Child Safe Environment

National Law: Section 165, 167, 174

National Regulations: Regulation 77, 81-83, 89, 99, 100-102, 158-59, 166, 168, 176

National Quality Framework: Standard 2.3, 7.1

Policy Statement

Child care professionals and families share a common goal to provide positive outcomes for children. Partnerships between stakeholders are characterised by communication and consultation between children, families, educators and management. Each partnership is unique and is dependent upon the specific needs, interests and communication styles of the participants.

When families, educators and management work together and communicate openly, the transition of the child and their family into the service is positive and meaningful. Having extensive knowledge of each child and their family can assist educators to develop strategies that are consistent with home, reflect common values and provide learning opportunities.

- The service recognises that the individual needs of children are important factors in their development and overall wellbeing and safety.
- The service understands that the individual needs of children can, at times, affect their play and learning, which affects how educators plan for children's experiences.
- The service is committed to maintaining positive lines of communication when collaborating with children, families, educators and external agencies to meet the individual needs of children.
- It is understood by educators, children and families that there is a shared responsibility between the service and other stakeholders that the Supporting Children's Individual Needs Policy is accepted as a high priority.

Strategies and Practices

Individual Health Needs

The service along with educators and management are committed to providing the very best of service to each child and their family. We wish to work with families in the care of each child in the service and to meet this goal we must look closely at the individual needs of every child.

For example a need can include

- a medical condition, such as asthma, diabetes or Attention-Deficit Hyperactivity Disorder.
- an allergy, such as bee stings or hay fever.
- a food allergy, such as nuts or lactose.

For each of these individual needs a *medical management plan* must be completed.

Supervision

All children within the service will be adequately supervised at all times. Adequate supervision means that an educator can respond immediately including when children are distressed or in a hazardous situation.

Effective supervision means that educators are actively involved with children. It is not the intention that educators merely 'stand back and watch'

Principles of Active Supervision

Supervision is one of the most important care giving strategies and skills educators are required to develop and master. Active supervision is a combination of listening to and watching children play, being aware of the environment and its potential risks, the weather conditions, the time of day, managing small and large groups of children, and an understanding of child development including theories about how children play.

It is also crucial that educators are aware of the different ages, personalities, behaviours and characteristics of the children in their care. How children interact, communicate and play with one another is dependent on educators building relationships with children to learn about who they are, how they react in certain situations and discover their interests. These are vital skills to develop as they assist educators to predict children's play patterns, which affect how educators plan and establish

environments and coordinate supervision strategies to maximise children's safety and ability to play free from harm or injury.

Positioning of Educators in the Environment

When supervising children educators need to consider how they position themselves both in the outdoor and indoor environment. Educators need to consider

- Do I have my back to any of the group?
- Are new or high risk experiences being introduced and where will I stand/sit during these experiences?
- Is there a student/volunteer to be considered?

Use your senses, keeping your eyes and ears open all the time. Remember you are here for the children.

Scanning the Environment and Knowing the Number of Children

- Scanning is vitally important when supervising children. Educators are required to regularly scan when children are sleeping, especially outdoors and babies in cot rooms and regular checking of older children in outside school hours care who may not be being directly supervised.
- Educators need to develop a system of regular head counts marking each child's arrival and departure to ensure that they are fully aware of where each child is at all times.
- Educators should also have a list of people who are authorised to pick up each child from the service and information regarding those people not allowed to collect a child. Educators need to ensure that this documentation remain confidential.

Listening when children play

Listening is also important. Educators need to be aware of children and the noises they make. For example

- water splashing
- crying
- choking or gasping
- offensive or aggressive language
- silence

Setting up the environment

During playground set-up please be aware where children will be and how they will use the equipment for supervision. Grouping equipment together such as easels and water troughs makes supervision much easier.

Knowledge of the Children in Care and Understanding How Groups of Children Interact and Play Together.

- Educators need to be conscious of the age groups being supervised. Observing children's play and anticipating what may happen next will assist children when difficult situations arise and to intervene where there is potential danger to children.
- Children with early signs of illness or atypical behaviours should be monitored closely. This is extremely important when supervising children with known medical conditions.
- Keep children's developmental records up to date so that as educators you are aware of a child's capabilities and the appropriate level of challenge that can be made to the playground to enhance their development.

Transitioning Groups of Children

Supervision during transitions is vitally important and often complex. There may be many things needing to be ready and **organisation** is the key. Educators need to reflect

- When and where are children transitioned throughout the day?
- What can be organised early so children are not left waiting?
- Are there potential risks when transitioning children?
- How can the service develop risk management strategies to eliminate or reduce the potential risks? For example transitioning children from the parked car or bus to the service's entrance.

Delivery and Collection of Children

A child may only leave the service if

- a parent or nominee collect the child
- a parent or authorised nominee provides written authorisation for a 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.

The service notes that there are occasions where a parent may be aged younger than 16 therefore an authorised nominee is not restricted by age for the purpose of collecting children. However should the service deem that the authorised nominee places a child at risk we may refuse to allow the child to be collected by that person.

Excursions

A risk assessment will be conducted before an excursion takes place. This risk management process will include

- proposed route and destination
- water hazards
- method of transport
- number of children and adults involved to provide adequate supervision
- the proposed activities
- length of time on the excursion
- items that will be required to be taken and who will be responsible for them
- who will be the Certified Supervisor in charge

Healthy Eating

Educators should sit and eat with the children, rather than standing back and supervising. This is a wonderful time for informal conversation between children and educators on nutrition, meal experiences of families of various cultures and general chat.

Most 3-4 year old children are capable of running the entire meal time by themselves and really enjoy doing so. You need to take time to do so and introduce the routine small steps at a time building new skills in during the year. Tasks that may be performed at this time could be

- Setting up tables
- Serving meals
- Pouring and serving drinks
- Collecting used implements
- Wiping tables and chairs
- Rinsing off dishes in a container of water
- Putting dishes in the racks to go straight in the dishwasher

Play and Learning Experiences

Resources in all areas should be kept plentiful and stored well for easy access. They should be attractive and in good repair. New items will be purchased periodically. A stimulating program requires creativity of ideas from educators and children. The program should try to look at familiar activities in new ways e.g. vary the time, presentation, location or add new pieces of equipment.

Animals and Domestic Pets

Within the service there may be occasions when pets are invited or perhaps attend your service uninvited. During these times it is important to quickly think about the risks to yourself and the children and take appropriate action.

Invited Pets: Such as family pets, cats, dogs, birds, guinea pigs all provide a wealth of opportunities for learning with the service however consideration still needs to be given to how long the animal will stay, where it will reside at the service, who will be responsible for its primary care and the cleanup of faeces.

Uninvited Pets: Such as spiders, snakes, injured animals or bats may also generate lots of discussion and learning however greater caution is required. Morning and afternoon checks are vital to identifying animals that may need to be removed before the children begin their day. At all times the children's safety is paramount. Educators need to discuss with children that spiders / snakes / injured animals should be handled by an adult.

If an unwanted visitor has dropped by then

- Remove children to a safe location.
- Inform a Certified Supervisor so contact can be made with the appropriate services to remove the animal.
- Should a staff member need to physically move a snake due to further risk then they should use a long handled object such as a rake or broom. Do not hit the snake as a hurt, panicked snake is a dangerous animal and will strike out to defend itself.
 Snakes tend to move away from hose spray or tapping its tail or the ground just to make it uncomfortable to move away.
- Keeping an awareness of where the snake is and calling a snake catcher is the first preference.

http://www.snakegetters.com

First Aid Kits

The service will provide a first aid kit that is easily recognisable and accessible. These shall be checked and stocked every 3 months.

Rest and Sleep

Children's individual rest habits will be respected and catered for.

- Educators will ensure that children are made as comfortable and soothed as possible for rest time. Soft music may be played, children will be given their own bedding and if they choose may have a soft toy or comforter.
- Children are not forced to have a sleep, and children who are known to require less sleep will be given an opportunity for quiet activities after a specific rest time.
- Children will be allowed to sleep for as long as they wish and are comforted and attended in a soothing manner when they awake.

Supervision of Resting Children

- All children who are resting will be supervised by educators.
- Students or volunteers will not be left unsupervised when settling children for rest.
- All children who have fallen asleep in the service will be monitored regularly with specific attention to breathing patterns.
- Supervision ratios will be maintained during the designated rest period.

The service regularly checks the rest environments of all children and observes the following

- the position of the child's body on their bed
- each child's breathing rate
- the arrangement of bed linen
- the environment (e.g. monitoring the temperature)

Settling Children for Rest

The techniques and strategies for settling a child /children for rest may reflect the

- Individual needs of the child or group of children.
- Parenting beliefs and values of families accessing the service.
- Professional philosophy, knowledge and experience of educators.
- Cultural and religious practices.
- Frequency of days that the child attends care.
- Circumstances or events happening at home.
- Consistency of practices between home and care.
- Child's general health and well being.
- Status or condition of the rest environment.
- Use of comforters or resting aids (including dummies and security blankets)

When considering settling procedures for resting children, it is important for educators to

- Meet the individual needs of children.
- Maintain health and safety practices.
- Minimise any distress or discomfort.
- Acknowledge children's emotions, feelings and fears.
- Avoid using settling and resting practices as a behaviour guidance strategy because the child begins to relate the rest environment, which should be calm and secure, as a disciplinary setting.
- Understand that young children settle confidently when they have formed bonds with familiar and trusted educators.

Toileting

Children's toileting independence should be encouraged when using the toilet. Children are to be offered frequent opportunities for toileting particularly after meal times and sleep periods.

No child will be spoken to harshly, yelled at or belittled because they have had an accident. This will be seen as an opportunity for learning. Some children will become very emotional over their accidents and frustrated with toilet training. It may help to say things like "That tricky poo! It wouldn't wait until we made it to the toilet. See if we can catch it next time." Children must be handled with dignity as they are cleaned up and their clothing changed. Toileting should become part of the routine and should be a positive experience. When toileting is fun and relaxed, children are more likely to learn more quickly and be proud of their achievements. Under no circumstance should a child be made to sit on the toilet against their will.

Correct use of the bathroom should be shown to children as just like other areas of the service the bathroom has rules and guidelines for children. The service will teach these rules, displaying photos of children following the steps of using the bathroom appropriately. Other rules to follow will be

- Use an appropriate voice in the bathroom.
- Use appropriate body movements no running.
- Boys should be shown how to lift the seat and how to replace it after use.
- Explain what happens if a child has had an accident.
- Encourage children to flush.
- Encourage them to check supplies and let a teacher know.
- Explain the importance of turning off the taps.
- Explain how to wash and dry our hands.
- Praise positive efforts made by individuals for any successful attempt.

Nappy Changing

For infants the nappy changing time is a good opportunity for warm interactions between educators and children. Please use this time to enhance interactions with the child.

Toilet Training

Toilet training is an area where many parents can feel unsure. The service educators will have regular chats with particular families to provide continuity for the child. Keeping daily nappy charts of both nappy changing and toileting will allow parents to know of the child's toileting habits through the day at the service. Lots of reassurance and positive reinforcement for the child and showing parents an understanding of the children's needs will help all concerned during this process.

Some signs that a child may be ready for toilet training:

- Can sit still for longer than 2 minutes.
- Is of an age where it is reasonable to expect that they may have some control- e.g. over the age of two for bladder control.
- Can understand simple instructions or simple words or signs.
- Stays dry for 1-2 hours at a time.
- Does a reasonable sized wee each time.
- Appears to dislike being wet.
- Indicates to you that they are or needs to do a wee.

Nose Wiping

For most children nose wiping can be an uncomfortable feeling. Please encourage independent nose blowing. Young children will require assistance and we encourage educators to use this time as a good opportunity for warm interactions between educators and children.

Poisonous Plants

There are a wide range of garden plants that are considered harmful when consumed. Small children are often at greater risk from coloured berries, petals and leaves that look succulent. Children are naturally inquisitive about such things and while we encourage children to explore their environment, we ensure their safety.

The service will ensure that all plants are assessed by a horticulturalist or correctly identified from a nursery supplier and deemed non-poisonous before coming into the service. A plant log will be maintained with the workplace health and safety material.

- It must never be assumed that because a plant or seed is being eaten by wildlife that it is non-poisonous.
- Teach children never to put leaves, stems, seeds, nuts or berries into their mouths.
- The Poisons information phone number will be clearly displayed in the service office.

Poisoning by Plants

- Poisoning from plants can occur from ingesting, inhalation or direct contact.
- Symptoms from ingestion include gastroenteritis, diarrhoea, vomiting, nervous systems and in serious cases respiratory and cardiac distress.
- Poisoning by inhalation of pollen, dust fumes from burning plants can cause symptom similar to hay fever or asthma.
- Contact poisoning on the skin or in the eyes can occur from direct contact with saps, fine hairs or burrs. This can cause swelling of the skin, rashes or blistering.

Tobacco, Drug and Alcohol Free Environment

A smoke free environment policy is vital because children model adult behaviour (*Cancer Council QLD*, 2004). Children are prone to the harmful effects of environmental tobacco smoke because

- Their lungs and body weight are small so the dangerous substances in smoke are more harmful.
- Children are not always able to move away from a smoker as adults are able to.

Educators, staff and volunteers must not consume alcohol or drugs (including prescription drugs) or smoke in any enclosed areas utilised by the Service.

- Educators who require prescription medication should not be discriminated against if the medication does not affect the person's capacity to provide education and care to children.
- Employees who wish to smoke during work hours may do so outside the workplace and in their scheduled lunch break or approved breaks.
- It is illegal to provide smoking or tobacco products to persons under the age of 18.
- Parents, family members or relatives of children enrolled at the service will not be permitted to smoke on the premises.

Communication with Different Stakeholders

Children

Children can contribute to the program in so many ways their ideas and thoughts need to be documented and put into practice within their day.

Families

The service uses a variety of methods to communicate with parents about their child's learning within the service they include

- Orientation
- 'What we did today' sheets
- Communication books
- Noticeboards
- Newsletters

Educators receive communication via

- Newsletters
- Employee appraisals
- Professional development

Management

Educators

Will keep in touch with the service via

- Telephone
- Email
- Fax
- Service visits
- Weekly reports

- Eating/sleeping charts
- Parent information nights
- Parent teacher interviews
- Service video with a typical day playing
- Computer slide shows
- Informal and Formal meetings
- Memos/Noticeboards
- Orientation

Sources and Further Reading



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