood education and care services, extended kinships, the local geographic community and broader Australian society (Early Years Learning Framework, p. 45).

**Critical reflection:** reflective practices that focus on implications for equity and social justice. It involves examining and analyzing events, experiences and practices from a range of perspectives to inform future planning and decision-making.

**Curriculum:** means ‘all the interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children’s learning and development’ [adapted from Te Whariki] (Early Years Learning Framework, p. 45).

**Documentation:** describes the process of gathering and reflecting on information in a range of ways and from a variety of sources in order to develop understanding of children’s learning experiences as well as possible ways these can be enhanced. Documentation methods include written and photographic observations, audio and/or videotaped sequences, collections of examples of children’s work and educators and families reflections and input (Assessment in the Early Years, p. 54).

**Educators:** the term used to refer to practitioners whose primary function is to plan and implement programs that support children’s wellbeing, development and learning. In school age care services, educators are employed ‘before and after’ school and during vacation periods (My Time, Our Place, p. 42).

**Evaluation:** part of an ongoing cycle that includes planning documenting and evaluating children’s wellbeing, development and learning. Educators gather knowledge about children as they reflect and engage in processes such as scanning, monitoring, gathering and analyzing information about how children feel and what children know, can do and understand (My Time, Our Place, p. 16).

**Learning:** a natural process of exploration that children engage in from birth as they expand their intellectual, physical, social, emotional and creative capacities. Life-long learning is
acknowledged as a self-motivated process that extends intellectual, vocational and personal horizons which is continued throughout life (Early Years Learning Framework, p. 46).

**National Quality Framework (NQF):** refers to the overall quality framework, the national legislative framework and the National Quality Standard.

**National Quality Standard (NQS):** sets a new national benchmark for the quality of education and care services (ACECQA [www.acecqa.gov.au](http://www.acecqa.gov.au)).

**Nominated Supervisor:** in relation to an education and care service, means a person who: is a certified supervisor; is nominated by the approved provider of the service to be the nominated supervisor and has consented to that nomination, who also meets the conditions of the National Regulations (Guide to the National Quality Standard, p. 203).

**Outcome:** a skill, knowledge or disposition that educators can actively promote in education and care settings, in collaboration with children and families (Early Years Learning Framework, p. 46).

**Pedagogy:** educators’ professional practice, especially those aspects that involve building and nurturing relationships, program decision-making, teaching and learning (Early Years Learning Framework, p. 46).

**Philosophy:** is a statement of a service’s beliefs, values and intentions in relation to their service. The Approved Provider of an education and care service must ensure that a philosophy is in place. It is designed to guide the operation of the service and must be available to the educators of the service and parents of children attending the service in accordance with the National Regulations (Guide to the National Quality Standard p. 204).

**Practice:** The principles of early childhood pedagogy underpin practice. Educators draw on a rich repertoire of pedagogical practices to promote children’s learning (Early Years Learning Framework, p. 14).

**Principle:** is an attitude or belief that underpins practice that is focused on assisting all children to make progress in relation to the Learning Outcomes (Early Years Learning Framework, p. 14).

**Program:** includes all the spontaneous and planned experiences for children at the service designed to support wellbeing and facilitate learning. It includes all the interactions, experiences, activities, routines and events (My Time, Our Place, p. 42).

**Quality Improvement Plan (QIP):** is based on what services could do as part of the continuous improvement process, and is a written document detailing areas of strength and areas for improvement.

**Relationship:** is a connection based on interactions that further children’s wellbeing, learning and development. Both the adult and the child have intent to learn from each other (My Time, Our Place, p. 42).

**Risk Management:** the process of identifying and assessing possible risks and developing strategies to prevent, minimise or deal with the impact of risks for your service or scheme.

**Secure:** a child having a connection with someone who they can trust to meet their needs. Confidence that the world is a safe place and that relating to others is satisfying.

**Wellbeing:** a state of wellbeing results from the satisfaction of basic needs – tenderness and affection; security and clarity; social recognition; to feel competent; physical needs (adapted from Laevers 1994). It includes happiness and satisfaction, effective social functioning and the dispositions of optimism, openness, curiosity and resilience (Early Years Learning Framework, p. 46).