TheirCare
Where Kids love to be!

Welcome to TheirCare

Educator Induction Module

TheirCare
Where Kids love to be!

Acknowledgement of Country

Our meeting is being held on the lands of various Traditional Owner's people and I wish to acknowledge them as Traditional Owners.

I would also like to pay my respects to their Elders, past and present, and Aboriginal Elders of other communities who may be here today.

TheirCare – Philosophy and values

Philosophy & Values

TheirCare Philosophy

At *TheirCare* we pride ourselves on providing a Safe, Stimulating, Nurturing and Caring environment. *TheirCare's* purpose is to incorporate the needs, interests and learning development of children whilst in our care to ensure all children and families have a sense of **Belonging**.

Safety

Decisions and action are established around safety

Education

Children learn and experience something new every day

Nurturing

Children have a sense of belonging and trust

Stimulating

We motivate and encourage children to be and do their best

Empathy

Every child is important

TheirCare
Where Kids love to be!

Delivering on our Promises to School & Communities

TheirCare Principles

In addition to SENSE we everyone in the organisation contributes to these principles:

Fun

Every child, family, educator or member of the school community should walk into the service and have fun.

Engaging

Do children & families want to be at the service?

Presentation

What do families see/feel when they enter a service or interact with TheirCare.

TheirCare
Where Kids love to be!

Delivering on our Promises to School & Communities

TheirCare Principles

In addition to SENSE we everyone in the organisation contributes to these principles:

Relationships

Collaborative partnerships with families, schools and communities

Compliance

We aim to meet and exceed the National Regulations, Laws and the National Quality Standards

Utilisation

How can we get more families to join the fun we have at OSHC / Holiday Programs. More Children = More Fun ☺

TheirCare
Where Kids love to be!

What We Do!

We offer four different types of care for families at our services.

Before School Care

- Between 6:30am – 9:00am*

After School Care

- Between 2:15pm – 6:30pm*

Holiday Programs

- Full day of care
- Excursion Days, Incursion Days, In-House Days

Pupil Free Days

- Full Day of care
- During the school term (e.g. curriculum days)

TheirCare
Where Kids love to be!

What Happens at OSHC?

TheirCare
for your kids, for you

Roles & Responsibilities!

These are the different roles you will see in our services:

Area Managers

- Manage a region of up to 12 services
- Ensures safety & compliance is met
- Reports in to Senior Operations Manager

Mentor Coordinators

- Identified leaders of a region
- Are experienced Coordinators
- Supports the Area Manager in supporting staff

Coordinators

- Dedicated managers of a service
- Experience in child-care or OSHC
- Educational Leader of the program

2IC Educators

- Second in Charge in services with larger services
- Supports Coordinator with administration
- Working towards becoming a Coordinator

Educators

- Make up largest part of the team
- Priority is engaging with the children
- Helps to run the program

TheirCare
Where Kids love to be!

Staff Uniform

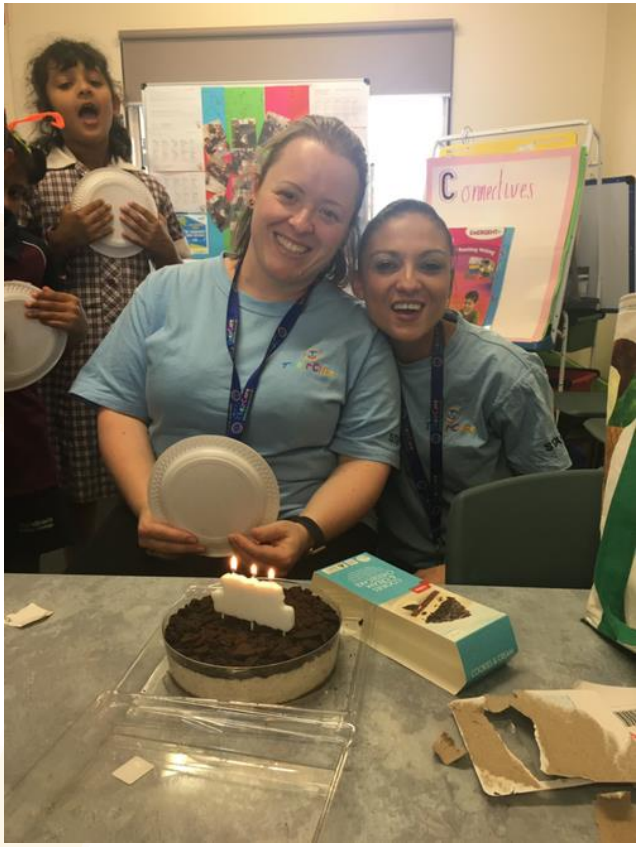
New team members are provided with:

- 1 x T-Shirt
- 1 x Zip-Up Jacket
- 1 x Bucket Hat (must be worn in terms 1 & 4)
- 1 x Lanyard and ID tag

Extra uniform items can be purchased through our uniform shop: https://theircare-staff-uniforms.myshopify.com/password

Acceptable Work Attire:

- ¾ or Full length trousers or pants
  - Leggings/Activewear must be of a thick material that does not go see-through when stretched
- Skirts/shorts must come to knee length
- Closed toe shoes only and must be appropriate for actively engaging in high energy activities
- Full TheirCare uniform (as above)



TheirCare
Where Kids love to be!

Compliance Portal

Educator Compliance

TheirCare have implemented a portal to maintain educator compliance.

TheirCare mandate all educators to have the following qualifications:

- Employee Working with Children's Check
- Copy of your completed Qualification **OR**
- Evidence of enrolment in your course (must be dated with the last 3 months)
- HLTAID012 First Aid in an Educational Care Setting
- Child Protection Training (completed through Department of Education website)
- Food Handlers Course (WA staff only)

All certificates must be uploaded to the Compliance Portal prior to educators being invited to the rostering system- Deputy.

- ***A physical copy of your records should be with you to take to any service you attend.***

If you have any questions about your compliance documents, email staffrecords@theircare.com.au

TheirCare
Where Kids love to be!

Rosters

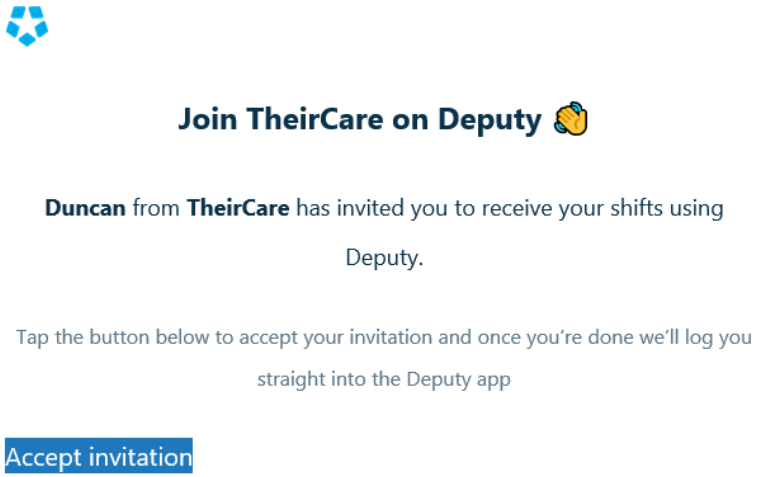
Shifts, Unavailability, Pay-Day

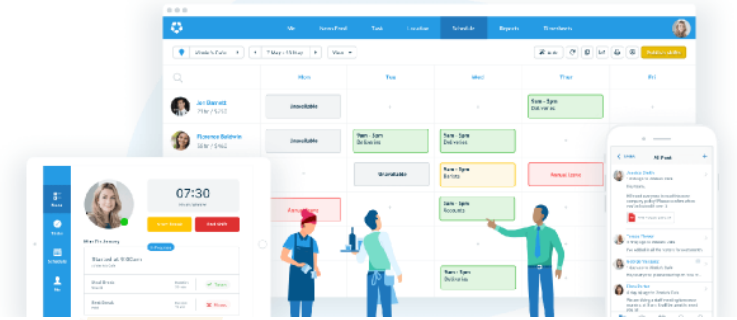
Rosters are published through Deputy. Staff will need to download the app to access their roster

- Most rosters published 1 week in advance
- Open shifts published when numbers go up and extra staff are needed

When you get invited to Deputy:

- Check to make sure your information is correct
- Add in unavailability/days you can't work
- Make sure you have notifications on

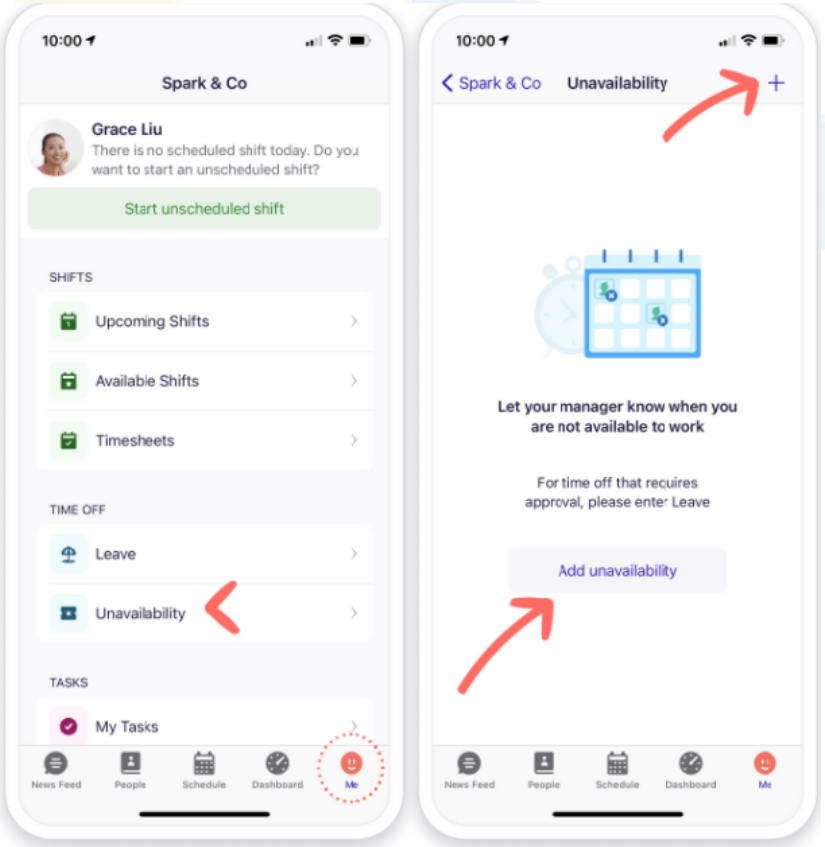


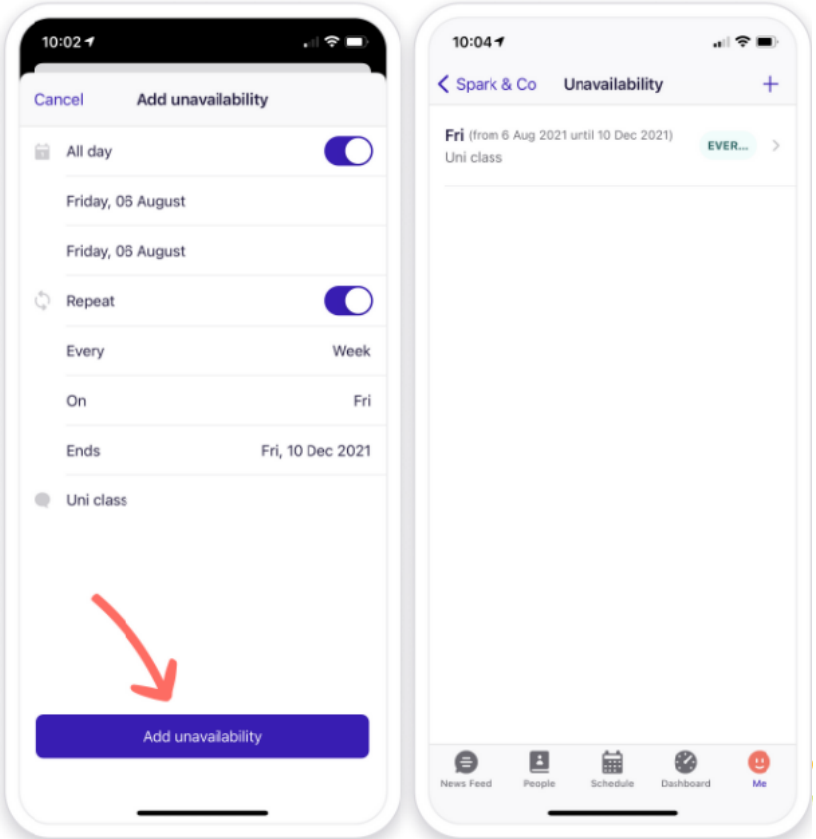


Rosters

Unavailability/Leave

- It is the staff members responsibility to add in & maintain their unavailability in Deputy
- If there is no unavailability in Deputy, it is assumed you are available to work
- Maintain unavailability at least 3 weeks ahead

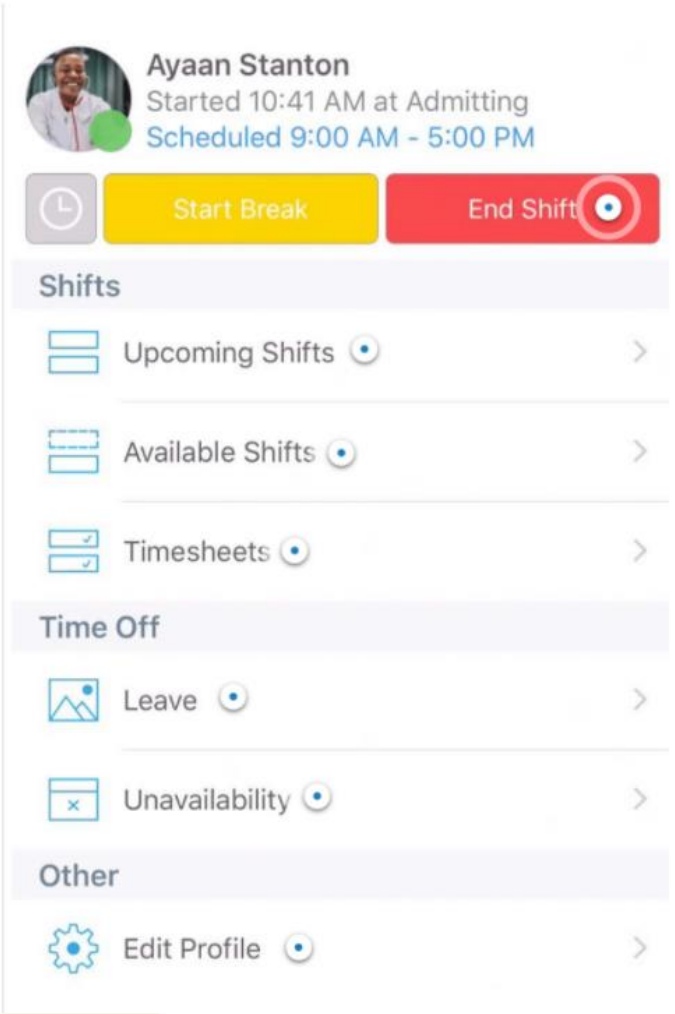




Rosters

Clocking In/Out

- All staff clock in/out of their shifts via the Deputy app
- When you arrive for work, your profile will show “Start Shift” press this to start your shift
- While on shift if you have a break (mostly during holiday program) click start break then end break
- At the end of your shift click “End Shift” and it will automatically generate your timesheet



Rosters

Cancelling a Shift

What if I'm unable to make my shift?

In the event that you are unable to attend your shift you must inform your manager *no later than*:

- BSC Shifts: 2:30 pm the day before the shift
- ASC Shifts: 10:00 am the day of the shift
- Holiday Program Shifts: 2:30 pm the day before the shift

The more notice we have the more time we have to find a replacement for your shift

Who Do I Contact?

- Educators & 2ICs: need to contact the Coordinator of the service your shift is rostered at
- Coordinators & Mentors: need to contact your Area Manager

TheirCare
Where Kids love to be!

Payroll

Payroll is processed fortnightly on a Wednesday.

Payslips are emailed to your personal email the same day.

Any payroll queries or changes to your payroll details can be directed to Morgan at: info@theircare.com.au

TheirCare
for your kids, for you

Your First Day

Things to remember

Prior to your first shift:

- Check out the TheirCare website
- Know where the school is that your shift is at
- Know where the service is located within the school
- Research about parking/public transport options
- Save the service phone number to your phone
- Email/print out your compliance records to present to the Coordinator
- Have your full uniform ready to go

TheirCare
for your kids, for you

Medical Flags

Session Roll

- Medical Flags are printed with every session roll.
- Sheet be signed off by every educator at the commencement of their shift, to ensure they are aware of children at risk that session.
- Codes are located at the bottom of the roll

CODE	DEFINITION
E	EpiPen needed
M	Medical Condition
A	Asthma
MED	Medication Needed
D	Disability
SD	Special Dietary
NP	Photo Restrictions
T	Transported from another school to care

	Name	Year Level	Codes
44		Grade 3	
45		Grade 3	
46		Grade 1	
47	Justin Bieber	Grade 3	SD
48	Taylor Swift	Grade 2	NP
49	Brad Pitt	Grade 3	A, MED
50		Grade 4	
51		Grade 2	
52		Preparatory	

TheirCare
for your kids, for you

Medical Flags

Flags Page

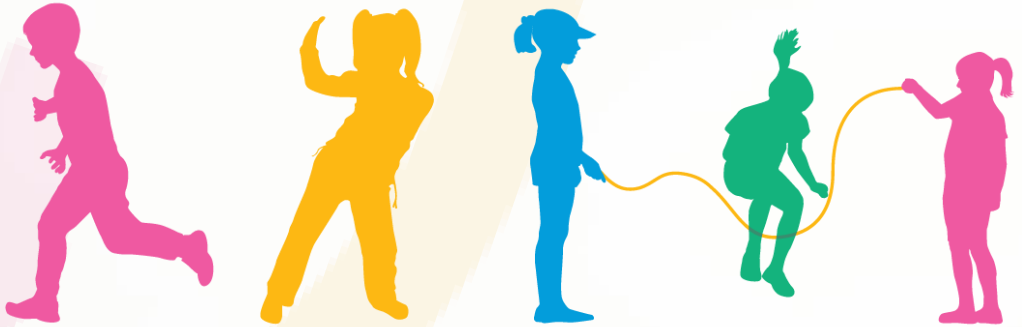
Example of a Flag Page

Name	Codes	Medical Information	Other Information
	Photo Restrictions (NP)		You may NOT photograph to document learning experiences You may NOT photograph for general media You may NOT photograph for social media You may NOT photograph for Internal/External training and marketing.
	Photo Restrictions (NP)		You may NOT photograph for general media You may NOT photograph for social media You may NOT photograph for Internal/External training and marketing.
	Special Dietary Requirements (SD)		**Special Dietary Requirements:** Vegetarian, Egg only
	Asthma (A)	**Asthma Triggers:** Exercise, viral infection	
	Special Dietary Requirements (SD) Photo Restrictions (NP)	**Allergies** Triggers: Peanuts Walnuts Hazelnuts Pecan	**Special Dietary Requirements:** No Pork. As mentioned about allergies. You may NOT photograph to document learning experiences You may NOT photograph for general media You may NOT photograph for social media You may NOT photograph for Internal/External training and marketing.
		Allergies Triggers: 'Ceclor' Antibiotics	
	Disability (D)	**Diagnosed Disabilities:**: Autism Spectrum Disorder	
	Disability (D) Photo Restrictions (NP)	**Diagnosed Disabilities:**: Autism Spectrum Disorder	You may NOT photograph to document learning experiences You may NOT photograph for general media You may NOT photograph for social media You may NOT photograph for Internal/External training and marketing.
	Medical Condition (M) Medication Needed (MED) Special Dietary Requirements (SD) Photo Restrictions (NP)	**Allergies** Triggers: Dustmite and Mosquito Bite **Medical Condition:** MCAD **Medication Needed:** The unwell plan would be shared however it is best to call parents immediately	**Special Dietary Requirements:** No coconut in any form - oil, solid, spread, etc. You may NOT photograph for Internal/External training and marketing.

TheirCare
Where Kids love to be!

TheirCare
Where Kids love to be!

My Time, Our Place



Elements of the Framework

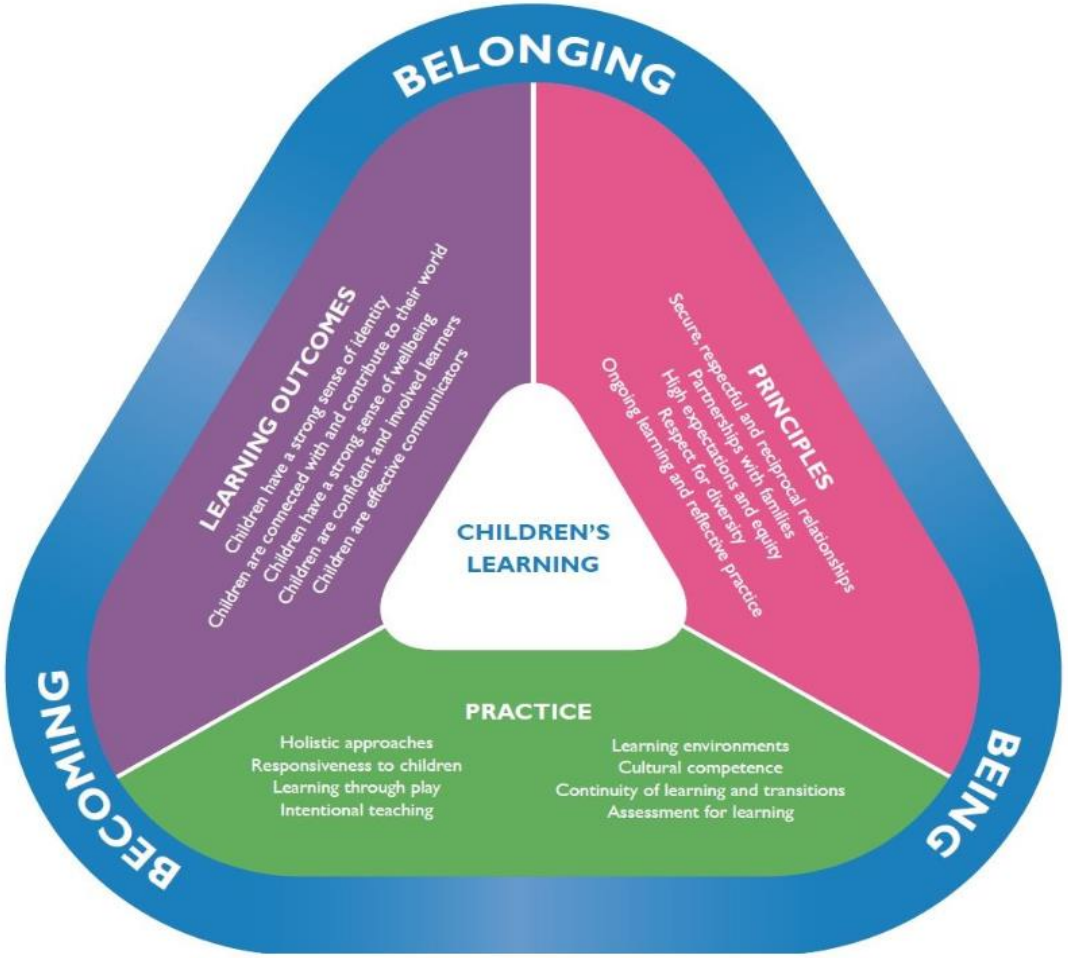
Framework for School Age Care – My Time Our Place

OSHC services work to the My Time Our Place Framework

Three key themes

- Being
- Belonging
- Becoming

Ensures that all our services are child-focused and child-driven



TheirCare
for your kids, for you

5 Learning Outcomes

Framework for School Age Care – My Time Our Place

01

The child have a sense of identity

Children feel safe, secure and supported

Children develop their autonomy, inter-dependence, resilience and sense of agency

Children develop knowledgeable and confident self identities

Children learn to interact in relation to others with care, empathy and respect.

02

Children are connected with and contribute to their world

Children develop a sense of belonging to groups and communities and an understanding of reciprocal rights and responsibilities for active community participation.

Children respond to diversity with respect

Children become aware of fairness

Children become socially responsible and show respect for the environment.

03

Children have a strong sense of wellbeing

Children become strong in their social and emotional wellbeing

Children take increasing responsibility for their own health and physical wellbeing.

TheirCare
Where Kids love to be!

5 Learning Outcomes

Framework for School Age Care – My Time Our Place

04

Children are confident and involved learners

Children develop dispositions such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

Children use a range of skills and processes such as problem solving, inquiry, experimentation, hypothesising, researching and investigating

Children transfer and adapt what they have learned from one context to another.

Children resource their own learning through connecting with people, place, technologies and natural and processed materials.

05

Children are effective communicators

Children interact verbally and non-verbally with others for a range of purposes.

Children engage with a range of texts and gain meaning from these texts.

Children collaborate with other, express ideas and make meaning using a range of media and communication technologies.

TheirCare
Where Kids love to be!

Observations

Documenting Observations

Part of the Planning Cycle is completing child observations

- Staff are asked to complete one observation per shift
- There must be one observation completed (minimum) per child, per term
- Observations help the Coordinator with extensions of activities
- Observations should be connected to the 5 learning outcomes of MTOP

Example of an observation:

Grace sat down next to her friend in block area. "You're my friend, can I play with you". She helped her friend by stacking blocks side by side. "Let's make this a house, we can put the dolls inside" Grace said. Grace continued stacking the blocks. "I like our house" she said when she finished.

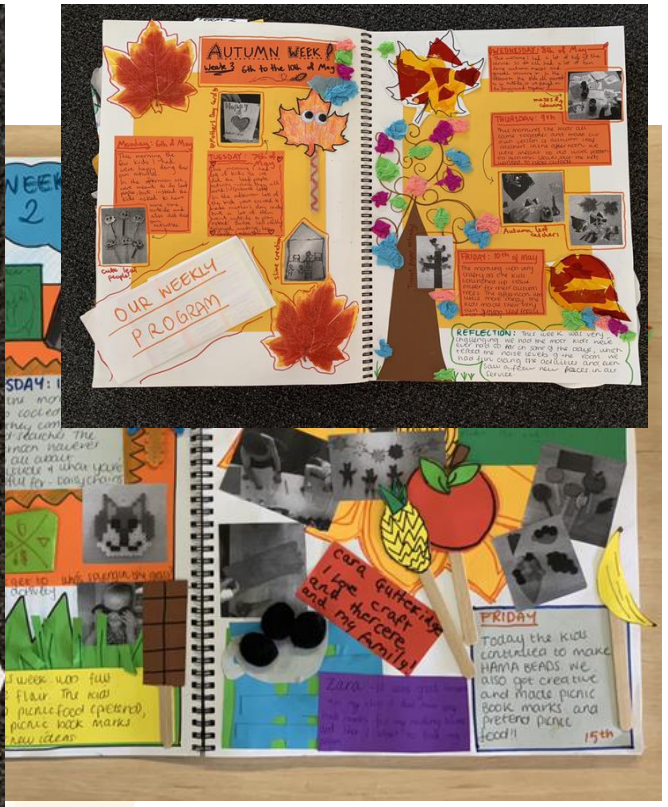
Connecting to MTOP:

Through this observation, it is evident that Grace engages in and contributes to shared play experiences – Grace helped her friend stacking blocks side by side. Grace has also shown that she recognises the contributions she makes to shared experiences – "Let's make a house" "I like our house"

Program Planning

TheirCare
Where Kids love to be!

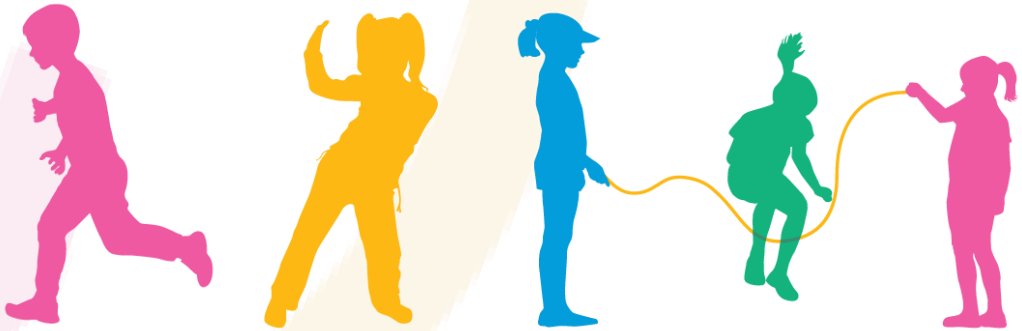
Reflection Journals



TheirCare
for your kids, for you

TheirCare
Where Kids love to be!

Children's Health & Safety



Child Safe Standards

Child Protection & Mandatory Reporting

The purpose of the Child Safe Standards is to ensure that policies are being implemented into daily practice and children's safety is everyone's priority.

In complying with the child safe standards our services must be:

- Promoting the cultural safety of children from culturally and/or linguistically diverse backgrounds including Aboriginal and Torres Strait Islander children
- Promoting the safety of children with a disability.

PROTECT

Protecting children & young people from abuse is our responsibility

TheirCare
Where Kids love to be!

Child Safe Standards

Child Protection & Mandatory Reporting

Standard 1: Strategies to embed an organisational culture of child safety, including though effective leadership arrangements.

Standard 2: A child safe policy or statement of commitment to child safety.

Standard 3: A code of conduct that establishes clear expectations for appropriate behaviour with children.

Standard 4: Screening, supervision, training and other human resource practices that reduce the risk of child abuse by new and existing personnel.

Standard 5: Processes for responding to and reporting suspected child abuse.

Standard 6: Strategies to identify and reduce or remove the risk of child abuse.

Standard 7: Strategies to promote the participation and empowerment of children.

TheirCare
Where Kids love to be!

Child Safe Standards

Child Protection & Mandatory Reporting

Every TheirCare employee has a responsibility to protect the health, safety, welfare and wellbeing of children with whom they are in contact with. Children and educators have the right to feel safe, secure and nurtured in an environment that is free of physical, sexual, psychological, emotional abuse including neglect.

The responsibilities of our staff is to:

- Recognise and respond appropriately to the vulnerabilities, risks and needs of children and young people.
- Actively seek feedback from an authorised agency after making a child protection report and continue to support the child or young person.
- Collaborate in joint investigation and respond to matters involving alleged child sexual assault or serious child abuse or neglect leading to criminal charges.
- Educators with the support of their Area Operation Managers will report any suspicion of child abuse to the appropriate agency.

All TheirCare staff will report any signs, conversations and behaviour that may compromise the health and wellbeing of a child to the necessary authority as per our policies.

TheirCare
Where Kids love to be!

Physical child abuse

Child Protection & Mandatory Reporting

Physical child abuse occurs when a child suffers or is likely to suffer physical harm from a non-accidental injury or injuries inflicted by another person.

BEHAVIOURAL indicators of physical child abuse include (but are not limited to):

- Disclosure of an injury inflicted by someone else (parent, carer or guardian) or an inconstant or unlikely explanation or inability to remember the cause of injury
- Unusual fear of physical contact with adults
- Aggressive behaviour
- Disproportionate reaction to events
- Wearing clothes unsuitable for weather conditions to hide injuries
- Wariness or fear of a parent, carer or guardian
- Reluctance to go home
- No reaction or little emotion displayed when being hurt or threatened
- Habitual absences from school without reasonable explanation
- Overly compliant, shy, withdrawn, passive and uncommunicative
- Unusually nervous, hyperactive, aggressive, disruptive and destructive to self and/or others
- Poor sleeping patterns, fear of the dark or nightmares and regressive behaviour e.g. bed-wetting
- Drug or alcohol misuse, suicidal thoughts or self harm

PHYSICAL indicators of physical child abuse include (but are not limited to):

- Bruises or welts on facial areas and other areas of the body, e.g. back, bottom, legs, arms and inner thighs
- Bruises or welts in unusual configurations, or those that look like the object used to make the injury, e.g. fingerprints, handprints, buckles, iron or teeth
- Burns from boiling water, oil or flames that show the shape of the object used to make them e.g. iron, grill, cigarette
- Fractures of the skull, jaw, nose and limbs (especially those not consistent with the explanation offered or the type of injury possible at the child's age of development.
- Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia
- Bald patches where hair has been pulled out
- Multiple injuries, old and new
- Effects of poisoning
- Internal injuries

Source: Victorian Child Safe Standards, School Guide

TheirCare
Where Kids love to be!

Child sexual abuse

Child Protection & Mandatory Reporting

Child sexual abuse occurs when a person involves a child in sexual acts, or deliberately puts a child in the presence of sexual behaviour that is inappropriate for the child's age and development. Child sexual abuse can involve a range of sexual activity including touching, masturbation, penetration and violation. It also includes exposure through pornography or prostitution as well as grooming.

PHYSICAL indicators of sexual abuse include (but are not limited to):

- Injury to the genital or rectal area, e.g. bruising, bleeding, discharge, inflammation or infection
- Injury to areas of the body such as breasts, buttocks or upper thighs
- Discomfort in urinating or defecating
- Presence of foreign bodies in the vagina and/or rectum
- Sexually-transmitted diseases
- Frequent urinary tract infections
- Pregnancy, especially in very young adolescents
- Anxiety-related illnesses, e.g. anorexia or bulimia

BEHAVIOURAL indicators of sexual abuse include (but are not limited to):

- Disclosure of sexual abuse, either directly (from the alleged victim) or indirectly (by a third person or allusion)
- Persistent and age-inappropriate sexual activity, e.g. excessive masturbation or rubbing genitals against adults
- Drawings or descriptions in stories that are sexually explicit and not age-appropriate
- Fear of home, specific places or particular adults
- Poor/deteriorating relationships with adults and peers
- Poor self-care or personal hygiene
- Complaining of headaches, stomach pains or nausea without physiological basis
- Sleeping difficulties
- Regressive behaviour, e.g. bed-wetting or speech loss
- Depression, self-harm, drug or alcohol abuse, or attempted suicide
- Sudden decline in academic performance, poor memory and concentration
- Engaging in sex work and/or sexual risk-taking behaviour
- Wearing layers of clothing to hide injuries and bruises.

Source: Victorian Child Safe Standards, School Guide

TheirCare
Where Kids love to be!

Emotional child abuse

Child Protection & Mandatory Reporting

Emotional child abuse occurs when a child is repeatedly rejected, isolated or frightened by threats, or by witnessing family violence. It also includes hostility, derogatory name-calling and put-downs, and persistent coldness from a person to the extent that the child suffers, or is likely to suffer, emotional or psychological harm to their physical or developmental health.

BEHAVIOURAL indicators of emotional abuse include (but are not limited to):

- Overly compliant, passive and undemanding behaviour
- Extremely demanding, aggressive and attention-seeking behaviour or anti-social and destructive behaviour
- Low tolerance or frustration
- Poor self-image and low self-esteem
- Unexplained mood swings, depression, self-harm
- Behaviours that are not age-appropriate, e.g. overly adult, or overly infantile
- Exhibits significant delays in gross and fine motor development and coordination
- Poor social and interpersonal skills
- Violent drawings or writing
- Lack of positive social contact with other children.

PHYSICAL indicators of emotional abuse include (but are not limited to):

- Language delay, stuttering or selectively being mute (only speaking with certain people or in certain situations)
- Delays in emotional, mental or physical development

Source: Victorian Child Safe Standards, School Guide

TheirCare
Where Kids love to be!

Neglect

Child Protection & Mandatory Reporting

Neglect is a continual failure to provide a child with necessities of life, such as clothing, food, hygiene, medical attention, shelter and supervision which compromise the child's wellbeing, safety and development.

BEHAVIOURAL indicators of neglect include (but are not limited to):

- Being left with older children or persons who could not reasonably be expected to provide adequate care and protection
- Gorging when food is available or inability to eat when extremely hungry
- Begging for, or stealing food
- Appearing withdrawn, listless, pale and weak
- Aggressive behaviour, irritability
- Little positive interaction with parent, carer or guardian
- Indiscriminate acts of affection and excessive friendliness towards strangers
- Exhibits significant delays in gross and fine motor development and coordination
- Poor, irregular or non-attendance at the service (where regular attendance is expected)
- Refusal or reluctance to go home
- Self-destructive behaviour
- Taking on an adult role of caring for parent.

PHYSICAL indicators of neglect include (but are not limited to):

- Appearing consistently dirty and unwashed
- Being consistently inappropriately dressed for weather conditions
- Being at risk of injury or harm due to consistent lack of adequate supervision from parents
- Being consistently hungry, tired and listless
- Having unattended health problems and lack of routine and medical care
- Having inadequate shelter and unsafe or unsanitary conditions.

Source: Victorian Child Safe Standards, School Guide

TheirCare
Where Kids love to be!

Grooming

Child Protection & Mandatory Reporting

Grooming is when a person engages in predatory conduct to prepare a child for sexual activity at a later time. Grooming can include communicating and/or attempting to befriend or establish a relationship or other emotional connection with the child or their parent/carer.

Sometimes it is hard to see when someone is being groomed until after they have been sexually abused, because some grooming behaviour can look like "normal" caring behaviour.

Examples of grooming behaviours may include:

- Giving gifts or special attention to a child or their parent or carer (this can make a child or their parent feel special or indebted
- Controlling a child (or that child's parents) through threats, force or use of authority (this can make a child or their parent fearful to report unwanted behaviour)
- Making close physical contact or sexual contact, such as inappropriate tickling and wrestling openly or pretending to accidentally expose the victim to nudity, sexual material and sexual acts (this in itself is classified as child sexual abuse but can also be a precursor to physical sexual assault.

Online grooming is a criminal offence and occurs when an adult uses electronic communication (including social media) in a predatory fashion to try to lower a child's inhibitions, or heighten their curiosity regarding sex, with the aim of eventually meeting them in person for the purposes of sexual activity.

BEHAVIOURAL indicators of grooming include (but are not limited to):

- Developing an unusually close connection with an older person
- Displaying mood changes (hyperactive, secretive, hostile, aggressive, impatient, resentful, anxious, withdrawn, depressed)
- Using street/different language; copying the way the new 'friend' may speak; talking about the new 'friend' who does not belong to his/her normal social circle
- Possessing gifts, money and expensive items given by the 'friend'
- Being excessively secretive about their use of communications technologies, including social media
- Being dishonest about where they've been and whom they've been with.

Source: Victorian Child Safe Standards, School Guide

TheirCare
Where Kids love to be!

Awareness of Child Protection Obligations

Child Protection & Mandatory Reporting

Educators awareness

- Educators must be aware of their legal responsibilities.
- Educators must be aware of child protection and the child standards requirements.
- Educators must complete a child protection awareness training session.
- Educators must report any behaviours that indicate child abuse or grooming in particular with team members.
- If uncertain, educators must have discussions with their Area Operation Manager.
- Educators to be aware of the company's implication for not reporting are heavy fines, civil suit and jail time.
- Educators will be asked about their awareness of Child Protection and Mandatory Reporting during visits from DET Authorised Officers.

TheirCare
Where Kids love to be!

Awareness of Child Protection Obligations

Child Protection & Mandatory Reporting

Who to Contact:

Should you be concerned about the safety or wellbeing of a child in our care you must contact:

In every service is a poster with the corresponding state's contact details for reporting suspected abuse/neglect

If unsure about the process ask your Coordinator or Area Manager who can point you in the right direction

VIC: Child First: (03) 9329 4822

NSW: Child Protection Hotline: 13 2111

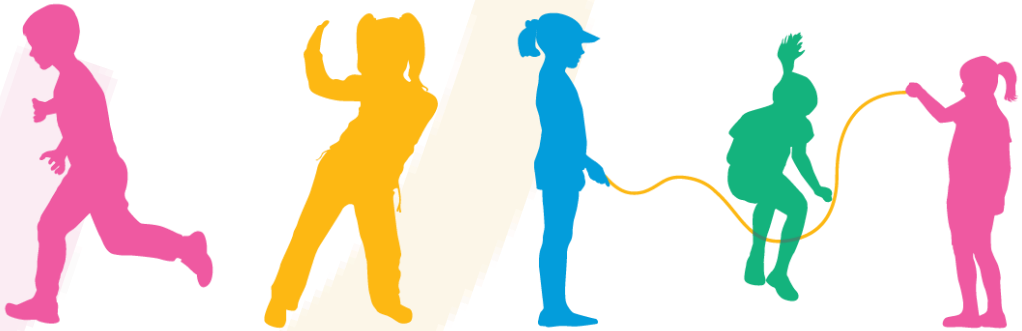
WA: Central Intake Team: 1800 273 889

TheirCare
Where Kids love to be!

TheirCare
Where Kids love to be!

Supervision

Quality Area Two



Supervision

TheirCare has a duty of care to all the children attending the service. Our Educators actively practice a high level of supervision for children in their care.

Actively supervising is a proactive approach to ensure all children are always safe. TheirCare staff should always be aware of their:

- **Positioning** - Educators must be positioned in allocated areas that ensure vision is direct and clear of all barriers
- **Vision** - Educators are to ensure they have line of sight with all the children in our care and without obstruction
- **Headcount** - Headcounts must be conducted every 30 mins (reminder to be set on mobile phone). This is a legal requirement.
- **Engaged** - Actively listen to children discussions and conversations as well as engage and participate in activities while supervising.

TheirCare
Where Kids love to be!

Supervision

- Staff child ratio will be maintained at all times
- High risk areas must be supervised by highly experienced Educators.
- High risk activities must have familiar and experienced Educators.

Ask to see the supervision plan when attending your first shift at a new service

RATIOS:

Standard regulation ratio: 1:15
Low risk excursions: 1:11
High risk excursion: 1:8
Water based excursion: 1:5
Specialist Schools: 1:2

Supervision

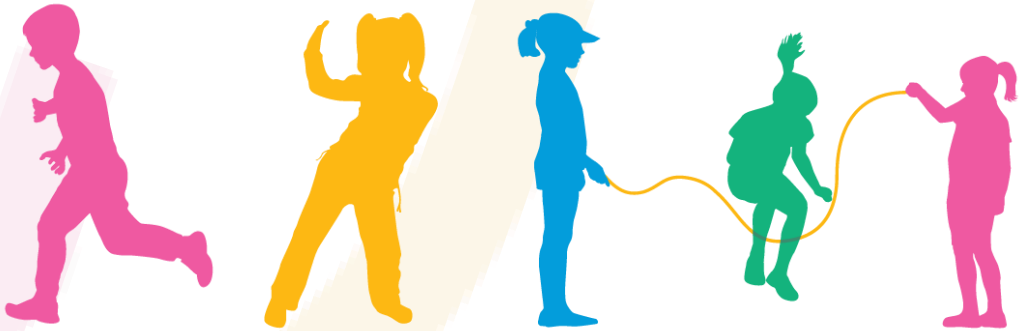
Identifying hazards

TheirCare
for your kids, for you

TheirCare
Where Kids love to be!

Late/non-arrival of children

Quality Area Two

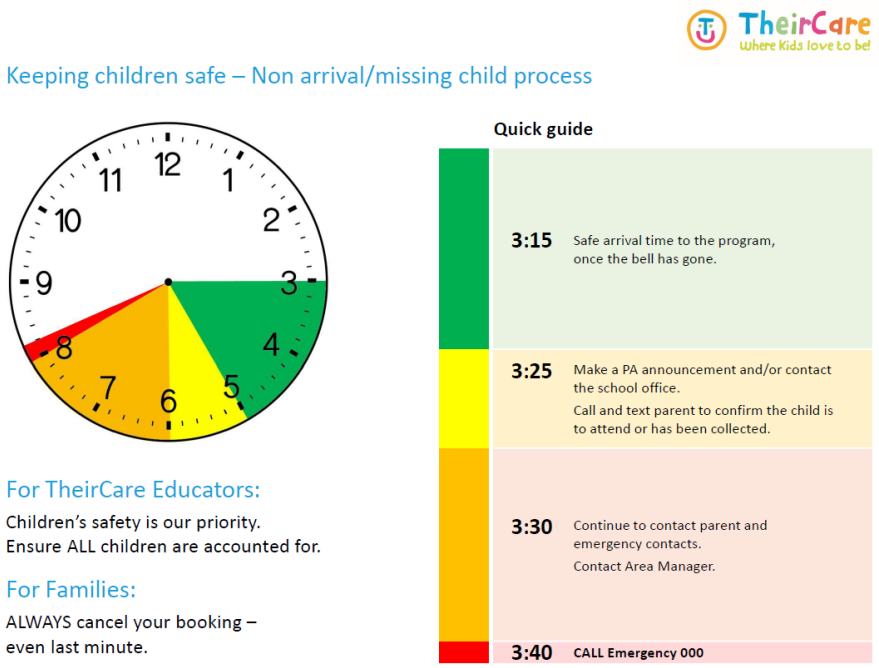


Late/non-arrival of children

Educators must follow the Keeping children safe: Non-arrival/missing child process where a child has not arrived at care and cannot be located

This document should be located in your OSHC office or alternatively can be found in your operations policy manual.

Please refer to the Non-arrival of children policy (Missing child)

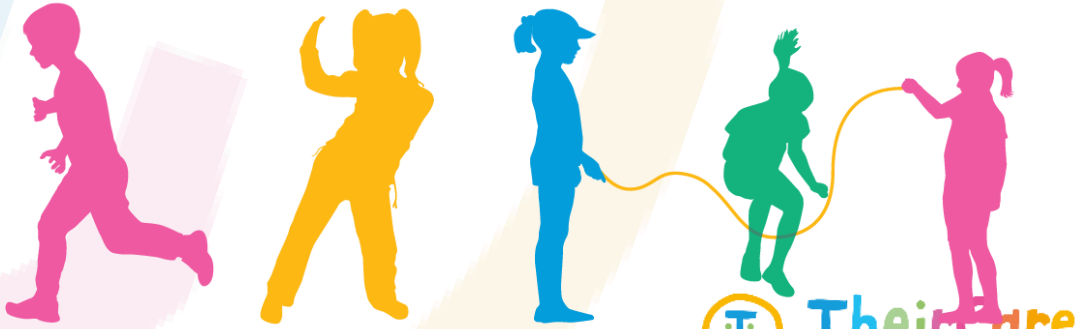


TheirCare
for your Kids, for you

TheirCare
Where Kids love to be!

Authorisation to Collect Children

Quality Area Two



TheirCare
for your Kids, for you

Authorisation to collect children

Educators need to ensure that persons collecting children from the service are listed on the child's enrolment form as a primary parent/guardian or an emergency contact that has permission to collect the child from the service.

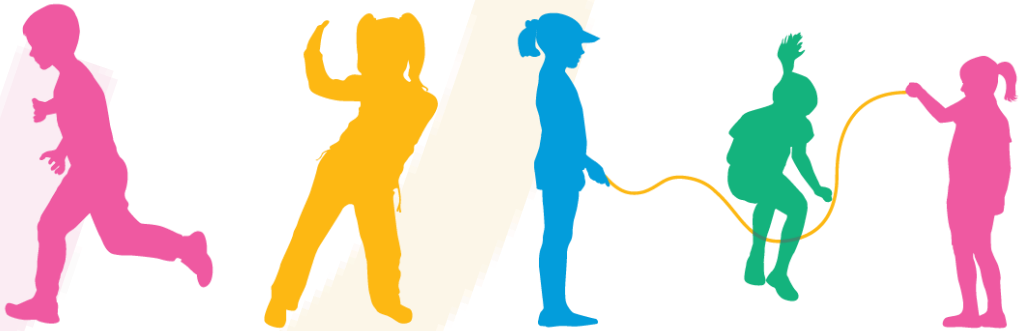
An emergency contact must produce photo ID and must be over the age of 18 years. It is good practice to take a photocopy of the ID and add it to the child's enrolment form.

In the event an emergency contact is collecting a child, you must have prior communication with the parent to confirm their unavailability to collect their child/ren

TheirCare
Where Kids love to be!

Medical Conditions & Injuries

Quality Area Two



Medical Conditions

What do you need?

Medical documentation – What do you need?

Medical condition	Documentation	
Anaphylaxis	**Anaphylaxis Plan, Risk Minimisation for Anaphylaxis** • One copy to be on display • One copy with enrolment form • One copy with Medication	Updated every 12 months
Asthma **(has asthma, has asthma plan)**	**Asthma Plan signed by the doctor with current photo, Risk Minimisation plan for Asthma** • One copy on display if space • One copy with Medication • One copy with enrolment form	Updated every 12 months
Asthma **(has asthma, no plan)**	**Health Management Plan with current photo, Risk Minimisation Plan for Asthma** • File with enrolment form • One copy on display if space	Updated every 12 months
Allergies	**Green Allergy form, Risk Minimisation Plan for Allergies** • One copy on display • One copy with enrolment form • One copy with any medication	Updated every 12 months
Diabetes	**Doctors plan, Risk Minimisation for Diabetes** • One copy on display • One copy with enrolment form • One copy with any medication	Updated every 12 months
Epilepsy	**Doctors plan, Risk Minimisation for Epilepsy** • One copy on display • One copy with enrolment form • One copy with any medication	Updated every 12 months
Other medical conditions, dietary requirements	**Health Management Plan** **Individual Dietary Plan (for dietary requirements that are preferences i.e. vegetarian)** Note: Diagnosed medical conditions will need a risk minimisation plan. Please speak with your area manager.	Reviewed every 12 months
Autism/ ADHD etc.	**Child profile** form with specific information and strategies.	

Document: QA2_16

When we are supporting a child with a medical condition in our service, these documents must be provided by the family before attending the service.

The service will have a designated area for medications that is clearly marked with a first aid sign.

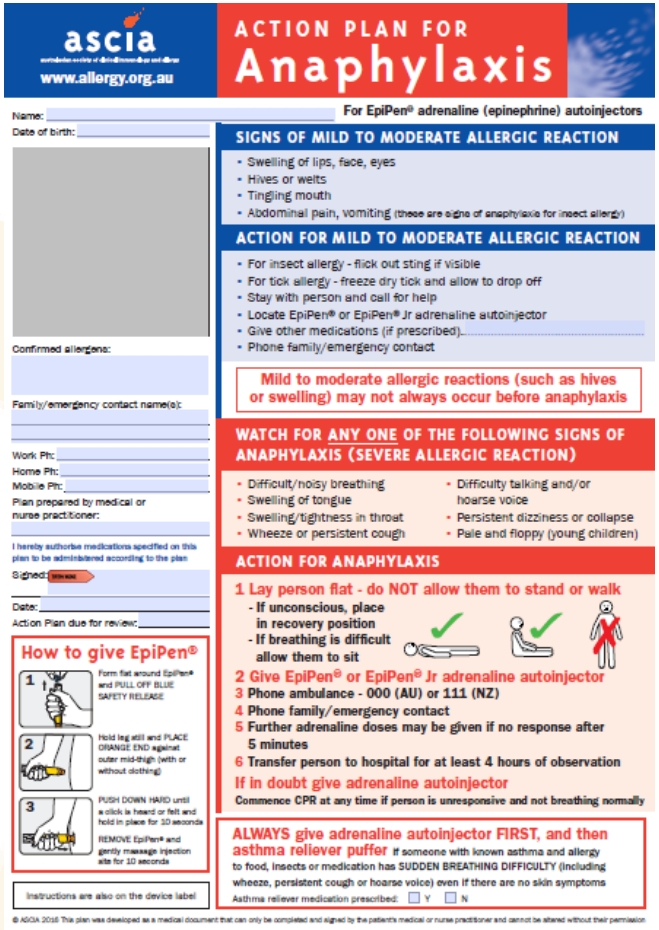
Medications should always be stored:

- Out of reach of the children <u>OR</u>
- In a locked cupboard

Medical Conditions

Each child at the service will be provided with individual care if diagnosed with a medical condition. Parent/guardians will work alongside the service Educators to ensure the health and safety of the child is a priority and meeting the needs required.

- The service MUST have relevant **medical action plans, risk minimisation/communication plan and medication** before child attends the service. Service Coordinator must request the documents from the parent at the enrolment /orientation process. At no point should there be children with medical conditions at the service without a current action plan, risk minimisation/communication plan and medication. **Service Coordinator may refuse care if these are not provided**.
- At the enrolment/orientation the Service Coordinator must discuss our policy with the parents if their child has a medical condition.
- The Service Coordinator must review the medical action plan and medication to ensure any prescription is in date and correct.



ascia
www.allergy.org.au

ACTION PLAN FOR
Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name:
Date of birth:

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:
Home Ph:
Mobile Ph:

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

Date:

Action Plan due for review:

How to give EpiPen®

1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds. REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk
- If unconscious, place in recovery position
- If breathing is difficult allow them to sit

2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes
6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer If someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

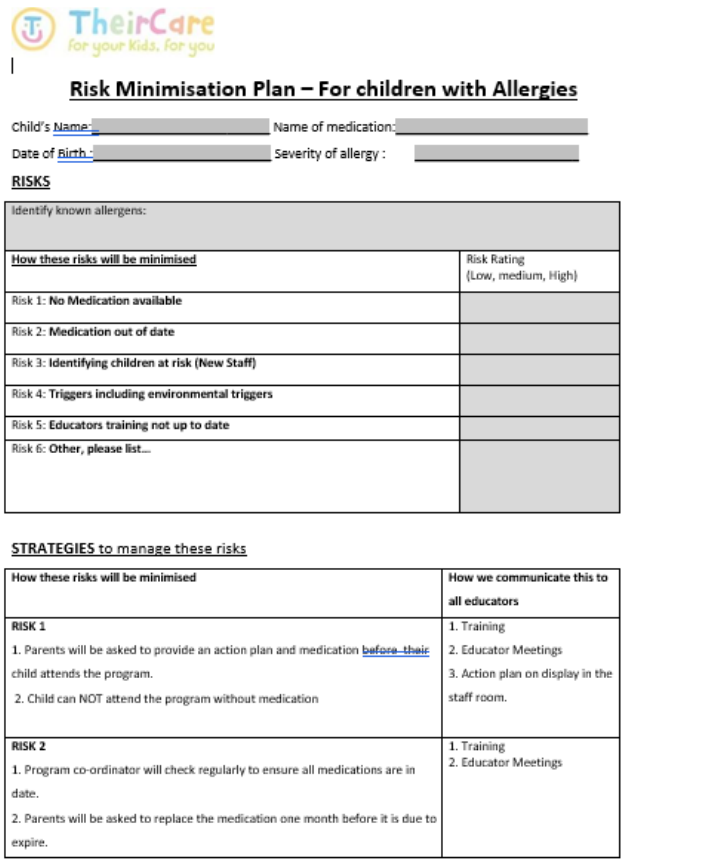
TheirCare
Where Kids love to be!

Medical Conditions

Risk Minimisation Plan

- **Risk minimisation/communication plans** must be developed to ensure the risks related to the specific medical condition are minimised by the following appropriate actions. The parent must sign off on this document once they approve risk minimisation actions.

- A copy of the medical action plan and the risk minimisation/communication plan are to be in with the child's enrolment form, medical folder and with the medication.



TheirCare
for your kids, for you

Risk Minimisation Plan – For children with Allergies

Child's Name: Name of medication:

Date of Birth: Severity of allergy :

RISKS

Identify known allergens:	
How these risks will be minimised	Risk Rating (Low, medium, High)
Risk 1: **No Medication available**	
Risk 2: **Medication out of date**	
Risk 3: **Identifying children at risk (New Staff)**	
Risk 4: **Triggers including environmental triggers**	
Risk 5: **Educators training not up to date**	
Risk 6: **Other, please list…**	

STRATEGIES to manage these risks

How these risks will be minimised	**How we communicate this to all educators**
RISK 1 1. Parents will be asked to provide an action plan and medication ~~before their~~ child attends the program. 2. Child can NOT attend the program without medication	1. Training 2. Educator Meetings 3. Action plan on display in the staff room.
RISK 2 1. Program co-ordinator will check regularly to ensure all medications are in date. 2. Parents will be asked to replace the medication one month before it is due to expire.	1. Training 2. Educator Meetings

TheirCare
Where Kids love to be!

Expired Medications

When a medication expires, Educators must contact a parent immediately.

A replacement medication must be provided for the child before the child attends the service again.

Any expired medications **MUST** be returned to the parent to be disposed of.

Why do you think we return the medication to the parent?

Remember: The service Coordinator can refuse care where Medical Documentation and Medication has not been provided.

At no point should there be children with medical conditions at the service without a current action plan, risk minimisation/communication plan and medication

Please speak with your Area Manager for support if you are uncomfortable having these conversations with parents

TheirCare
Where Kids love to be!

Administration of Medication

Children that require any form of prescribed medication must be provided with the utmost care by all Educators at the service.

- Parents/guardians must sign the medication authorisation form allowing Educators permission to administer the medication required.
- Children are not to self-medicate while in attendance.
- Medication must be stored as recommended by the package and away from other children
- Medication must NOT be kept in the child's school bag.
- All medication that needs to be administered must be in the original package/container, must be in date, with child's full name and a prescribed dosage. If medication is not as stated medication will not be administered.
- Only the prescribed dosage must be administered.
- When administering medication two Educators be present and MUST sign the medication authorisation form.
- On collection of the child, the parent/guardian must acknowledge the administration of the medication and provide a signature.

Injuries/accidents/incidents/trauma/ illnesses

Managing minor incident/accident/injuries

- Any time an educator performs any type of First Aid including all cuts, bruising and abrasions, a TheirCare injury/accident/incident/trauma/illness report must be completed.
- Upon parent arrival, educator/s must inform the parent and have the parent sign the report.
- The educator must complete the TheirCare injury/accident/incident/trauma/illness report **and file with child's enrolment form**.
- **Head injuries** MUST be reported to the Area Manager and the parent MUST be informed immediately regardless the severity.
- If an incident or injury occurs at **Before school care** you must inform the school when releasing the child.

Managing Reportable Injuries & Incidents

What is a reportable incident?

- When an emergency service attends the service.
- If a child seeks medical attention for an injury that had occurred at the service.
- Broken/fracture bones.
- Head injury where medical attention is required.
- Child has not arrived at care. (non-arrival/missing child)
- Child cannot be accounted for during care for longer than 5 minutes.
- Loss of a child.
- Child has been locked in or out of the service.
- Child walked off school premises or licenced space
- Child has an Asthma attack or Anaphylactic reaction where an Epi pen has been administrated
- The death of a child.

Managing Reportable Injuries & Incidents

Serious Incidents

All serious incidents must be documented on the TheirCare injury/accident/incident/trauma/illness report in a timely manner (time, date and steps taken).

In the event of a serious incident:

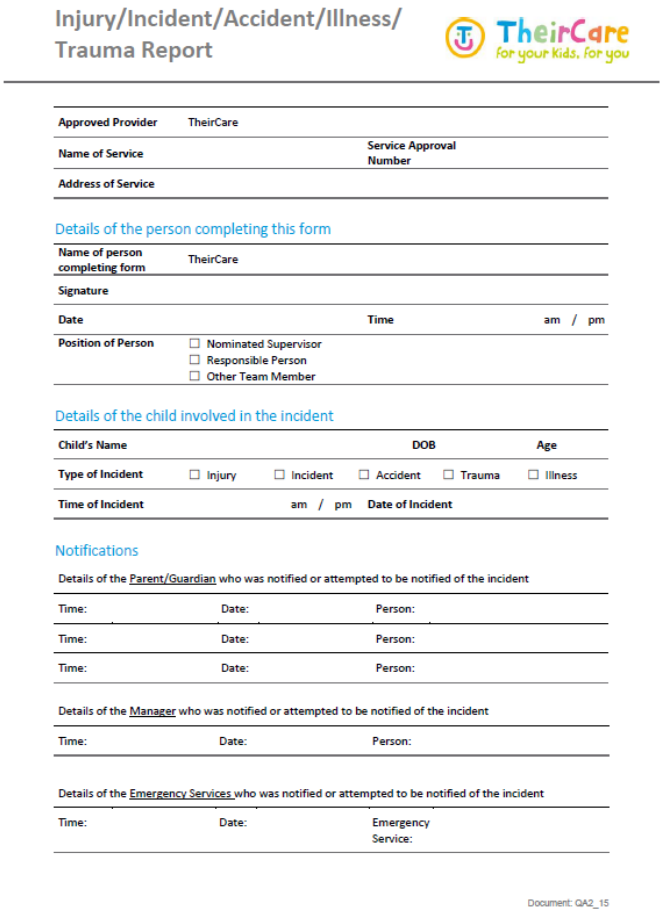
- Contact emergency services (000).
- Contact your Area Manager **immediately**.
- Contact parent/s **immediately**.
- Your Area Manager **MUST** complete a notification ACECQA within 24 hour of incident.
- Area Manager will inform school Principal of a serious incident.

TheirCare
for your kids, for you

Injuries

Lets discuss

- How can we prevent injuries and incidents?
- What strategies can we put in place to teach children about risk management?
- What is the process for when there is an injury/incident?



Injury/Incident/Accident/Illness/ Trauma Report

TheirCare for your Kids, for you

Approved Provider	TheirCare		
Name of Service		**Service Approval Number**	
Address of Service			

Details of the person completing this form

Name of person completing form	TheirCare		
Signature			
Date		**Time**	am / pm
Position of Person	☐ Nominated Supervisor ☐ Responsible Person ☐ Other Team Member		

Details of the child involved in the incident

Child's Name				**DOB**	**Age**
Type of Incident	☐ Injury	☐ Incident	☐ Accident	☐ Trauma	☐ Illness
Time of Incident		am / pm	**Date of Incident**		

Notifications

Details of the Parent/Guardian who was notified or attempted to be notified of the incident

Time:	Date:	Person:
Time:	Date:	Person:
Time:	Date:	Person:

Details of the Manager who was notified or attempted to be notified of the incident

Time:	Date:	Person:

Details of the Emergency Services who was notified or attempted to be notified of the incident

Time:	Date:	Emergency Service:

Document: QA2_15

TheirCare Where Kids love to be!

Incident Reports

Scenario 1:

You are outside supervising an asphalt basketball court when Charlie Brown age 8 falls and grazes his knees and palms.

His right knee has been impacted more than the rest of his injuries and is bleeding.

There are particles of dirt visible in the injury on his right knee.

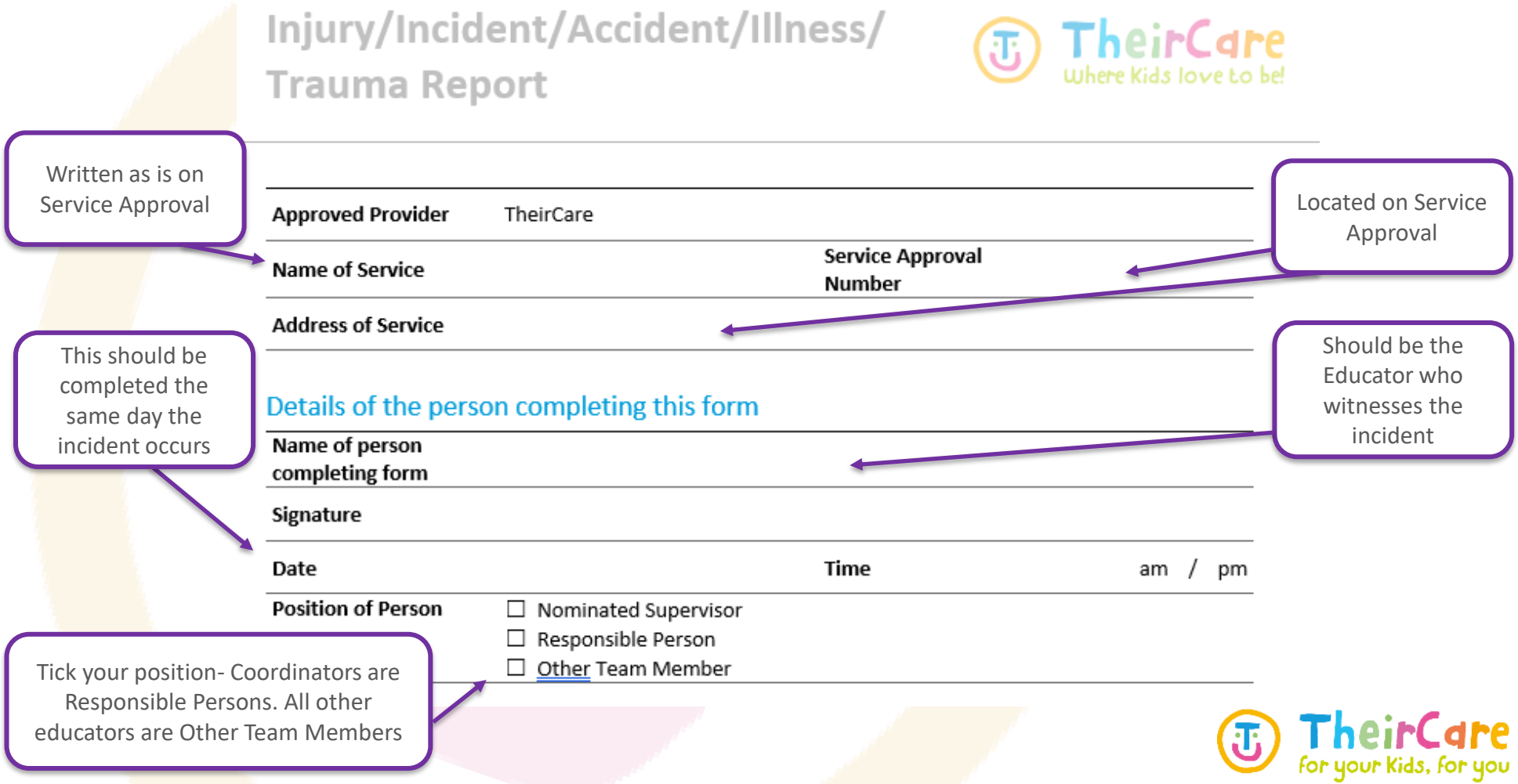
Injury Report/Discussion:

- What are your first actions?
- What do you need to consider?
- What type of first aid would you administer?
- Who should be notified?
- What are your next steps?

<u>Let's do an injury report together</u>

Injury/Accident/Incidents/Trauma/Illness Form

Completing an Injury/Accident/Incidents/Trauma/Illness Form



TheirCare
for your Kids, for you

Injury/Accident/Incidents/Trauma/Illness Form

Completing an Injury/Accident/Incidents/Trauma/Illness Form

This information is found on the child's enrolment

Details of the child involved in the incident

Child's Name				**DOB**	**Age**
Type of Incident	☐ Injury	☐ Incident	☐ Accident	☐ Trauma	☐ Illness
Time of Incident		am / pm	**Date of Incident**		

Needs to be completed even if notification was attempted

Notifications

Details of the Parent/Guardian who was notified or attempted to be notified of the incident

Time:	Date:	Person:
Time:	Date:	Person:
Time:	Date:	Person:

This is your Area Manager

Details of the Manager who was notified or attempted to be notified of the incident

Time:	Date:	Person:

Only completed if Emergency services are contacted. Please write Not Applicable (N/A) if it does not apply

Details of the Emergency Services who was notified or attempted to be notified of the incident

Time:	Date:	Emergency Service:

TheirCare
for your kids, for you

Injury/Accident/Incidents/Trauma/Illness Form

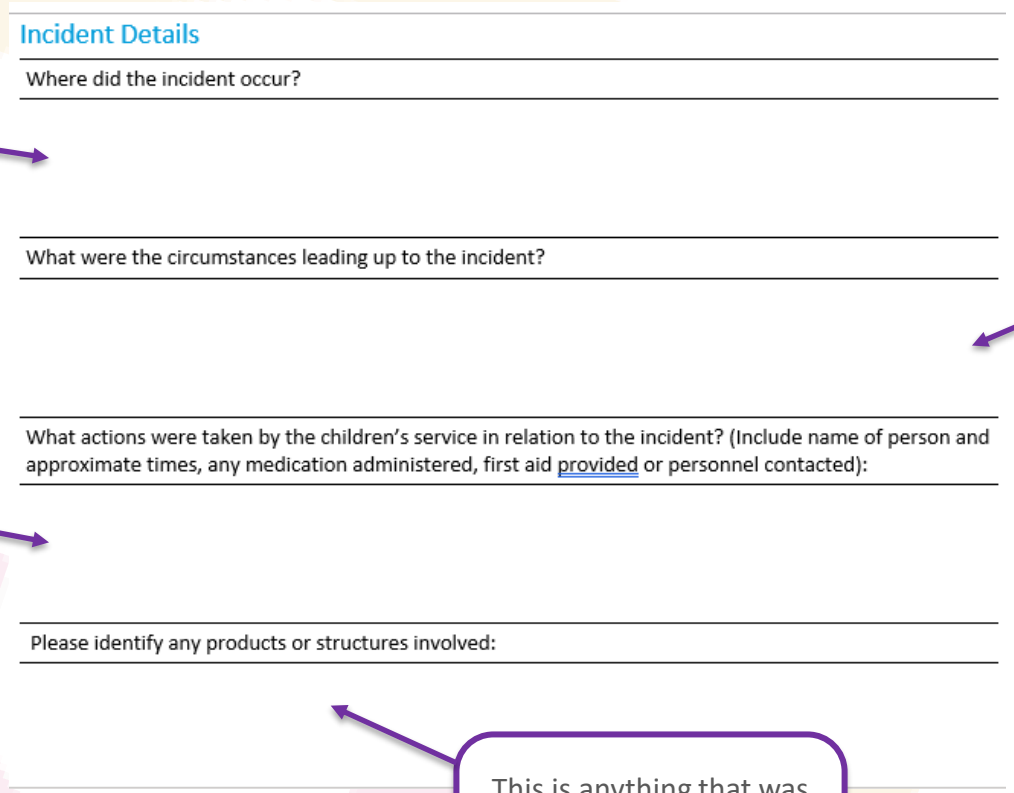
Completing an Injury/Accident/Incidents/Trauma/Illness Form

Identify where, within the licenced spaces, the incident occurred

What was/were the child/ren doing leading up to the incident occurring-
Eg: playing on the outdoor playground

Including names, times and first aid provided, identify what actions educators did once incident occurred

This is anything that was involved in the incident.
Eg: Climbing Frame of Outdoor Play Equipment



Incident Details

Where did the incident occur?

What were the circumstances leading up to the incident?

What actions were taken by the children's service in relation to the incident? (Include name of person and approximate times, any medication administered, first aid provided or personnel contacted):

Please identify any products or structures involved:

TheirCare
for your kids, for you

Injury/Accident/Incidents/Trauma/Illness Form

Completing an Injury/Accident/Incidents/Trauma/Illness Form

Names of person(s) who saw the actual incident:

This is only to be the names of the Educators who witnessed the incident. This should not include the names of other children who were witness.

Any illness which becomes apparent while the child is attending the children's service:

If this section does not relate, please don't leave it blank, rather, fill it in as 'Not Applicable' or N/A

Relevant circumstances surrounding the child becoming ill:

If this section does not relate, please don't leave it blank, rather, fill it in as 'Not Applicable' or N/A

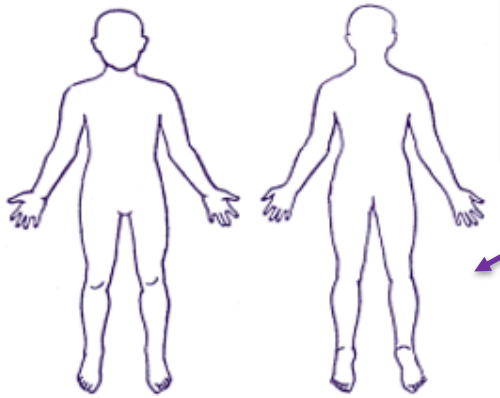
TheirCare
for your kids, for you

Injury/Accident/Incidents/Trauma/Illness Form

Completing an Injury/Accident/Incidents/Trauma/Illness Form

Draw a plan including where the accident / injury / trauma occurred and where the staff were positioned

Please indicate where the child was injured



Draw the licenced space where the incident occurred, including where all involved people were positioned

Circle or put an X in the area of which an injury occurred. Leave it blank if the form is being completed for events other than where an injury has occurred

This section is to allow for additional information. Eg: when a serious incident has been recorded and follow up conversations have occurred, this is the space where this information is kept

Additional Information

TheirCare
for your kids, for you

Hygiene - Preparing Food & Cleaning

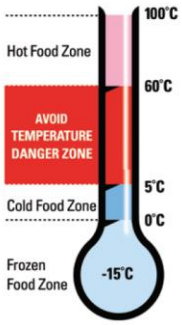
Preparing food

- Before preparing food, you must ensure the benches are sanitised and dried with paper towel.
- Always wash your hands in a separate hand basin before handling food.
- Educators preparing food must wear gloves.
- Once food is prepared, it must be covered and stored appropriately.
- Ensure you are taking food temperature (hot and cold)
- Ensure fridge temperatures are being documented on the fridge/freezer temperature log.

Cleaning

- The aim of environmental cleaning is to minimise the germs that survive on surfaces in the service.

Reminder: School kitchens are not our home kitchen's



- Limit the time high-risk food is in the temperature danger zone of 5°C to 60°C.
- Return high-risk food to the refrigerator during delays.
- If high-risk food is left in the temperature danger zone of 5°C to 60°C for a total time of 4 hours or more, throw it out.
- When cooking, the centre or internal point of high-risk food must reach 75°C.
- Hot food must be kept at 60°C or hotter.
- High-risk food, if cooled, must cool from 60°C to 21°C in the first 2 hours and then to 5°C or cooler in the next 4 hours.

TheirCare
Where Kids love to be!

Engagement Surveys

As a part of your onboarding process, and to ensure we can continue to develop and facilitate high quality training, you will be issued two surveys through our platform 'Culture Amp'. These surveys are about:

- **Recruitment Process -** Reflecting on your recruitment experience and initial start into the company. This will be issued 10 days after your contract start date.
- **Onboarding-** Reflecting on your transition into the company as a whole. This will be issued 60 days after your contract start date.

These surveys will be sent to your personal emails with reminders sent 7 days later.

These surveys are a great way to provide honest and informative feedback around your individual experience with TheirCare.