



TURRAMURRA
— OOSH —

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Health and Safety

Policy Statement

South Turramurra OOSH (OOSH/service) believes that each child has the right to feel safe and secure. We aim to provide an environment which maintains adequate health and safety practices that minimise the risk to children in our care.

Providing adequate opportunities for sleep and rest is important in ensuring a safe and secure environment. South Turramurra OOSH is a school aged setting, and the children may rarely need to sleep whilst in our care, however there are circumstances where rest and sleep may be required, and we aim to provide safe arrangements to meet these needs.

South Turramurra OOSH aims to ensure children in our care will be protected from the dangers of UV exposure. Our *Sun Protection policy* follows guidelines recommended by the NSW Cancer Council. All persons working within OOSH will model protection practices and enforce our sun protection procedure with the children. We aim to educate children on sun safety to encourage a sense of agency around sun protection.

South Turramurra OOSH will provide proper administration of first aid for all who attend OOSH. South Turramurra OOSH will ensure all staff are trained in first aid, asthma, and anaphylaxis management. First aid equipment and facilities will be kept in pristine condition, available to all staff, children and visitors in OOSH. Parents will be informed if first aid has been administered to their child and will be contacted immediately if a serious incident has occurred in line with our *Incident, Injury, Trauma and Illness policy*.

In warmer months we strive to provide safe outdoor environments/excursion venues and adequate supervision which allows for the use of safe water play.

Legislative Requirements

- Education and Care Services National Law Act 2010: 165, 167, 169
- Education and Care Services National Regulations: 25(1)(c), 77, 84A, 84B, 84C, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 101, 103, 114, 115, 136, 160, 161, 162, 168, 170, 171, 172, 176, 183, 274, Work Health and Safety Act 2011

Definitions

Sleep and Rest

Rest

- A period of inactivity, solitude, calmness or tranquility can include a child being in a state of sleep.

Relaxation

- Relaxation or other activity for bringing about a feeling of calm in your body and mind.

The Administration of First Aid

Approved Anaphylaxis Management Training

- Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.

Approved Emergency Asthma Management Training

- Emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.

Approved First Aid Qualification

- A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.

Communication Plan

- A plan that outlines how relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child. It also sets out how families can communicate any changes to the medical management plan and risk minimisation plan for the child.

Current

- To be considered current, the following qualifications are taken to be current if the qualification was attained or the training was undertaken within the previous three years:
 - a. Approved first aid qualifications (except for a qualification that relates to emergency life support and cardio-pulmonary resuscitation which must be completed within the previous year).
 - b. Approved anaphylaxis management training.
 - c. Approved emergency asthma management training.

Emergency

- An incident, situation or event where there is an imminent or severe risk to the health, safety, or wellbeing of a person at the service. For example, a flood, fire, or a situation that requires the service premises to be locked down.

First Aid

- Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: [ceccqa.gov. au/qualifications/requirements/first-aid-qualifications-training](https://www.cecqa.gov.au/qualifications/requirements/first-aid-qualifications-training)

Health information

- Health information about each child must be kept in their enrolment record. This includes:
 - the contact details of their registered medical practitioner.
 - their Medicare number (if available).
 - their specific healthcare needs and allergies (including anaphylaxis).
 - any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed.
 - any dietary restrictions.
 - their immunisation status.
 - whether a child health record has been sighted.

Medical Management Plan

- Individual medical management plans can be provided by a child's family and may be required by the service before the child is enrolled. It is best practice for the family to consult with the child's medical practitioner in the development of the plan and for the practitioner's advice to be documented.

Medication

- Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over the counter and complementary medicines.

Medication Record

- A record to be kept for each child to whom medication is to be administered by the service. Details to be recorded:
 - the child's name.
 - the authorisation to administer medication.
 - the name of the medication.
 - the date and time the medication was last administered.
 - when the medication should be next administered.
 - the dosage to be administered.
 - the manner in which it is to be administered.
 - details once it is administered.

Risk Minimisation Plan

- A plan developed with a child's parents to ensure that:
 - the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
 - practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented (if relevant).
 - practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented (if relevant).
 - practices and procedures ensuring that all educators, staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented.
 - practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented (if relevant).

Sun Protection

- Refer to South Turrumurra OOSH *Sun protection policy*.

Water Safety

Adequate Supervision

- Means:
 - an educator can respond immediately, particularly when a child is distressed or in a hazardous situation.
 - knowing where children are at all times and monitoring their activities actively and diligently.

Risk Assessment

- A systematic process of evaluating the potential likelihood and consequences of risks that may be involved in a projected activity or undertaking.

Serious Incident

- For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident:
 - the death of a child—
 - i. while that child is being educated and cared for by an education and care service; or
 - ii. following an incident occurring while that child was being educated and cared for by an education and care service,
 - any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service—
 - i. which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - ii. for which the child attended, or ought reasonably to have attended, a hospital; Example: A broken limb.
 - any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure or anaphylaxis reaction.
 - any emergency for which emergency services attended.
 - any circumstance where a child being educated and cared for by an education and care service—
 - i. appears to be missing or cannot be accounted for; or
 - ii. appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or
 - iii. is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

Hazard

- Situations or things that have the potential to harm a person.

Water Hazard

- Any water body that poses a potential drowning risk to children and could include:
 - large bodies of water, such as rivers, creeks, dams, ponds, swimming pools, jetted bathtubs (or jacuzzies), in-ground spas, above ground portable spas (or hot tubs) or any container with poor drainage that allows water to pool.
 - smaller bodies of water, such as baths, nappy buckets and pet water containers.

Implementation Strategies – how will it be done?

Sleep and Rest

The Approved Provider/Nominated Supervisor will:

- ensure the **needs for sleep and rest of children are met**, having regard to the individual needs of the children.
- ensure the **premises, furniture and equipment are safe, clean and in good repair**, including ensuring all equipment used meets any relevant Australian Standards and other product safety standards.
- ensure that the **indoor spaces used by children are well ventilated, have adequate natural light, and are maintained at a temperature that ensures the safety and wellbeing of children**.
- ensure **sleep and rest environments are free from cigarette or tobacco smoke**.
- ensure **children are supervised during sleep and rest**.

Educators and Staff will:

- **ensure the needs for sleep and rest of the children are met**, taking into consideration the individual needs of the children.
- **maintain supervision of sleeping and resting children.**
- **promote children's agency and decision making** regarding sleep and rest by providing routines and environments.

The Administration of First Aid

The Approved Provider/Nominated Supervisor will:

- establish a **strong organisational culture** that places child safety as a priority.
- ensure that **every reasonable precaution is taken** to protect children at the service from harm and hazards that are likely to cause injury.
- ensure at least one educator, staff member or Nominated Supervisor is **in attendance and immediately available in an emergency** who:
 - **holds a current approved first aid qualification.**
 - **has undertaken current approved anaphylaxis management** training.
 - **has undertaken current approved emergency asthma management** training.
- ensure that **first aid training details are recorded on each staff member's record.**
- ensure there is an **induction process for all new staff**, casual and relief staff, which includes providing information on the location of first aid kits and specific first aid requirements.
- ensure an **appropriate number of first aid kits** are kept, having regard to the number of children at the service. The kits must be suitably equipped, easily recognisable, and readily accessible to adults having regard to the design of the service premises and any requirements for excursions and/or transportation of children, where applicable.
- ensure a **risk assessment is conducted prior to an excursion** to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- ensure that **parents are notified within 24 hours or as soon as practicable if their child participates in an incident, injury, trauma, or illness** at the service and recording details on the incident, injury, trauma, and illness record.
- when parents are notified by telephone as to the injury/incident the **parent will receive accurate details of the incident/ injury** to be able to make an informed decision regarding the medical care of their child.
- ensure that staff are offered **support and debriefing following a serious incident** requiring the administration of first aid.
- regularly communicate with the team about the **service's commitment and collective responsibility for child safety.**
- **ensure at least one educator or staff member holds current approved first aid qualifications and is in attendance at all times** that children are being educated and cared for by the service, including on excursions and during periods of transportation.
- ensure an appropriate number of **suitably equipped first aid kits are taken on excursions.**
- **monitor and maintain stock in first aid kits** and arranging replacement of stock, including when the use-by date has been reached.
- ensure **safety signs showing the location of first aid kits** are clearly displayed.
- **support educators and staff to maintain their current first aid qualifications** and ensuring these qualifications meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137) and are approved by ACECQA.
- keep up to date with any **changes in the procedures for the administration of first aid.**
- ensure **medication is only administered to a child with the authorisation of a parent** or person with authority, except in the case of an emergency, when the written consent on the enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be accepted if the parents cannot be contacted.
- confirm the **instructions on the Administration of Medication Record are consistent with the doctor's instructions and the prescription label** prior to administration.

- ensure **medications are stored in the refrigerator or a cupboard away from children's access** in a labelled container.
- ensure **adrenaline autoinjectors are kept out of reach of children and stored in a cool dark place at room temperature**. They must be readily available when required and not locked in a cupboard. A copy of the child's medical management plan should be stored with the adrenaline autoinjector.
- ensure **two educators check the dosage before administration, and both sign the Authorisation to Administer Medication form** after the dosage is given (Regulation 95). One of these educators must be the Responsible Person or have approved First Aid qualifications.
- ensure a **Responsible Person or person with approved first aid qualifications is present when a primary age child self-administers medication**, e.g. such as in the use of Ventolin.
- ensure the **Administration of Medication Record is completed** and stored correctly including the name and signature of a witness.
- ensure educators **seek further information** from the child's parents/guardian, the prescribing doctor, or the Public Health Unit if there are concerns about administering medication or something has gone wrong during the administration of medication (e.g., allergic reaction, child spits medication out, medication is ingested).
- **dispose of out-of-date materials appropriately**.

Educators and Staff will:

- ensure all **Medical Management Plans are carried out** in line with the *Health and Safety Policy and Administration of First Aid Procedures*.
- **implement appropriate first aid procedures** when necessary.
- **maintain current approved first aid qualifications**, and qualifications in anaphylaxis management and emergency asthma management, as required.
- **empower children to take part in discussions to support their understanding of personal safety** within the service.
- **engage in open, two-way communication with families** and communities about the service's child safety approach.
- **seek further medical attention for the child, if required after first aid** has been administered. Immediately inform the Nominated Supervisor (or Responsible Person in Charge) whenever a child or adult incident/injury occurs.
- **record information as soon as possible**, and within 24 hours after the incident, injury, trauma, or illness, in the Incident, injury, trauma and illness record (including any first aid administered), and ensure families are appropriately notified.
- ensure an **appropriate number of suitably equipped first aid kits are taken on excursions**.
- **monitor and maintain stock in first aid kits**, checking and restocking every three months or as necessary.
- **be aware of children with allergies** attending the service, noting their attendance days, and apply this knowledge when providing first aid.
- **conduct a risk assessment prior to an excursion** to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised.
- **reflect and review on supervision practices** to minimise and prevent possible risks to children's safety.
- **regularly check environments and equipment for possible hazards** and take appropriate action to remove the risk or manage the hazard.
- **participate in regular first aid drills** simulating real life situations at staff meetings.
- **practice CPR and the administration of an auto-injection device at least annually**.
- **ensure all children are adequately supervised** while providing first aid and comfort for a child involved in an incident or suffering trauma.
- **be aware of your duty of care responsibility**.

Sun Protection

- See South Turrumurra OOSH *Sun protection policy*.

Water Safety

The Approved Provider/Nominated Supervisor will:

- establish a **strong organisational culture** that places child safety as the priority.
- keep a **child safe environment**.
- **ensure risk assessments are undertaken**, and water hazards and risks associated with water-based activities are taken into consideration.
- **inform families about water safety practices** at the service.
- ensure **first aid and CPR qualifications and requirements are met** at all times.
- ensure that at least one educator, staff member or Nominated Supervisor who **holds a current approved first aid qualification is in attendance at all times** that children are being educated and cared for by the service.
- **guide and mentor educators and staff** to be able to follow the policy and procedures.
- provide guidance and education to educators, staff, and families on the **importance of children's safety in and around water**.
- ensure **work, health and safety practices** incorporate approaches to safe storage of water and water play.
- ensure that **swimming pool excursion records identify each child's level of swimming ability**.
- ensure children are **adequately supervised and are protected from harms and hazards**.

Educators and Staff will:

- **reinforce water safety messages** within the program.
- make sure **water hazards are managed** as outlined in your procedure, e.g. water trough is emptied and packed away as soon as play has ended.
- ensure buckets that contain **liquids are not accessible to children**.
- **empty, safely cover or make inaccessible** to children **all water containers when they are not in use**, e.g. mop buckets, nappy buckets, bathtubs, water troughs, pet water containers.
- ensure water troughs or containers for **water play will be supervised** at all times and containers or troughs will be emptied after use.
- **inspect indoor and outdoor environments for potential water hazards**, particularly during and after wet weather.
- engage in **open, two-way communication with families** and communities about the service's child safety approach.
- **supervise water play activities at all times**.
- **immediately empty containers or troughs onto garden areas after use**.
- **provide clean drinking water at all times**. This water will be supervised to ensure that it is safe and hygienic for consuming. Water containers will be securely sealed. At the end of each day, the water container will be emptied and cleaned thoroughly.
- be **diligent in supervision of children when at the swimming pool or on any excursion near water**.
- be **aware of each child's swimming ability when on an excursion to the swimming pool**.
- **prevent children from drinking grey water**.

Procedures

Sleep and Rest

- In accordance with the National Quality Framework, Education and Care Services National Regulations and Law, South Turramurra OOSH will ensure children's needs for rest and sleep are met.
- In line with recommendations from ACECQA, South Turramurra OOSH will ensure all practices regarding rest and sleep are evidence-based.
- Management will ensure the *Health and Safety policy and Sleep and Rest procedures*, and their implications are read and understood by all educators.

- A quiet and peaceful environment will be provided to allow for a calm and relaxing experience.
- The OOSH environment will include quiet and comfortable spaces, furniture and soft furnishings (e.g. cushions and blankets) to allow children who wish to rest a tranquil space conducive to relaxation.
- As OOSH educators have a duty of care to ensure the safety of children, they will ensure supervision is maintained whilst a child is sleeping or resting. If a child is sleeping, educators will ensure they are within hearing distance and will conduct regular visual checks on the sleeping child to assess the child's breathing and colour of their skin. Educators will take every reasonable precaution to protect the children from harm and hazard.
- Children should sleep and rest with their face uncovered.
- Educators should be aware of the resting child's age, individual needs, if the child has medical conditions or history of health and/or sleep issues.
- Any linen or soft furnishing used by sleeping children will be washed after use.

Sun Protection

- Refer to the South Turrumurra OOSH *Sun protection policy*.

The Administration of First Aid

- When dealing with medical conditions, please refer to the *Dealing with Medical Conditions in Children policy*.
- When dealing with infectious diseases, please refer to the *Dealing with Infectious Diseases policy*.
- When dealing with an incident, injury, trauma or illness please refer to the *Incident, injury, trauma and illness policy*.
- Qualified first aiders will administer first aid for minor accidents and seek instruction from medical professionals for more serious incidents.
- Telephone numbers of emergency contacts and hotlines, including the Poisons Information Centre will be saved in the OOSH mobile, and displayed in the office for staff reference.

First Aid Qualifications

- An HLTAID012 first aid certificate or willingness to undergo training is required for all new positions. Relevant staff will renew their certificates every three years as required. South Turrumurra OOSH will budget for the cost of the first aid course or renewal for each staff member as part of a training budget.
- At all times, at least one staff member on the floor will be qualified in HLTAID012 first aid. The Nominated Supervisor and any Responsible Person will also hold an HLTAID012 first aid training certificate.

First Aid Kits

- South Turrumurra OOSH keeps multiple first aid and emergency kits. A comprehensive kit is kept in the first aid area inside the OOSH Building, two backpack kits are stored atop the first aid cupboard alongside two bumbag kits. All kits contain at least: basic medical supplies, EpiPen and Ventolin with a spacer.
- First Aid kits will be suitably stocked for the maximum possible number of children in attendance. Refer to the *Incident, Injury, trauma and Illness policy* for restocking and first aid inventory.
- First Aid supplies are in the first aid bay located in the OOSH building. Supplies are easily accessible to staff.
- A first aid bum bag is taken to the Dawson Gate position to ensure first aid supplies can be accessed when supervising away from the OOSH building.
- First aid backpacks are stored fully stocked in the first aid bay. Backpacks are used for excursions and emergency evacuations.
- First aid bum bags are stored fully stocked in the first aid bay. Bum bags are used for supervising outdoors, away from the OOSH building and for walking children to weekly dance classes offsite.
- Staff will be made aware of the first aid bay, including where it is kept and their responsibilities in relation to it, during the staff orientation process.

- Cold packs will be kept in the freezer for treatment of bruises and strains. Instant Ice packs will be kept in first aid backpacks, to be used while away from the OOSH premises.

Managing Exposure to Blood and Bodily Fluids

- The following procedure should be followed, regarding bodily fluids:
 - Disposable gloves should be worn when administering first aid or attending to children when bodily fluids are involved.
 - All bodily fluids will be treated as infectious.
 - All open sores and wounds are to be well covered.
 - Staff and children are to avoid contact with blood, faeces and urine. If unavoidable wash hands thoroughly with soap and hot water.
 - When cleaning bodily fluids on any surface; First wipe with disposable towel, disinfect area and wipe again with a new disposable towel. Wash area with hot soapy water and dry with rag. All cleaning materials are to be immediately disposed of in the hazards bin located in the first aid cupboard.
 - Any instrument used in treating the child should also be washed and disinfected after treatment. Thermometer probe covers are disposed of after a single use.
 - Any individual who comes in contact with another's bodily fluid should wash the affected area with soap immediately.
 - If an individual is bitten and the bite breaks the skin, both individuals may need tetanus booster injections.

Serious Incidences and Head Trauma

- For the procedure relating to serious incidences, including possible head trauma, please refer to our *Incident, illness, injury and trauma policy*.

Documenting and Reporting

- Every incident, injury, trauma, or illness will be recorded on an Incident, injury, trauma, and illness record.
- When medication is administered this will be recorded on the Medication Record.
- The Incident, injury, trauma, and illness record must be completed as soon as possible but no later than 24 hours after the incident.
- The NSW Regulatory Authority will be informed of serious incidents no later than 24 hours after the event.
- South Turrumurra OOSH will ensure that Incident, injury, trauma, and illness records are kept and stored securely until a child is 25 years old or, in the case of records related to child abuse, for at least 45 years.
- The Incident, injury, trauma, and illness record must contain details of any incident in relation to a child or injury received by a child or trauma including:
 - the name and age of the child.
 - the circumstances leading to the incident, injury, trauma, or illness.
 - the time and date the incident occurred, the injury was received, or the child was subjected to the trauma.
 - the relevant circumstances surrounding the child becoming ill and any apparent symptoms.
 - the time and date of the apparent onset of the illness.
- Details of the action taken by South Turrumurra OOSH in relation to any incident, injury, trauma, or illness which a child has suffered including:
 - any medication administered or first aid provided.
 - any medical personnel contacted.
 - details of any person who witnessed the incident, injury, or trauma.
 - the name of any person whom OOSH notified and/or attempted to notify, of any incident, injury, trauma, or illness which a child has suffered.
 - the time and date of the notifications and/or attempted notifications to parents or authorised contacts.

- the name and signature of the person making an entry in the record, and the time and date that the entry was made.
- When a child is injured, inform child's parent/guardian (or authorised person) as soon as practicable OR upon the child's collection on the day of the incident, but no later than 24 hours after the incident. Educators will provide the parents/guardians with the completed Incident, injury, trauma, and illness record and ask them to sign and date the record to acknowledge they have been informed of the incident. If requested, provide the parent/guardian with a copy of the incident record.
- Educators will direct the parent/guardian/authorised contact to immediately collect their child and seek immediate medical attention if the incident/injury:
 - involves the child's head or face inform parents/guardians by telephone immediately after an incident.
 - is serious and/or displays any sign or symptom of concussion.

Water Safety

- The following are considered a body of water: swimming pools, water fun parks, wading pools, lakes/lagoons, ponds, oceans, bays, harbours, creeks, dams, rivers, equipment used by OOSH that could contain 5cm or more of water and would allow the nose and mouth of a child to be submerged at the same time.
- A risk assessment will be conducted prior to a water-based activity. A risk management plan will be created, and all staff will be made aware of the risk management plan for the planned activity.
- When children are participating in water-based play activities, staff will maintain close, and implement active adequate supervision.
- Before any water-based activities, staff will communicate the rules to all children participating.
- A ratio of 1 educator to 5 children for swimming-based activities will be maintained.
- The hygienic state of the water will be assessed before commencing any water-based activity.
- Educators will ensure water troughs or containers for water play are filled to a safe level.
- Buckets and other vessels will not be left in a position where they might catch rain and collect water. The educator will ensure water is appropriately disposed of before moving away.
- Any buckets of water that may be used for cleaning or handwashing will not be left unsupervised near the children and will be emptied immediately after use.
- If any child is involved in an incident during water-based activities, parents will be notified as soon as possible and an incident, injury, trauma and illness record will be completed.
- Staff will handle heavy buckets for children, following WHS procedures when lifting and not exceeding 20kg in weight.
- Goggles will be worn to protect eyes if chemicals such as chlorine are present in the water.
- Games involving water pistols, water balloons, sponges or sponge balls will follow a "shoulders down only" rule to avoid water sprays around the head.
- If the outdoor area becomes too wet, staff will move the activity to a dry space to prevent slips and falls.

Drinking water

- Children always have access to safe clean water for drinking.
- The water is checked regularly to ensure that it is safe and hygienic for consumption.

Risk Assessments for Water-Based Activities or Excursions where there is water

- For water-based activities at OOSH, educators will conduct a risk assessment.
- Control measures will be implemented as identified during the risk assessment.
- The risk assessment and control measures will be communicated to all staff, educators, volunteers, and visitors involved in the activity. It will also be used to set expectations and share risk management with children where relevant.

References and Related Policies and Procedures

References

Sleep and Rest

- ACECQA's Sleep and Rest legislative Requirements <https://www.cecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices#NewLeg>
- ACECQA's Sleep and Rest Risk Assessment Template <https://www.cecqa.gov.au/media/32166>
- ACECQA website <https://www.cecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>

The Administration of First Aid

- Australian Red Cross www.redcross.org.au
- St John Ambulance Australia www.stjohn.org.au
- Safe Work Australia - First aid in the workplace www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace

Sun Protection

- Please refer to South Turrumurra OOSH *Sun protection policy*

Water Safety

- Kidsafe www.kidsafe.com.au
- Kids Alive www.kidsalive.com.au
- Royal Life Saving Australia <https://www.royallifesaving.com.au/stay-safe-active/locations/water-safety-at-home>
- Royal Children's Hospital Melbourne https://www.rch.org.au/kidsinfo/fact_sheets/water_safety/

Related Policies and Procedures

Sleep and Rest

- The Administration of First Aid
- Enrolment and Orientation
- Interactions with Children
- Providing a Child Safe Environment
- Staffing
- Emergency and Evacuation

The Administration of First Aid

- Incident, injury, trauma, and illness
- Providing a Child Safe Environment
- Enrolment and Orientation
- Emergency and Evacuation
- Excursions and Transportation
- Dealing with Infectious Diseases
- Dealing with Medical Conditions in Children
- Sun Protection
- Water Safety
- Acceptance and Refusal of Authorisations

Sun Protection

- Refer to South Turrumurra OOSH *Sun protection policy*

Water Safety

- Emergency and Evacuation
- Incident, injury, trauma, and illness
- Excursions and Transportation
- Providing a Child Safe Environment
- The Administration of First Aid

Approval and Revision History

Review Date	Reviewed By	Approved By	Next Review
12/08/2021	Courtney Sparkes	Scott Everard	Aug 2022
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11/07/2023	Courtney Sparkes	Scott Everard	July 2024
15/05/2024	Amy Kitto	Scott Everard	May 2024
01/08/2024	CELA	Scott Everard	August 2025