

COMBINED TABLE OF CONTENTS

1.1 Educational Program and Practice.....	1
1.1.1 Purpose	1
1.1.2 Organisation Statement	1
1.1.3 Our Policy	1
1.1.4 Responsibilities	1
1.1.5 Monitoring Educational Program and Practice	1
1.1.6 References	1
1.1.7 Definitions.....	1
Term	1
Meaning.....	1
1.2 Programming for Development and Education	1
1.2.1 Aim	1
1.2.2 Routines, Programs and Documentation	1
1.3 Sustainability	1
1.3.1 Aim	1
1.3.2 Introduction	1
1.3.3 purpose	1
1.3.4 Procedures	1
1.4 Technology and Digital Media	1
1.4.1 Aim	1
1.4.2 Procedures	1
2.1 Children’s Health & Safety Guide	1
2.1.1 Purpose	1
2.1.2 Organisation Statement	1
2.1.3 Our Policy	1
2.1.4 Responsibilities	1
2.1.5 Monitoring Children’s Health & Safety	1
2.1.6 References	1
2.1.7 Definitions.....	1
Term	1
Meaning.....	1
2.2 Administration of First Aid	1
2.2.1 Aim	1
2.2.2 Practice.....	1
2.3 Administration of Medication	1
2.3.1 Aim	1
2.3.2 Practice.....	1
2.4 Infection Prevention and Control, Health & Hygiene	1

2.4.1 Infection Prevention and Control Overview	1
2.4.2 Standard Precautions.....	1
2.4.3 Transmission-Based Precautions	1
2.4.4 Routine Hand Hygiene	1
2.4.5 Use of Personal Protective Equipment (PPE)	1
2.4.6 Waste Management.....	1
2.4.7 Environmental Controls.....	1
Pest control (offices)	1
Pest control (School premises)	1
Procedure for decontamination of blood and body fluid substance spills	1
2.4.8 Cleaning of Reusable Equipment/Single Use Equipment	1
Handling and disposal of sharps.....	1
2.4.9 Hygiene and Cough Etiquette.....	1
Bathing.....	1
2.4.10 Communicable Diseases	1
Managing communicable diseases	1
Outbreak management	1
Gastroenteritis	1
1. Inform	1
2. Handwashing	1
3. Additional infection control measures	1
4. Cohorting	1
5. Restrict movements.....	1
6. Exclude sick staff, educators and children.....	1
7. Cleaning.....	1
8. Linen/clothing	1
Influenza.....	1
Staff and educator vaccination.....	1
Hepatitis B vaccination program	1
Child vaccination.....	1
Sharps injury and body fluid exposure.....	1
COVID-19 responses	1
Infection prevention and control.....	1
2.5 Incident, Injury, Trauma & Illness.....	1
2.5.1 Practices	1
Responsibilities of parents/guardians.....	1
Responsibilities of educators.....	1
Identify the signs and symptoms of illness	1
What to do if a child seems unwell	1
What to do if a child has a fever	1
2.5.2 Reporting of a serious incident.....	1
2.5.3 Death of a child	1
2.5.4 Incident, injury, trauma & illness record.....	1
2.6 Medical Conditions, Asthma, Anaphylaxis & Diabetes	1
2.6.1 Information that must be provided on Enrolment Form	1
2.6.2 Responsibilities	1

The Service	1
The Parents/Guardians	1
2.6.3 Medical Management Plans	1
2.6.4 Asthma emergencies	1
2.6.5 Anaphylaxis	1
2.6.6 Anaphylaxis Emergencies	1
2.6.7 Diabetes	1
2.7 Nutrition	1
2.7.1 Practice.....	1
Families have a responsibility	1
Services who provide food and beverages	1
2.8 Providing a Child Safe Environment	1
2.8.1 Security	1
2.8.2 Buildings, equipment and maintenance	1
Storage	1
Storage of dangerous chemicals, substances	1
Online environments	1
Ventilation, temperature and natural light.....	1
Pets and animals	1
Pests	1
2.8.3 Managing the indoor and Outdoor Environment.....	1
Indoor	1
Outdoor	1
Child Protective Practices	1
2.8.4 Recruitment and orientation of staff	1
2.9 Child Protection	1
2.9.1 Mandatory Reporter.....	1
Risk of Significant Harm.....	1
What is Reasonable Grounds?.....	1
Suspecting a Child is at Risk of Significant Harm	1
2.9.2 Notification of those involved in Education and Care Services	1
2.10 Excursions.....	1
2.10.1 Planning and Risk Assessments	1
Authorisation and Notification	1
Regular Excursion Definition	1
Supervision	1
While on the Excursion	1
2.11 Food Safety	1
2.11.1 Food Safety Practice Guidelines.....	1
Meals and Snacks	1
Heating and cooling food	1
Separating raw and cooked foods	1
Cooking experiences with Children	1
2.12 Monitoring, Rest & Sleep.....	1
2.12.1 Physical Environment.....	1

2.12.2 Supervision	1
2.12.3 Sleeping Arrangements	1
2.13 Sun Protection	1
2.13.1 Scheduling Outdoor Activities.....	1
Shade	1
Hats	1
Clothing.....	1
Sunscreen.....	1
Role Modelling	1
2.13.2 Practices	1
2.14 Transport	1
2.14.1 Regular Transport.....	1
Risk Assessment	1
Permission	1
Embarking	1
Disembarking	1
2.15 Water Safety	1
2.15.1 Practices.....	1
2.16 Supervision of Children	1
2.16.1 Practice.....	1
2.16.2 Child Missing Procedure.....	1
2.16.3 Excursion-Missing Child Procedure	1
2.17 Emergency Evacuation	1
2.17.1 Emergencies	1
2.17.2 Evacuations	1
Reporting to Regulatory Authority	1
2.17.3 Procedure.....	1
On Site Lock Down.....	1
3.1 Relationships With Children	1
3.1.1 Purpose	1
3.1.2 Organisation Statement	1
3.1.3 Our Policy	1
3.1.4 Responsibilities	1
3.1.5 Monitoring.....	1
3.1.6 References	1
3.1.7 Definitions.....	1
Term	1
Meaning.....	1
3.2 Child Enrolment & Orientation	1
3.2.1 Priority of Access	1
3.2.2 Enrolment Forms	1
3.2.3 Practice.....	1

Request for Care.....	1
Orientation.....	1
Hours of Operation.....	1
Fees	1
3.3 Inclusion & Diversity.....	1
3.3.1 Overview	1
3.3.2 Practice.....	1
3.4 Interactions With Children	1
3.4.1 Procedures	1
4.1 Collaborative Partnerships with Families & Communities	1
4.1.1 Purpose	1
4.1.2 Organisation Statement	1
4.1.3 Our Policy	1
4.1.4 Responsibilities	1
4.1.5 Monitoring Collaborative partnerships with children, families and communities.....	1
4.1.6 References	1
4.1.7 Definitions.....	1
Term	1
Meaning.....	1
4.2 Acceptance & Refusal of Authorisation	1
4.2.1 Refusing a Written Authorisation	1
Families are encouraged to:.....	1
4.3 Behaviour Guidance & Management.....	1
4.3.1 Procedures	1
Guiding Children's Behaviour.....	1
Correction Steps	1
Persistent inappropriate behaviour	1
4.4 Partnerships	1
4.4.1 Practice.....	1
4.5 Delivery & Collection of Children.....	1
4.5.1 Practice & Procedure.....	1
Safe arrival of children	1
Collection of Children	1
If a child has not been picked up by closing time of the service	1
Absent Children	1
4.5.2 Booked Child NON-ATTENDANCE Procedures	1
After School Care.....	1
Flow Chart 4.05.1 Child Did Not Attend OSHC	1
4.5.3 Attendance of a Non-Booked Child Procedures	1
5.1 Feedback and Complaints Guide.....	1
5.1.1 Consumer Outcome.....	1
5.1.2 Organisation Statement	1
5.1.3 Our Policy	1

5.1.4 Responsibilities	1
5.1.5 Monitoring the Complaints and Consumer Feedback Process	1
5.1.6 References	1
5.1.7 Definitions.....	1
Term	1
Meaning.....	1
5.2 Consumer Complaints	1
5.2.1 Open Disclosure and other Principles in Managing Complaints.....	1
Be open and timely	1
Acknowledge	1
Assess	1
Respond	1
Follow up	1
Consider	1
5.2.2 National Principles for child Safe Organisations	1
5.2.3 Process for Managing Complaints	1
Table 5.2.1 Complaints Management Process.....	1
5.2.4 Disputes between Children Consumers and Staff.....	1
5.2.5 People with Special Needs	1
5.2.6 Young people with problematic and Harmful Sexual Behaviours	1
Table 5.2.2 What is a public health approach to problematic and harmful sexual behaviours?	1
Primary	1
Secondary.....	1
Table 5.2.3 Traffic light system to assess sexual behaviour.....	1
Tertiary	1
5.2.7 Use of an Advocate	1
5.2.8 Confidentiality of Complaints and Disputes	1
5.2.9 Working with External Complaints Agencies.....	1
5.3 Consumer Feedback	1
5.3.1 Formal Feedback.....	1
5.3.2 Informal Feedback	1
5.4 Advocates	1
5.4.1 Use of Advocates	1
5.4.2 What is an Advocate?	1
5.4.5 Advocacy and Complaints Investigation Contacts	1
Table 5.4.1 Advocacy and Complaints Investigation Contacts.....	1
6.1 Human Resources Guide	1
6.1.1 Consumer Outcome	1
6.1.2 Organisation Statement	1
6.1.3 Our Policy	1
6.1.4 Responsibilities	1

6.1.5 Monitoring Human Resources.....	1
6.1.6 References	1
6.1.7 Definitions.....	1
Term	1
Meaning.....	1
6.2 Workforce Planning.....	1
6.2.1 Human Resource Support.....	1
6.2.2 Planning the Workforce.....	1
6.2.3 Retaining Staff.....	1
6.2.4 Workforce Risk Management	1
6.3 Workforce Recruitment.....	1
6.3.1 Recruitment Policy	1
6.3.2 Equal Employment Opportunity and Anti-Discrimination	1
6.3.3 Awards	1
6.3.4 Process for Filling a Vacant Position	1
Review the position	1
Advertise the position.....	1
Set up a selection panel.....	1
Shortlist applicants	1
Interview applicants.....	1
Conduct pre-employment checks	1
Offer of employment	1
Advise unsuccessful applicants	1
6.3.5 Procedure for New Staff	1
Orientation.....	1
Staff/volunteer orientation checklist.....	1
Supervision of new staff	1
6.3.6 Position Descriptions	1
6.3.7 Child Care Approved Provider	1
Nominated Supervisors	1
Persons in day-to-day charge.....	1
6.3.8 Staff Code of Conduct.....	1
6.3.9 Policies and Procedures.....	1
6.3.10 Staff Files	1
6.3.11 Employment Checks	1
Persons with Management or Control	1
Reference check	1
Police check	1
Staff, Students and volunteers.....	1
Statutory Declarations	1
New staff – commencing employment without a police check.....	1
Staff and volunteers who have resided overseas	1
Processing police checks and other documents.....	1
Assessing offences	1

Drivers licence and vehicle registration checks.....	1
6.4 Staff Development	1
6.4.1 Staff Supervision and Support	1
6.4.2 Performance Development Reviews	1
6.4.3 Staff Education and Training.....	1
Education and training strategies	1
Food safety training	1
Work health and safety training	1
First aid	1
Staff development opportunities	1
Staff training records.....	1
6.5 Staff Performance Management and Disputes.....	1
6.5.1 Staff Underperformance.....	1
What is underperformance?	1
Process for dealing with underperformance	1
6.5.2 Employer/Employee Dispute Procedure	1
6.5.3 Serious Misconduct.....	1
6.5.4 Employee Assistance Program (EAP).....	1
6.6 Tobacco, Drugs and Alcohol Free Workplace	1
6.6.1 Aim	1
6.6.2 Practice.....	1
No smoking rule	1
For the purpose of this policy	1
Smoking breaks.....	1
Advocacy	1
Breach of this Policy	1
6.7 Staff Timesheets, Leave and Exit	1
6.7.1 Staff Timesheets	1
6.7.2 Leave	1
Application for leave.....	1
Annual leave	1
Payment of annual leave.....	1
Cashing out annual leave.....	1
Payment of annual leave on termination	1
Casual employees	1
Sick and carer's leave (personal leave)	1
Unpaid carer's leave.....	1
Compassionate leave.....	1
Domestic violence leave.....	1
Maternity and parental leave	1
Community service leave	1
Public holidays.....	1
Unpaid leave	1
Long service leave	1
6.7.3 Employee Exit Procedure.....	1
6.8 Workers' Compensation	1

6.8.1 Notification of Incident/Accident.....	1
6.8.2 Claims	1
6.8.3 Rehabilitation and Return-To-Work Programs	1
Overview	1
Obligations.....	1
Manager responsibilities.....	1
Employee responsibilities	1
6.9 Volunteers, Temporary Staff & Students	1
6.9.1 Volunteers.....	1
Volunteer policy.....	1
Volunteer management	1
Reimbursement of costs	1
6.9.2 Temporary Staff.....	1
Home care temporary staff shortages.....	1
Agency staff	1
Staff access to support	1
6.9.3 Students	1
7.1 Organisational Governance Guide	1
7.1.1 Consumer Outcome.....	1
7.1.2 Open Arms Care Statement.....	1
7.1.3 Our Policy	1
7.1.4 Responsibilities	1
7.1.5 Monitoring Open Arms Care Governance	1
7.1.6 References	1
7.1.7 Definitions.....	1
Term	1
Meaning.....	1
7.2 About Us	1
7.2.1 Overview	1
7.2.2 Our Vision	1
7.2.3 Our Mission	1
7.2.4 Our Values	1
7.2.5 Our Philosophies	1
7.2.6 Partnering with Consumers.....	1
7.2.7 Statement of Principles	1
7.2.8 Target Group	1
7.2.9 Services Provided.....	1
7.2.10 Our Staff	1
7.2.11 Incorporation Requirements.....	1
Key requirements of incorporated groups.....	1
The constitution.....	1

Familiarity with constitution	1
Review of constitution	1
General meetings.....	1
Board	1
Role of the Board	1
Working with the CEO	1
Involvement in Day to Day Management.....	1
Responsibilities of the Board	1
Legal Responsibilities.....	1
Policy and Planning	1
Financial	1
Staff Management Responsibilities	1
Other Board Responsibilities	1
Responsibilities of Board Members.....	1
Attendance at Meetings.....	1
Responsibilities of the President	1
Responsibilities of the Vice-President	1
Responsibilities of the Treasurer.....	1
Responsibilities of the Secretary.....	1
Responsibilities of other Board Members	1
Code of conduct for Board members.....	1
Conflict of interest	1
Leaving the Board	1
Resignation of Member	1
Expulsion of Member	1
Board meetings.....	1
Orientation for Board members.....	1
7.2.12 Approved Provider Responsibilities Child Care	1
Persons with Management or Control.....	1
Persons in day-to-day charge	1
Applications and Notifications	1
Financial disclosure obligations	1
Pricing review	1
Department monitoring of compliance and other access.....	1
7.2.13 CHSP Provider Responsibilities	1
Key personnel	1
Disqualified individuals	1
Financial disclosure obligations	1
7.3 Management Structure and Governance Processes	1
7.3.1 Management Structure	1
7.3.2 Governance Processes	1
Governance structure	1
7.3.3 Performance Reports	1
7.3.4 Whistle Blowers	1
Overview	1
Purpose of our whistle bower policy.....	1
Who the policy applies to	1
Matters the policy applies to.....	1
Exclusions	1
Who can receive a disclosure.....	1

Internal eligible recipients	1
External eligible recipients	1
How to make a disclosure	1
Anonymous disclosures	1
Legal protections for disclosers	1
Identity protection	1
Protection from detrimental acts or omissions	1
Compensation and other remedies	1
Civil, criminal and administrative liability protection	1
Support and practical protection for disclosers	1
Identity protection (confidentiality)	1
Protection from detrimental acts or omissions	1
Handling and investigating a disclosure	1
Handling a disclosure	1
Investigating a disclosure	1
Keeping a discloser informed	1
How the investigation findings will be documented, reported internally and communicated to the discloser	1
Review of Findings	1
Ensuring fair treatment of individuals mentioned in a disclosure	1
Ensuring the policy is easily accessible to all stakeholders	1
Disclosers within Open Arms Care	1
Upfront and ongoing education and training	1
Monitoring and reporting on the effectiveness of the policy	1
7.4 Financial Management	1
7.4.1 Roles and Tasks	1
Board	1
Treasurer	1
CEO	1
Team leaders	1
Finance team	1
General	1
7.4.2 Financial Management Practices	1
Bank accounts	1
Signatories	1
Budget	1
Reports	1
Supplier accounts	1
Audit	1
7.4.3 Delegations of Financial Authority	1
7.4.4 Applying for Funds	1
7.5 Consumer Fees	1
7.5.1 Commonwealth Home Support Program	1
CHSP fees policy	1
Overview	1
Exclusions from fees	1
Fee schedule	1
Fee reductions	1
7.5.2 Child Care	1

Out of school hours care fees policy	1
Overview	1
Child Care Subsidy	1
Payment of Fees	1
Bookings and Marking Children Absent.....	1
Fee Schedule and Hours of Operation.....	1
Out of school hours care debt collection policy.....	1
Aim	1
Practice.....	1
7.6 Funding Reports and Monitoring	1
7.6.1 Funding Provider Accountability Reports.....	1
7.6.2 Monitoring Funding Requirements and Service Delivery.....	1
7.6.3 CHSP - Responsibilities during a national or state emergency	1
7.6.4 Funding Provider Acknowledgement	1
7.7 Planning	1
7.7.1 Consumers as Partners	1
7.7.2 Annual Report.....	1
CHSP.....	1
General	1
7.7.3 Improvement Plan and Strategic Plan	1
7.7.4 The Planning Process	1
Table 7.7.1 Open Arms Care Planning Process.....	1
7.7.6 Annual Planning Day.....	1
Planning day process.....	1
7.7.7 Implementing the Plans	1
7.8 Regulatory Compliance	1
7.8.1 Identify Relevant Requirements	1
Legislation and Regulations	1
7.8.2 Monitoring Changes to Legislation	1
7.8.3 Implement Changes	1
7.8.4 Application of Regulatory Compliance Processes.....	1
7.8.5 Monitor and Evaluate Changes	1
7.8.6 Work Health and Safety	1
Work health and safety obligations.....	1
Employers	1
Employees.....	1
Safe work Australia	1
7.9 Privacy and Confidentiality	1
7.9.1 Principles for the Collection of Consumer Information	1
7.9.2 Privacy plan.....	1
7.9.3 Confidentiality of Complaints and Disputes	1
7.9.4 Consumers Right to Access Information	1
7.10 Continuous Improvement.....	1

7.10.1 Overview.....	1
7.10.2 The Leadership Team.....	1
Role of Leadership Team.....	1
Leadership Team membership	1
Leadership Team meetings.....	1
Leadership Team agenda	1
Figure 7.10.1: Continuous Improvement Information Management Process	1
7.10.3 Continuous Improvement and Risk Management	1
7.10.4 Improvement Plan	1
7.10.5 Improvement Process	1
Figure 7.10.2: Plan Do Check Act Improvement Cycle.....	1
Plan	1
Do	1
Check.....	1
Act.....	1
7.10.6 Continuous Improvement Forms	1
Tell us what you think form.....	1
Consumer complaint form	1
Staff accident incident report.....	1
Adverse event report.....	1
Hazard report	1
Maintenance request	1
Survey audit report.....	1
7.10.7 Other Continuous Improvement Information Sources.....	1
Informal consumer feedback	1
Consumer meetings	1
Open Arms Care management meetings	1
Safety audits.....	1
Responsive audits.....	1
Policies and procedures reviews.....	1
7.11 Risk Management.....	1
7.11.1 Overview.....	1
7.11.2 Risk Management and Continuous Improvement	1
7.11.3 Risk Management Plans.....	1
Risk management plans.....	1
Risk management plan information	1
7.11.4 Identifying Risks	1
7.11.5 Identifying Controls	1
Recording improvements	1
7.11.6 Risk Rating Matrix	1
Figure 8.10.1: Risk Management Rating Matrix	1
7.11.7 Consumer Choice and Risk	1
7.11.8 Abuse and Neglect.....	1
Strategies to minimise the risk of abuse and neglect	1
Abuse and neglect of consumers.....	1

Contacts for elder abuse.....	1
Minimising the use of restraint.....	1
Workplace bullying.....	1
7.11.9 BUSINESS CONTINUITY PLAN	1
Risks from natural events	1
7.12 Information Management Systems	1
7.12.1 Communication Strategies.....	1
7.12.2 Policies and Procedures.....	1
Structure of the policies and procedures	1
Figure 7.12.1: Policies and Procedures Schema.....	1
Forms.....	1
Access to policies and procedures	1
Updating the policies and procedures	1
Review minutes of management meetings	1
Control of the policies and procedures	1
Review of policies and procedures.....	1
7.12.3 Consumer Information	1
Management of consumer information aged care	1
Management of consumer information child care.....	1
Paper records	1
Office Files	1
In-home Files	1
Electronic Records.....	1
7.12.4 Recording Service Delivery Information.....	1
7.12.5 General Information	1
Staff records	1
Staff access to staff files	1
Minutes of meetings.....	1
Other administrative information	1
7.12.6 Archiving.....	1
Archive management	1
Aged care act responsibilities	1
Timelines for maintaining records	1
Table 7.11.1 Timelines for Maintaining Records.....	1
Archiving consumer records	1
Consumer paper records	1
Consumer management system records.....	1
Managing superseded policies and procedures	1
7.12.7 Information Technology and Cyber Security.....	1
Cyber security	1
Email	1
Internet access	1
MyGovID.....	1
Getting help and reporting problems.....	1
Social media	1
Responding to data breaches.....	1
Data breach.....	1
Notifiable data breaches.....	1

Data Breach Response Plan	1
Key Roles.....	1
Data Breach Report	1
Procedure for Dealing with a Data Breach.....	1
Figure 7.12.2: OAIC Data Breach Action Plan for Health Service Providers	1
Testing of the Data Breach Response Plan	1
Training	1

CONTENTS

1.1 Educational Program and Practice.....	3
1.1.1 Purpose	3
1.1.2 Organisation Statement	3
1.1.3 Our Policy	3
1.1.4 Responsibilities	3
1.1.5 Monitoring Educational Program and Practice.....	4
1.1.6 References	4
1.1.7 Definitions.....	4
Term	4
Meaning.....	4
1.2 Programming for Development and Education	5
1.2.1 Aim	5
1.2.2 Routines, Programs and Documentation.....	5
1.3 Sustainability	7
1.3.1 Aim	7
1.3.2 Introduction	7
1.3.3 purpose	7
1.3.4 Procedures	7
1.4 Technology and Digital Media	9
1.4.1 Aim	9
1.4.2 Procedures	9

RECORD OF REVISIONS: SECTION 1: EDUCATIONAL PROGRAM AND PRACTICE

[illegible]

1.1 EDUCATIONAL PROGRAM AND PRACTICE

1.1.1 PURPOSE¹

The educational program enhances each child's learning and development facilitated by educators who extend on each child's learning and developmental needs, whilst taking a holistic and reflective approach when implementing the program.

1.1.2 ORGANISATION STATEMENT

Open Arms Care:

- Has a culture of inclusion and respect for each child's learning and development.
- Supports children to develop autonomy and independence to influence events and their world.
- Integrates children's strengths knowledge, ideas, culture, abilities and interests in programing.
- Embeds reflective practice when developing and implementing programing.

1.1.3 OUR POLICY

- The educational program enhances each child's learning and development.
- Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
- Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
- All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
- Educators facilitate and extend each child's learning and development.
- Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
- Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.
- Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
- Educators and co-ordinators take a planned and reflective approach to implementing the program for each child.
- Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection.
- Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.
- Families are informed about the program and their child's progress.

1.1.4 RESPONSIBILITIES

- Management ensures processes and practices are in accord with the National Quality Framework and provides resources to support educators, children and families.
- Educators follow policies and procedures, participate in development opportunities to be deliberate and thoughtful in their decisions and actions.

¹ Australian Children's Education and Care Quality Authority [National Quality Standards](#)

- Educators ensure programs are developed based on children's needs, interests and ideas to achieve meaningful outcomes.
- Critical reflection is adopted by educators and management to evaluate and continuously improve practices and develop robust learning experiences for children.

1.1.5 MONITORING EDUCATIONAL PROGRAM AND PRACTICE

Educational program and practice processes and systems are regularly audited as part of our audit program and educators, children and families are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) in Forms/Governance Documents and 8.9 Continuous Improvement).

1.1.6 REFERENCES

- Australian Children's Education and Care Quality Authority [National Quality Standards](#)
- [Education and Care Services National Law Act 2010](#)
- [Education and Care Services National Regulations 2011](#)
- [My Time, Our Place: Framework for School Aged Care in Australia](#)
- [Belonging, being and becoming the early years learning framework for Australia](#)

1.1.7 DEFINITIONS

Term	Meaning
Belonging, being and becoming	Australia's first national Early Years Learning Framework for early childhood educators. The aim of this document is to extend and enrich children's learning from birth to five years and through the transition to school.
Child over preschool age	A child enrolled or registered at a school and attends, or in the current calendar year will attend, school in the year before grade 1 or in grade 1 or a higher grade. child preschool age or under means a child under the age of 7 years who is not a child over preschool age.
Educators	Educators care for infants and young children in a range of settings to help meet their social, emotional, physical and educational needs.
Educational Leader	The role of the educational leader is primarily to collaborate with educators and provide curriculum direction and guidance.
Educational Program	Means a program referred to in section 168 of the Law.
MYTOP	My Time, Our Place framework for school aged care in Australia.
Preschool	Educational establishment or learning space offering early childhood education to children before they begin compulsory education at primary school.
Responsible Person	Means person referred to in section 162 (1)(a) to (c) of the Law.
The Law	Means the Education and Care Services National Law.

1.2 PROGRAMMING FOR DEVELOPMENT AND EDUCATION

1.2.1 AIM

Open Arms Care Inc. Children Services recognises children learn through exploration of their environment and interactions with others. A secure, stimulating and nurturing environment where children are encouraged, to explore and experiment in safety, provides children with positive experiences to enhance learning and development. Open Arms Care Inc. Children Services recognises, and values the importance of the child's family, community culture, and place in the development of relationships and a positive self-image. Learning experiences and interactions provided by educators should value each child's cultural diversity and the diversity of the wider community, and encourage children to develop respect for the rights of others and their environment. The program is to provide a strong sense of identity and well-being.

1.2.2 ROUTINES, PROGRAMS AND DOCUMENTATION

Educators need to document:

- For a child over preschool age
 - Document each Child's involvement in the program through regular observations, through an Educator's observation and Planning Cycle.
 - Document the evaluation and assessment of each Child's developmental needs, interests, experiences and participation in the Educational Program. (MTOP)
 - Critical reflection on Children's learning and development both as individuals and in groups which is regularly used to implement the program.

Documentation comes from the children, families and Educators through spontaneous, planned and routine play experiences to enhance the educational program for each child's learning and development. This information can be gathered through although not limited to:

- Allowing Children to freely select experiences.
- Ensure the program of experiences and play is flexible/open ended and allows opportunity to build on children's discoveries or spontaneous interest throughout the day.
- Routine times are opportunity for learning and skill development (e.g. Educators interact freely with children at the child's level, children are encouraged to be independent and respectful of others and assistance is given when necessary).
- Taking into account individual children's interests, strengths and needs in experiences.
- Maintain a balance of play based activities with outings planned to enhance learning opportunities for the child to experience the wider community and expand cultural awareness and understanding of the arts (e.g. excursions, visits to or from artists, performers, visits to or from people of varying cultures, ages or abilities).
- Offer a balance of indoor and outdoor experiences each day.
- Offer risky play and see how resilient the child is.
- Discussions with a child about their experiences outside of care and what they learn from their community.
- Discussions with the families about their lives experiences and what they believe is their child's strengths, needs and interests are.
- Discussions with families about their child's time in care
- Re offer the same experiences to allow the child time to become adept and accomplished at their skills.
- Discussions about safe online experiences and how to use online environments in a safe age appropriate manner.

The documentation will help to form the Educational program which will include the following outcomes for each child.

- the child will have a strong sense of identity
- the child will be connected with and contribute to his or her world
- the child will have a strong sense of wellbeing
- the child will be a confident and involved learner
- the child will be an effective communicator

Educators will take a planned and reflective approach to implementing the program for each child, which is an ongoing cycle of observation, analysing, learning, documentation, planning, implementation and reflection.

The learning and children's development assessments are to inform the families of their child's progress and they can be accessed by the parent at any time.

Educational Programs are to be displayed on the premises by the education and care service either through Xplor playground or in other forms, including written vacation care programs accessible to parents of children being educated and cared for by the service.

The Educational Leader will:

- Ensure Educators are working on documentation that reflects the MTOP.
- Deliver information, resources and Professional Development which will assist an Educator with Education and Care Practices.
- Ensure all Educators are delivering a program that addresses the child's needs, interest and learning.
- Be available to discuss a child's development with Educators and or/families.
- Ensure Confidentiality is observed (refer Confidentiality Policy).
- Provide information, resources and support to educators to assist them in developing appropriate routines and activity programs for children, and to support and interact positively with children who have a different language background or who have specific needs.
- Support a family's decision to utilise other early childhood services.

Families are encouraged to:

- On initial contact with the service, provide information relevant to the successful inclusion of their child into the service, (eg cultural background, abilities, needs and language).
- Ensure confidentiality is observed.
- Provide the Educator and /or Children's Services Manager with as much relevant information about the child as possible to support the Educator in meeting the child's needs. This includes Australian Immunisation History Statement (Medicare), any medical plans, court orders, paediatric reports or any other health or social support documents.

1.3 SUSTAINABILITY

1.3.1 AIM

Open Arms Care Inc. encourages an increase awareness of environmental responsibilities and implements practices that contribute to a sustainable future. Children can be supported to become environmentally responsible and show respect for the environment. Environmentally sustainable practices should be embedded into the operations of the education and care service and involve educators, children and families in order to be successful.

1.3.2 INTRODUCTION

Environmental Education can be defined as learning about the environment and how natural systems function, how plants, animals, humans and the planet we inhabit all interconnect. Education for Sustainable Development allows every human being to acquire the knowledge, skills, attitudes and values necessary to shape a sustainable future.

1.3.3 PURPOSE

Children learn from each other, from the resources on offer, from the environments: natural vs man made, set up intentionally or spontaneously through investigation, from adults and through the community. All children in Open Arms Children's Services will be encouraged to develop a respect and enjoyment of the natural environment and living things whilst furthering their appreciation of beauty in its many forms. Children's services will strive to integrate all aspects of sustainability into their services, creating a whole service approach and working towards initiating change towards sustainable values and practices.

1.3.4 PROCEDURES

Educators will participate in professional development which has a focus on promoting Environmental Education in Early Childhood and sustainability in Children's Services.

Educators will keep up to date on the latest research and teachings in Environmental Education through such things as journals and e-newsletters and then support Educators to enhance their services with this knowledge. Educators and the Coordination staff will help children connect with nature through various activities such as:

- Constructing worm farms, building vegetable or herb gardens, composting.
- Incorporating recycled and natural items into children's learning experiences.
- Growing plants from seeds
- Responsible recycling
- Utilizing outdoor environments and the efficient use of natural resources.
- Using resources including books, posters and technology to investigate topics that children are interested in such as wildlife, waste, water and the earth diverse environments.
- Coordination staff and Educators will endeavour to provide families with information on the environment and sustainability through newsletters, fact sheets, hints and articles.

All services will be encouraged to have indoor and outdoor play spaces which promote resource conservation and healthier living. Families will be encouraged to provide environmentally sustainable lunch boxes ie limit convenience, pre-packaged foods and re-usable containers. Encourage the children to open and choose which foods to eat, promoting autonomy. Natural play spaces are to be provided and experiences involving natural play which promotes resource conservation and healthier living. Management will make a commitment to:

- Recycle office items such as paper, ink cartridges, plastics and kitchen refuse
- Use scrap containers for kitchen and any play session food waste

- Limit the use of air conditioners
- Turn off lights when not in use
- Reuse and repair equipment as often as possible
- Research environmentally responsible alternatives for equipment when purchases are required.

1.4 TECHNOLOGY AND DIGITAL MEDIA

1.4.1 AIM

Open Arms Care Inc. Children Services believes that television and digital media can be an effective form of exposing children to the wonders around them. If television and other digital media is used, Educators need to ensure it is planned, limited to acceptable periods of time during the child's day to maximise opportunities to explore other learning opportunities provided, is age appropriate and monitored, to ensure suitability.

1.4.2 PROCEDURES

Only authorised devices are to be used in the service including, mobile phones, tablets, computers or any other recording or image capture devices. Authorisation must be obtained from the Manager/CEO prior to accessing or using any unauthorised device in the service, this includes the use of personal devices such as mobile phones.

Television, technology and digital media viewing shall be;

- Age appropriate
- To meet the child's purpose
- For learning and development value of the child
- Under the supervision of Educators.

Use of Digital Media (laptops, iphones, ipads, tablets, android, electronic devices and cameras).

Facebook, Twitter and other similar social media websites are not appropriate for children to browse through or for personal use.

Children will be supervised by Educators to ensure appropriate material is being viewed/accessed and all children have equal opportunity to use the technology.

Laptops and Computers which are the property of Open Arms Care Inc. must stay on the premises and be stored in a safe, secure cabinet at all times unless authorised by Coordinators.

Previewing of the software/movies/programs/music videos/YouTube must be done by the Educators before the children have access to determine suitability and relevance to the children's curriculum and learning. A 'G' and 'PG' rating will be observed when choosing what is suitable. Observations of children at work on electrical devices and asking their views is a particular reliable method of evaluating the worth of what they are observing.

Types of software/movies/programs/music videos/You tube will be open ended to provide many more learning opportunities for children and teach children to engage in online platforms safely.

Educators should not use phones for messaging, facebook or personal phone calls during program and supervision times, unless it is required for an emergency.

Children who bring their own phones/ipads/tablets/electronic devices are asked to leave them in their bags. They are not permitted during program hours. Unless otherwise specified in the event it is permitted parents will be required to sign a waiver.

Electronic devices at the discretion of the program, may be used for homework purposes (during after school care hours) for short periods of time and only when they can be actively supervised by educators.

Parents and families will be consulted regarding the use of electronic devices during program hours.

Educators discuss with children and families what programs/movies will be watched or viewed and make joint decisions with the children about the period(s) of viewing time.

Give children a chance to ask questions, describe their feelings and make sense of what is taking place. This can occur by talking about what they are watching, discussing characters, stories and themes.

Parents should sign a consent form when taking children to see a film at the cinemas in conjunction with a non routine Excursion permission form.

CONTENTS

2.1 Children's Health & Safety Guide	1
2.1.1 Purpose	1
2.1.2 Organisation Statement	1
2.1.3 Our Policy	1
2.1.4 Responsibilities	1
2.1.5 Monitoring Children's Health & Safety	2
2.1.6 References	2
2.1.7 Definitions.....	2
Term	2
Meaning.....	2
2.2 Administration of First Aid	4
2.2.1 Aim	4
2.2.2 Practice.....	4
2.3 Administration of Medication	6
2.3.1 Aim	6
2.3.2 Practice.....	6
2.4 Infection Prevention and Control, Health & Hygiene	8
2.4.1 Infection Prevention and Control Overview	8
2.4.2 Standard Precautions.....	9
2.4.3 Transmission-Based Precautions	9
2.4.4 Routine Hand Hygiene	9
2.4.5 Use of Personal Protective Equipment (PPE)	9
2.4.6 Waste Management.....	10
2.4.7 Environmental Controls.....	10
Pest control (offices)	10
Pest control (School premises)	10
Procedure for decontamination of blood and body fluid substance spills	10
2.4.8 Cleaning of Reusable Equipment/Single Use Equipment	10
Handling and disposal of sharps.....	10
2.4.9 Hygiene and Cough Etiquette.....	11
Bathing.....	11
2.4.10 Communicable Diseases	11
Managing communicable diseases	11
Outbreak management	12
Gastroenteritis	12
1. Inform	12
2. Handwashing	12
3. Additional infection control measures	13
4. Cohorting	13

5. Restrict movements.....	13
6. Exclude sick staff, educators and children.....	13
7. Cleaning.....	13
8. Linen/clothing	13
Influenza.....	13
Staff and educator vaccination.....	14
Hepatitis B vaccination program	14
Child vaccination.....	14
Sharps injury and body fluid exposure.....	14
COVID-19 responses	15
Infection prevention and control.....	15
2.5 Incident, Injury, Trauma & Illness.....	16
2.5.1 Practices	16
Responsibilities of parents/guardians.....	16
Responsibilities of educators.....	16
Identify the signs and symptoms of illness	16
What to do if a child seems unwell	17
What to do if a child has a fever	17
2.5.2 Reporting of a serious incident.....	18
2.5.3 Death of a child	18
2.5.4 Incident, injury, trauma & illness record.....	19
2.6 Medical Conditions, Asthma, Anaphylaxis & Diabetes	20
2.6.1 Information that must be provided on Enrolment Form	20
2.6.2 Responsibilities	20
The Service	20
The Parents/Guardians	21
2.6.3 Medical Management Plans.....	22
2.6.4 Asthma emergencies	22
2.6.5 Anaphylaxis.....	23
2.6.6 Anaphylaxis Emergencies	23
2.6.7 Diabetes	23
2.7 Nutrition	25
2.7.1 Practice.....	25
Families have a responsibility	26
Services who provide food and beverages.....	26
2.8 Providing a Child Safe Environment	27
2.8.1 Security	27
2.8.2 Buildings, equipment and maintenance	27
Storage	27
Storage of dangerous chemicals, substances	28
Online environments	29
Ventilation, temperature and natural light.....	29
Pets and animals	29
Pests.....	29
2.8.3 Managing the indoor and Outdoor Environment.....	30
Indoor	30

Outdoor	30
Child Protective Practices	31
2.8.4 Recruitment and orientation of staff	31
2.9 Child Protection	32
2.9.1 Mandatory Reporter.....	32
Risk of Significant Harm.....	32
What is Reasonable Grounds?.....	32
Suspecting a Child is at Risk of Significant Harm	32
2.9.2 Notification of those involved in Education and Care Services	36
2.10 Excursions.....	37
2.10.1 Planning and Risk Assessments.....	37
Authorisation and Notification.....	38
Regular Excursion Definition.....	38
Supervision	39
While on the Excursion	39
2.11 Food Safety	40
2.11.1 Food Safety Practice Guidelines.....	40
Meals and Snacks	40
Heating and cooling food	40
Separating raw and cooked foods	41
Cooking experiences with Children	41
2.12 Monitoring, Rest & Sleep.....	42
2.12.1 Physical Environment.....	42
2.12.2 Supervision	42
2.12.3 Sleeping Arrangements	43
2.13 Sun Protection	44
2.13.1 Scheduling Outdoor Activities.....	44
Shade	44
Hats.....	44
Clothing.....	45
Sunscreen.....	45
Role Modelling	45
2.13.2 Practices	45
2.14 Transport	46
2.14.1 Regular Transport.....	46
Risk Assessment.....	46
Permission	47
Embarking	47
Disembarking	48
2.15 Water Safety	49
2.15.1 Practices.....	49
2.16 Supervision of Children	50
2.16.1 Practice.....	50
2.16.2 Child Missing Procedure.....	51
2.16.3 Excursion-Missing Child Procedure	52
2.17 Emergency Evacuation	53

2.17.1 Emergencies	53
2.17.2 Evacuations	53
Reporting to Regulatory Authority	54
2.17.3 Procedure.....	55
On Site Lock Down.....	55

RECORD OF REVISIONS: SECTION 2: ASSESSMENT AND PLANNING

[illegible]

2.1 CHILDREN'S HEALTH & SAFETY GUIDE

2.1.1 PURPOSE¹

Educators promote each child's right to belong in a safe environment where their emotional and physical health is supported and protected.

2.1.2 ORGANISATION STATEMENT

Open Arms Care:

- Is committed to creating and maintaining a child safe organisation.
- Has zero tolerance for child abuse and is actively contributing to a child safe community where children are protected from abuse.
- Aims to create a culture of child safety that reduces the opportunity for harm by ensuring every person involved with OAC understands their responsibility in the important and specific role they play by ensuring clear processes and policies are created.
- Will embed the cultural safety of Aboriginal children, children from culturally and/or linguistically diverse backgrounds, LGBTI+ young people, as well as the safety of children with a disability.

2.1.3 OUR POLICY

- Each child's health and physical activity is supported and promoted.
- Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
- Effective illness and injury management and hygiene practices are promoted and implemented.
- Healthy eating and physical activity are promoted and appropriate for each child.
- Each child is protected.
- At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
- Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse and neglect.

2.1.4 RESPONSIBILITIES

- Approved provider ensures practices and procedures are in accord with National Regulations and other appropriate regulations to ensure children are safe from harm and hazards.
- Educators follow policies and procedures to ensure the safe participation of each child within the environment of the service.
- Educators are aware of the UN Rights of the children to ensure their physical and mental wellbeing is being cared for.
- Approved Provider will ensure policies and procedures are in place to document the roles and responsibilities of educators in ensuring each child is protected from significant risk of harm.

¹ Australian Children's Education and Care Quality Authority [National Quality Standards](#)

2.1.5 MONITORING CHILDREN'S HEALTH & SAFETY

Assessment and planning processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#)).

2.1.6 REFERENCES

- Australian Children's Education and Care Quality Authority [National Quality Standards](#)
- [Belonging, being and becoming the early years learning framework for Australia](#)
- [Education and Care Services National Law Act 2010](#)
- [Education and Care Services National Regulations 2011](#)
- [Guide to the Child Safe Standards](#)
- [My Time, Our Place: Framework for School Aged Care in Australia](#)
- Office of the Children's Guardian [Reporting Obligations and Processes A handbook for child-related organisations](#)
- [Staying Healthy - Preventing infectious diseases in early childhood education and care services. \(5th Edition\). National Health and Medical Research Council \(NH&MRC\)](#)

2.1.7 DEFINITIONS

Term	Meaning
Belonging, being and becoming	Australia's first national Early Years Learning Framework for early childhood educators. The aim of this document is to extend and enrich children's learning from birth to five years and through the transition to school.
Child over preschool age	A child enrolled or registered at a school and attends, or in the current calendar year will attend, school in the year before grade 1 or in grade 1 or a higher grade. child preschool age or under means a child under the age of 7 years who is not a child over preschool age.
Early Years Learning Framework (EYLF)	The Early Years Learning Framework, together with the National Quality Standard, forms the policies around early childhood education in Australia.
Educators	Educators care for infants and young children in a range of settings to help meet their social, emotional, physical and educational needs.
Educational Leader	The role of the educational leader is primarily to collaborate with educators and provide curriculum direction and guidance.
Educational Program	Means a program referred to in section 168 of the Law.
Exclusion	Unable to attend or participate in an education and care setting.
Infectious disease	A disease that could be spread by air, water, interpersonal contact.
Illness	Any sickness and/or associated symptoms that affect the child's normal participation in an education and care setting.
Immunisation status	The extent to which a child has been immunised in relation to the recommended immunisation schedule.
Notifiable disease	An infectious disease that needs to be reported to the Public Health Unit.

Term	Meaning
Medication	Any substance that is administered for the treatment of an illness or condition.
Preschool	Educational establishment or learning space offering early childhood education to children before they begin compulsory education at primary school.
Responsible Person	Means person referred to in section 162 (1)(a) to (c) of the Law.
The Law	Means the Education and Care Services National Law.

2.2 ADMINISTRATION OF FIRST AID

2.2.1 AIM

Open Arms Care Inc. believes the capacity to provide prompt basic first aid is paramount for children attending our service and staff and educators have a duty of care to take positive steps towards maintaining the health and safety of each child. The service will ensure that first aid equipment and support is available to all children, educators and visitors to the services and whilst on excursions. All educators are required to undertake and maintain current senior first aid, asthma management and anaphylaxis management training.

2.2.2 PRACTICE

The following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service:

- One educator holds a current approved first aid qualification and has undertaken current approved anaphylaxis management training and current approved emergency asthma management training.
- First aid qualifications must be acquired through an approved provider as deemed so by ACECQA.

All first aid kits will be kept up to date and fully equipped to meet Australian Standards and First Aid Risk Assessments completed by each individual service and kept in a designated secure place at each service. Educators are to ensure that the first aid kit is easily accessible to all educators, staff, parents and volunteers.

Educators are to replace stocks as necessary and are responsible to maintain inventory and expiry checks of all first aid equipment.

A first aid manual will also be kept at each service.

Educators will ensure a portable/travel first aid kit will be taken on all excursions and other offsite activities.

Each service will keep a cold pack at the service for treatment of bruises and strains.

At orientation educators, staff and volunteers will be made aware of the first aid kit, where it is kept and their responsibilities in relation to it.

Qualified first aiders will only administer first aid in minor accidents or to stabilise the victim until expert assistance arrives in more serious accidents.

Telephone numbers of emergency contacts, local hospital and poisons information centre **131 126** will be located in a prominent location.

In the event of an emergency the educator administering the first aid must not leave the patient until emergency services or the parent arrives.

First Aid Action Response

In the case of a minor accident the first aid attendant will:

1. Assess the injury
2. Attend to the injured person and apply first aid as required
3. Ensure that disposable gloves are used with any contact with blood or bodily fluids

4. Ensure that all blood or bodily fluids are cleaned up and disposed of in a safe manner as per the Health & Hygiene Policy
5. Ensure that anyone who has come in contact with any blood or fluids wash their hands thoroughly in warm soapy water
6. Record the incident and treatment given on the Incident, Injury, Trauma & Illness Form as per Incident, Injury, Trauma & Illness Policy
7. Notify the parents either by phone after the incident if seen fit or on their arrival to collect the child
8. The Educator or Nominated Supervisor should obtain parental signature confirming knowledge of the accident report form.

Reporting Serious Incidents

Where the service has had to administer first aid and the incident is deemed serious as per Regulation 12, educators are to inform the Nominated Supervisor, who will ensure that the steps outlined in the service Incident, Injury, Trauma & Illness Policy are followed, and the Regulatory Authority is notified within 24 hours of the incident or the time that person becomes aware of the incident.

2.3 ADMINISTRATION OF MEDICATION

2.3.1 AIM

Open Arm's Care Inc. will ensure children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are unwell. Our service will ensure safe administration of medication and compliance with the Education and Care Services Regulation 2011 and the National Standards.

2.3.2 PRACTICE

- Parents who need medication to be administered to their child at the service will complete the medication record providing the following information:
 - the name of the child;
 - the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication;
 - the name of the medication to be administered;
 - the time and date the medication was last administered;
 - the time and date, or the circumstances under which, the medication should be next administered;
 - the dosage of the medication to be administered;
 - the manner in which the medication is to be administered;
- Medication must be given directly to an authorized educator and not left in the child's bag.
- Parents and educators are to ensure the details on the form are clear and clarify any questions.
- Educators will store the medication in the designated secure place, clearly labelled.
- Educators will ensure that medication is kept out of reach of the children.
- Medication will only be administered from its original packaging and by authorised educators.
- Prescription medication will be administered only to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date.
- Medication will only be administered in accordance with any instructions attached to the medication or instructions provided by a registered medical practitioner.
- Non-prescription medication will not be administered at the service unless authorized by a parent and must be provided in its original container, bearing the original label and instructions and before the expiry or use by date.
- Medication will be administered with the parent's written permission only (or verbal over the phone in an emergency) or with the approval of a medical practitioner in the case of an emergency.
- Authorisation from anyone other than the parents/guardians cannot be accepted.
- If anyone other than the parent is bringing the child to the service, a written permission note from the parent, including the above information, must accompany the medication.
- Before medication is given to a child the authorised educator (usually the educator with First Aid Certificate) who is administering the medication will verify the correct dosage with another educator.
- A second educator is to witness the administration of the medication.

- After the medication is given the authorised educator will record the details on the medication form including:
 - the dosage that was administered; and
 - the manner in which the medication was administered; and
 - the time and date the medication was administered; and
 - the name and signature of the person who administered the medication; and
 - the name and signature of the witness
- Where medication of long-term conditions such as asthma, epilepsy, or neurodevelopmental disorders is required, the Service will require a letter from the child's Medical Practitioner or Specialist detailing the medical condition of the child, correct dosage as prescribed and how the condition is to be managed.
- If children are receiving medication at home or school but not at the service parents/guardians should inform the service of the nature of the medication and its purpose and of any side effects it may have for the child so that educators can properly care for the child.
- If a child is prescribed medication during the school term for the conditions such as ADHD/ADD or ASD or another medical condition, it is expected that medication will be continued to be administered whilst the child is in the Service's care for the safety of the child and others.
- Parents will need to supply a letter from the child's Medical Practitioner if medication is to go on pause that outlines the potential side-effects or risk.
- Parents will need to supply a letter from the child's Medical Practitioner if medication is no longer required.
- Children will be held to the same behaviour management policy standards whether on medication or not.
- Where children have medication in their school bags, children will be asked to place the medication in a secure place in the service. Parents are to ensure that the medication is taken home each afternoon.

2.4 INFECTION PREVENTION AND CONTROL, HEALTH & HYGIENE

Infection control processes are implemented to ensure the safety and wellbeing of children and families, our staff and the community.

It is essential to assist children to understand what they can do to prevent the spread of infection and keep themselves infection free. To do this we:

- Explain the processes of infection prevention and control (e.g. importance of hand hygiene, reasons for wearing personal protective equipment (PPE), importance of appropriate handling and disposing of sharps) to children and their parents
- Ensure all families are aware that they can speak their doctor and relevant healthcare professionals to seek further advice.
- Ensure a parent or authorised emergency contact of each child being educated and cared for by the service is notified of occurrences of an infectious disease as soon as practicable.

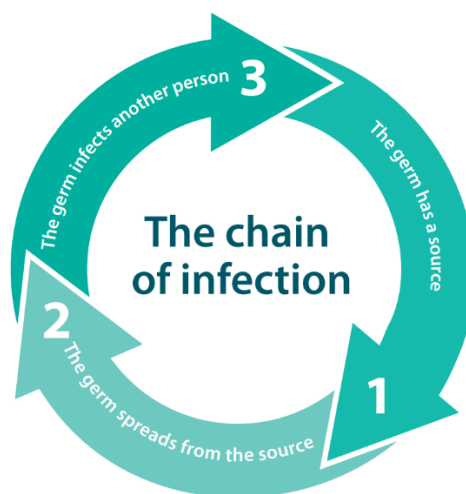
2.4.1 INFECTION PREVENTION AND CONTROL OVERVIEW

Child care-associated infections can occur in any child care setting. The basic principles of infection prevention and control can be applied in all settings.

Standard and transmission-based precautions are used to prevent and control infections and provide protection for children and families, staff and the community at large. Infectious agents (also called pathogens) are biological agents that cause disease or illness to their hosts. Infection requires three main elements—a source of the infectious agent, a mode of transmission and a susceptible host.

Children and child care workers are most likely to be sources of infectious agents and are also the most common susceptible hosts. Other people visiting and working in child care may also be at risk of both infection and transmission. In child care settings, the main modes for transmission of infectious agents are contact including droplet and airborne.

Figure 2.4.1 Breaking the Chain of Infection



2.4.2 STANDARD PRECAUTIONS

Standard precautions are applied to all where relevant; irrespective of whether it is known the person has an infection, to provide a basic level of infection prevention and control.

Standard precautions include:

- Hand hygiene
- Use of personal protective equipment (PPE)
- Waste management including the appropriate handling and disposal of sharps and linen/soiled clothing
- Environmental controls such as cleaning and management of spills
- Appropriate cleaning of reusable equipment and the use of single-use only items
- Practicing respiratory hygiene and cough etiquette

These are further discussed below and in practice documents²

2.4.3 TRANSMISSION-BASED PRECAUTIONS³

Transmission-based precautions are used in addition to standard precautions where the use of standard precautions may not prevent transmission of an infection. These precautions are tailored to the specific infectious agent and we seek the input of NSW Health to assist us to develop a management plan if it is advised that transmission-based precautions are necessary (such as in the event of an outbreak or pandemic).

Transmission-based precautions can include (in addition to standard precautions):

- Contact precautions are used when there is a known or suspected risk of direct or indirect contact transmission of infectious agents that are not effectively contained by standard precautions alone
- Droplet precautions are used for persons known or suspected to be infected with agents transmitted over short distances by large respiratory droplets (e.g. influenza, norovirus, pertussis)
- Airborne precautions are used for children known or suspected to be infected with agents transmitted person to person by the airborne route (e.g. measles, chickenpox and tuberculosis, SARS-CoV-2 (COVID-19)).

2.4.4 ROUTINE HAND HYGIENE

Routine hand hygiene is described in the [Hand Hygiene Practice](#).

2.4.5 USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) is always available to all staff and educators. The use of PPE is described in the [Use of Personal Protective Equipment Practice](#).

² See Forms/Practices

³ See 3.2 Transmission-based precautions and Appendix 2 Section 6.4 for specific guidance in the NHMRC 2019 Australian Guidelines for the Prevention and Control of Infection in Healthcare Commonwealth of Australia

2.4.6 WASTE MANAGEMENT

Waste management including the management of sharps and linen is described in the [Waste Management Practice](#).

2.4.7 ENVIRONMENTAL CONTROLS

Environmental controls include the cleaning of the environment, pest control and spills management. Cleaning practices are described in the [Cleaning Practice](#) and spills management is described in the [Spills Management Practice](#).

Pest control (offices)

A designated person is tasked with responsibility for ensuring the premises are free from pests with the implementation of a pest control programme detailed in the preventative maintenance program. Regular inspections for pests are carried out and any infestations treated, and records retained.

Pest control (School premises)

The school principal is responsible for ensuring school premises are free from pests. Any infestations must be reported directly to the school.

Procedure for decontamination of blood and body fluid substance spills

Prompt removal and cleaning of the contaminated area following spots or spills of blood and body fluids is sound infection control practice and detailed in the [Spills Management Practice](#).

2.4.8 CLEANING OF REUSABLE EQUIPMENT/SINGLE USE EQUIPMENT

Equipment (such as inflatable mattresses) are cleaned between use with antibacterial or neutral detergent wipes.

First aid and medical equipment (such as wound dressings, Epipens and needles) are single use only.

Handling and disposal of sharps

Inappropriate handling of sharps is the major cause of incidents involving potential exposure to blood-borne diseases. The use of sharps should be minimised using blunt drawing up needles, needle-less delivery systems and retractable needle and syringe systems.

The following principles apply:

- Sharps use should be minimised
- Sharps should be handled by the person using them only and not passed between workers
- Sharps (such as needles and syringes) should be carried in a puncture-proof container
- Sharps should not be handled unnecessarily and re-sheathing or manipulating the sharps by hand should be avoided
- Sharps should be disposed of at the point of use, if possible
- Needles, blades, single-use razors and other sharp items must be discarded in a clearly labelled, puncture-proof container that conforms with AS 40312 or AS/NZS 4261 as appropriate

Further details of sharps disposal is included in the [Waste Management Practice](#).

2.4.9 HYGIENE AND COUGH ETIQUETTE

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow the respiratory hygiene and cough etiquette as follows:

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses
- Use tissues to contain respiratory secretions
- Dispose of tissues in the nearest bin after use
- If no tissues are available, cough or sneeze into the inner elbow rather than the hand
- Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

Bathing

Bathing is not a routine activity undertaken by educators whilst children are in care. The occasion may arise requiring children to be bathed whilst in care. This may include showering with educator supervision whilst protecting their dignity and respecting their right to privacy.

2.4.10 COMMUNICABLE DISEASES

Managing communicable diseases

Families are requested to notify the service if their child has an infectious disease or is not attending an education and care service due to illness.

Staff and educators use standard precautions and use hygiene and cough etiquette to reduce the risk of contracting or passing on a communicable disease. Staff, educators, and children who have a communicable disease (such as a cold, flu, or gastroenteritis) are not permitted in the education and care setting. Parents will be asked to collect any children in attendance at an education and care setting presenting with symptoms. Staff, educators, and children are not permitted in the education and care setting until the symptoms have passed.

Information relating to the illness/symptoms displayed by a child will be recorded by educators in the Incident, Injury, Trauma and Illness Record.

In children, a temperature over 38°C indicates a fever. In order to prevent the spread of infection and ensure wellbeing, children with a temperature above 38°C will be excluded from the service.

Staff and educators will assess if a child should be excluded due to but not limited to the following presentations/symptoms;

- lethargy, drowsiness decreased activity
- In need of constant one to one care
- is too tired or unwell to cope with normal daily routine
- Vomiting, two or more unexplained vomits during the day
- Diarrhoea two or more loose stool in succession during the day (children must not return to the service until twenty-four hours after the condition has ceased)
- Commenced treatment with medication (should not attend the service for at least 24hrs to ensure the person is recovering and is not having side effects from the medication)
- An elevated temperature, flushed colouring, unusually pale
- Red or discharging eyes or ears

- Stomach aches
- Undiagnosed skin rashes, sores or swelling
- Coloured nasal discharge or repeated, severe coughing
- Obvious signs of distress, unusual activity levels, irritability, restlessness or fuss

Outbreak management

If an outbreak of a notifiable disease occurs within the service, Open Arms will notify the Public Health Unit, NSW Department of Health and NSW Department of Education for the following preventable diseases;

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenza Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus

If there is an outbreak of a vaccine-preventable disease, non-vaccinated staff, educators and children who would be in contact with the disease while attending their normal child care arrangements may be excluded from the service. The decision to exclude a person from the service will be determined on an individual basis and risk assessed. The staff, educator or child will not return until there are no more occurrences of that disease at the service and the recommended minimum exclusion period has ceased.

Gastroenteritis

We use the Staying Healthy - Preventing infectious diseases in early childhood education and care services. (5th Edition). National Health and Medical Research Council (NH&MRC) for the management of gastroenteritis. Full details on practices we follow are included in the abovementioned document.

If there is a suspected gastroenteritis outbreak, we:

1. Inform

- Report outbreak to PHU and Department of Health.
- Inform staff, families and visitors of the outbreak.
- Provide handouts about gastroenteritis.
- Put up advisory notices in the office and/or affected service.
- Ask families to report any symptoms to staff/educators.

2. Handwashing

- Ensure that all children have their hands washed after going to the toilet, before meals and after any episode of diarrhoea or vomiting.
- Ensure all staff and educators wash their hands before and after all children contact.

- Ensure sufficient soap and/or alcohol-based hand rubs or gels, and hand-drying facilities are available.

3. Additional infection control measures

- Train staff/educators in additional contact precautions.
- Provide sufficient gloves, gowns, aprons, masks, goggles, face shields and ensure that they are easily accessible.
- Ensure cleaning and other relevant staff members are aware of the correct cleaning procedures and the importance of handwashing.
- Ensure staff and educators handling food are aware of the precautions required and the importance of handwashing.

4. Cohorting

- Allocate dedicated staff or educators where available, to care for unwell children until collected by family.
- Do not allocate staff or educators working with food to care for infected children or to clean affected areas.

5. Restrict movements

- Close off unnecessary areas.
- Suspend communal activities, excursion, visiting programs.

6. Exclude sick staff, educators and children

- Exclude staff, educators and children with gastroenteritis for at least 24 hours after resolution of symptoms.

7. Cleaning

- Implement additional (in addition to detergent and water) cleaning procedures, including increased cleaning requirements; correct use of sodium hypochlorite (1000 parts per million = 0.1%) in contact with surfaces for at least 10 minutes)
- Cleaning of body fluid spills.
- Instruct staff and educators about correct cleaning procedures and the importance of handwashing.

8. Linen/clothing

- Instruct staff and educators about precautions required when handling soiled items.

Influenza

In the event of a suspected influenza outbreak we complete the following:

- Notify – ALL staff, families, PHU, visitors (and others).
- Implement infection control measures.
- Continue infection control during the outbreak.
- Exclude sick staff, educators and children.

Staff and educator vaccination⁴

Staff/educator vaccination (unless contraindicated) is an important element of supporting infection prevention and control principles. Open Arms Care encourages the vaccination of staff and educators against;

- pertussis—this is especially important for educators and other staff caring for the youngest children who are not fully vaccinated. Even if the adult was vaccinated in childhood, booster vaccination may be necessary because immunity to pertussis decreases over time
- measles–mumps–rubella (MMR) for educators and other staff born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies against rubella
- varicella for educators and other staff who have not previously had varicella (a blood test is required to prove previous infection)
- hepatitis A, because young children can be infectious even if they are not showing any symptoms.

All staff and educators should also consider having yearly **influenza** vaccinations. Influenza is very infectious and can spread through the air by coughing and sneezing, as well as by hands, cups and other objects that have been in contact with an infected person's mouth or nose.

Hepatitis B vaccination program

A primary vaccination course for Hepatitis B vaccination is advised for staff and educators and is encouraged to those with regular exposure to blood and body fluids.

A record of staff vaccinations that are provided by the staff and educators are filed in their personnel file.

Child vaccination

The service maintains a record of non-immunised children and provides reminders to families regarding keeping up to date with their child's immunisations.

Each year we highlight the importance of influenza vaccination with families and encourage them to access their GP to discuss vaccination and receive their vaccination if not contraindicated.

Sharps injury and body fluid exposure

If staff/educators are exposed to a sharp's injury or body fluid exposure, they:

- Seek/apply first aid (wash the skin well with soap and water, flush eyes with water/normal saline, spit and then rinse mouth out several times if fluids splashed into the mouth)
- Report the incident to the person in day-to-day charge or nominated supervisor
- Complete a Staff Incident Form
- Are supported by their manager to access appropriate health care including accessing medical attention and support as necessary.

The relevant coordinator/manager will advise the insurance company if required, and staff/educators continue to be supported following the incident.

⁴ Staying Healthy - Preventing infectious diseases in early childhood education and care services. (5th Edition). National Health and Medical Research Council (NH&MRC)

COVID-19 responses

Infection prevention and control

The above procedures on infection prevention and control are based on the Staying Healthy - Preventing infectious diseases in early childhood education and care services. (5th Edition). National Health and Medical Research Council (NH&MRC)

In managing the COVID-19 pandemic, Open Arms Care continues to implement these policies and procedures and follows any additional advice and guidelines advised by the Australian Government Department of Health and Aged Care and NSW Government Department of Health.

2.5 INCIDENT, INJURY, TRAUMA & ILLNESS

Open Arms Care aims to ensure the safety and wellbeing of educators, children and visitors, within our services and on excursions, through proper care and attention in the event of an incident, injury, illness or trauma. Educators must consider all the elements of wellbeing and ensure that programs also acknowledge the importance of risk management to provide a safe environment and protect children from potential harm.

2.5.1 PRACTICES

Responsibilities of parents/guardians

Parents are required to provide written consent for educators to seek medical attention for their child, if required, before they start in the services. This will be recorded in the enrolment form.

Parents will be required to supply the contact number and addresses of their preferred doctor and dentist, Medicare number and authorised emergency contacts.

Parents are required to inform the service and provide any relevant paperwork relating to their child's particular health requirements such as immunisation status, health/medical plans and allergies.

The service will inform parents of policies and procedures upon enrolments with regards to illness and exclusion practices refer to 2.4.10 Communicable Diseases.w

Parents will be notified of any incident, injury, trauma or illness no later than 24 hours after the noted incident and will be required to sight and sign the Incident, Injury, Trauma and Illness Record.

Responsibilities of educators

Educators will maintain high levels of supervision at all times, consider the planning of the physical environment and experiences to ensure spaces are safe and to minimise any potential risks to children's health and wellbeing.

Educators will respond to children showing signs of illness and begin monitoring the symptoms of the child and recording as appropriate. Educators will contact the child's authorised person to inform them of the illness signs or to request the collection of the child.

For Medication Administration refer to *Administration of Medication Policy*.

Anyone injured will be kept under supervision until they recover and an authorised person takes charge of them.

For minor incidents requiring basic first aid refer to *Administration of First Aid Policy*

Identify the signs and symptoms of illness

- High fever - the normal temperature for a child is up to 38°C
- Drowsiness—the child is less alert than normal, making less eye contact, or less interested in their surroundings.
- Lethargy and decreased activity—the child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.
- Breathing difficulty—this is an important sign. The child may be breathing very quickly or noisily, or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.
- Poor circulation—the child looks very pale, and their hands and feet feel cold or look blue.
- Loss of appetite —the child has reduced appetite and drinks much less than usual.

- Red or purple rash—non-specific rashes are common in viral infections, however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease.
- A stiff neck or sensitivity to light—this may indicate meningitis
- Pain—a child may or may not tell you they are in pain. General irritability or reduced physical activity may also indicate pain in young children.

What to do if a child seems unwell

Separate the ill child from the other children. If the child is not well enough to participate in activities, contact their parent/guardian and send them home.

While waiting for the parent to arrive, keep the child away from the main group of children, if possible.

What to do if a child has a fever

The normal temperature for a child is up to 38°C. If the child's temperature reaches 38°C call the parent/guardian to collect the child

If the child is unhappy, treatment is needed to comfort them. Give clear fluids

Watch the child and monitor their temperature until the parent arrives

In the case of a major incident requiring more than basic first aid, the Educator will:

- Assess the injury, and decide whether the injured person needs to be attended by local doctor or whether an ambulance should be called and inform the Nominated Supervisor of their decision.
- If the injury is serious the first priority is to get immediate medical attention. Parents or emergency contacts should be notified straight away. If this is not possible, there should be no delay in organising proper medical treatment. If available, another educator can keep trying to contact the parents or emergency contacts in the meantime.
- Attend to the injured person and apply first aid as required.
- Educators will ensure that disposable gloves are used with any contact with blood or bodily fluids as per the *Infection Prevention and Control, Healthy and Hygiene policy*.
- Educators will stay with child until suitable help arrives, or further treatment taken.
- The educator will try to make the child comfortable, reassure them and inform them their parents/guardian will be on their way.
- Complete an Incident, Injury, Trauma and Illness Record and a report to the Nominated Supervisor to inform the regulatory authority.

In addition the Educator will:

- Notify parents or emergency contact person immediately regarding what happened and the action that is being taken including clear directions of where the child is being taken (e.g. hospital). Every effort must be made not to panic the parents and to provide minimal detail regarding the extent of the injuries
- Ensure that all blood or bodily fluids are cleaned up in a safe manner.
- Ensure that anyone who has come in contact with any blood or fluids washes their hands/exposed body parts in warm soapy water.
- Try to reassure the other children and keep them calm, keeping them informed about what is happening, and away from the injured child.

Accidents which result in serious injury (including death) to a child must be reported to:

- An ambulance service (if child cannot be moved and requires the ambulance or in the case of the death of the child)

- The police (death of a child)
- Parents/Guardian
- The Nominated Supervisor
- Regulatory Authority

The service must notify the regulatory authority within **24 hours** of becoming aware of a serious incident (Section 174(2) (a) and Regulation 176(2) (a)).

A serious incident (regulation 12) is defined as any of the following:

- the death of a child—
 - while that child is being educated and cared for by an education and care service; or
 - 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—
 - which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - for which the child attended, or ought reasonably to have attended, a hospital;
- 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;
- any emergency for which emergency services attended;
- any circumstance where a child being educated and cared for by an education and care service—
 - appears to be missing or cannot be accounted for; or
 - appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or
 - is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

2.5.2 REPORTING OF A SERIOUS INCIDENT

All serious incidents, injury, illness or trauma will be recorded within 24 hours of the event occurring. The child's parent or emergency contact must be notified of any accident or injury that has occurred to the child as soon as possible and no later than 24 hours after the event or of becoming aware of the event.

The service can notify the regulatory authority of serious incidents online through the NQA IT System. The nominated supervisor is responsible for ensuring that in the event of a serious incident, the regulatory authority is advised, as well as the approved provider.

2.5.3 DEATH OF A CHILD

The Responsible Person will notify the parent/guardian that a serious incident has happened and advise them to contact the relevant medical agency. Only a qualified medical practitioner can declare a person dead and therefore educators should ensure the parents are only advised that the injury is serious and refer them to the medical agency (i.e. hospital) where the child has been taken.

This information should be provided in a calm and extremely sensitive manner.

The site of the accident should not be cleared or any blood or fluids cleaned up until after approval from the Police.

All other children should be removed away from the scene and if necessary parents contacted for early collection of children. The children should be reassured and notified only that a serious incident has occurred.

2.5.4 INCIDENT, INJURY, TRAUMA & ILLNESS RECORD

Records must contain:

- Details of any incident in relation to a child or injury received by a child or trauma to which a child has been subjected while being educated and cared for by the education and care service including:
 - the name and age of the child; and
 - the circumstances leading to the incident, injury or trauma; and
 - the time and date the incident occurred, the injury was received or the child was subjected to the trauma.
- Details of any illness which becomes apparent while the child is being educated and cared for by the education and care service including:
 - the name and age of the child; and
 - the relevant circumstances surrounding the child becoming ill and any apparent symptoms; and
 - the time and date of the apparent onset of the illness.
- Details of the action taken by the education and care service in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service, including:
 - any medication administered or first aid provided; and
 - any medical personnel contacted;

Also to be included:

- details of any person who witnessed the incident, injury or trauma;
- the name of any person whom the education and care service notified or attempted to notify, of any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service; and the time and date of the notifications or attempted notifications;
- the name and signature of the person making an entry in the record, and the time and date that the entry was made.

All information will be included in the Incident, Injury, Trauma and Illness Record as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Any incidents which occur that poses a risk to the health, safety or wellbeing of a child or children or any incident or allegation of physical or sexual abuse of a child or children at the service must be notified to the Children's Services Manager, Nominated Supervisors and Approved Provider before notifying the Regulatory Authorities within 7 days.

2.6 MEDICAL CONDITIONS, ASTHMA, ANAPHYLAXIS & DIABETES

The service is committed to ensuring that any child with a permanent medical condition and/or diagnosis is accommodated, by ensuring that measures are taken to provide a caring, nurturing, and inclusive environment. The service is committed to effectively respond to all medical conditions. Each enrolment will be carefully assessed on case-by-case basis to ensure that the physical environment and educators training are adequate to ensure the health and wellbeing of the child can be guaranteed at all times.

All educators are kept abreast of any new technology or treatment for permanent conditions wherever possible. Educators are notified of each child's specific requirements and educators have access to all medical records kept at the service.

The service is required to keep up to date medical records on each child. Families are reminded each week on their statements to update any changes to medical conditions and/or diagnoses or new medical conditions and/or diagnoses. Updates can be sent to admin by email or directly to the responsible person in day-to-day charge or nominated supervisor in the service.

Children who have Medical Action Plans will be reviewed each term for review dates by the nominated supervisor and families will be advised to provide new Medical Action Plans prior to review date.

In accordance with National Regulation 94 educators are permitted to administer immediate action in the event of a child/children having anaphylactic shock/attack and an asthma attack. Educators are trained in relevant First Aid and keep this training up to date.

The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

2.6.1 INFORMATION THAT MUST BE PROVIDED ON ENROLMENT FORM

The Service's Enrolment Form provides an opportunity for parents to help the Service effectively meet their child's needs relating to any medical condition or diagnosis. The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the Service:

- Asthma
- Allergies
- Anaphylaxis
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner using the Enrolment Form
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner at any point during the child's education and care at the service

2.6.2 RESPONSIBILITIES

The Service

- Ensure Educators and parents/guardians are aware of their obligations and the best practice of Management of asthma, health care need, allergy, medical condition, diabetes, and anaphylaxis.
- Offer appropriate training as needed by a recognised RTO.

- The Service is responsible for ensuring management of medical conditions are reviewed and updated every 12 months. The service is responsible for ensuring educators have easy access to medical records in the event of an emergency.
- The service will ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled that has a specific health care need, allergy or other relevant medical condition, or diagnosis.
- The Service will keep current such information as Medicare Card Number, private health cover details, General Practitioner's details, Dentist details, Religious Requirement in Case of Accident.
- Ensure that all necessary information for the effective management of children with asthma, health care need, allergy, medical condition, diabetes, and anaphylaxis is collected and recorded so that these children receive appropriate attention when required.
- All educators will directly adhere to individual medical management plans in the event of an incident relating to the child's specific health care need, allergy, or relevant medical condition.
- Identifying children with asthma, health care need, allergy, medical condition, diabetes, and anaphylaxis during the enrolment process by Admin and referred to Nominated Supervisor to complete relevant forms.
- Ensure at least one Educator member is on or has qualifications in first aid, Asthma & Anaphylaxis. Facilitating communication between management, educators, and parents/guardians regarding the services strategies.
- Ensure medication is administered in accordance with the Medical Records of the child and that medication administered is from its original container bearing label with all details and is in date.
- Medication/s to be carried by Educators on excursions.

The Parents/Guardians

- Inform the centre and educators on enrolment or as soon as child receives a diagnosis of medical condition or neurodevelopmental disorder.
- If an existing enrolment and the child receives a new diagnosis of medical condition or neurodevelopmental disorder, it will be at the discretion of the Service for a grace period to receive relevant paperwork completed before future bookings will be put on pause.
- Provide specific requirements such as Ventolin, EpiPen or medication where necessary daily. The child cannot attend the service until medication required is received by the service.
- Supply medication that may be required, if prescribed by a registered medical practitioner must be provided in its original container, bearing the original label with the name of the child, and before the expiry or use by date OR a Webster Pack if applicable. Any other medication must be provided in its original container, bearing the original label and instructions and before the expiry or use by date.
- Provide the Service with a medical management plan or communication signed by a Medical Practitioner that clearly outlines procedures to be followed by educators in the event of an incident relating to the child's specific health care need arises OR triggers to be aware of and how the condition is managed
 - This includes but not limited to: Asthma, Seasonal Asthma, Anaphylaxis, ADHD/ADD, ASD
- Provide a medical action plan with recent photo of the child. From Dec 22, action plans are preferred to be from ASCIA, Asthma Australia, and AS1Diabetes
 - Allergy (ASCIA)
 - Anaphylaxis (ASCIA)
 - Asthma (Asthma Australia)

- Diabetes (AS1Diabetes)
- Complete relevant forms for medical condition or diagnosis prior to commencing care with service
 - Risk Minimisation Plan and Communication Plan
 - Medication Record
 - If applicable, Behaviour Management Plan
- Inform the Nominated supervisor of any changes to their current management and communication plan.
- In case of a medical emergency an authorised person may remove a child from the centre without written permission provided they are specified as lawfully authorised person.
- Parents are responsible for updating their children's health and medical conditions information and contact details. Families are reminded on their statements to update Admin via email of any changes to medical conditions or diagnosis.
- In the service we regularly have spontaneous celebrations (birthday's) and occasional food rewards. To ensure your child's participation please supply a "treat box" or safe cupcakes to be stored in the freezer with your child's name.
- Parents to be responsible for reading the menu and ingredients in food supplied by the service. Parents to provide alternatives if not suitable.

2.6.3 MEDICAL MANAGEMENT PLANS

- Must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs
- Will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition
- Must be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

The service will consult with the child's family to develop Risk Minimisation, Communication Plans.

The Medical Risk Minimisation/Communication Plan will:

- assess the risks relating to the child's specific health care needs, allergy, or medical condition
- assess any requirements for safe handling, preparation, and consumption of food
- ensure notification procedures are in place that inform other families about allergens that pose a risk
- ensure educators/staff/ volunteers can identify the child, potential risks/triggers and their medication and management of illness

If the child's medical condition changes, the family will need to inform the service and complete a new Medical Management Plan.

2.6.4 ASTHMA EMERGENCIES

In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation (Regulation 94). If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible

The National Asthma Council (NAC) recommends that should a child not known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately.

The following steps are recommended:

- If someone appears to have difficulty breathing, call an ambulance immediately, whether the person is known to have asthma:
 - Give 4 puffs of a reliever (blue/grey puffer) medication and repeat if no improvement
 - Keep giving 4 puffs every 4 minutes until the ambulance arrives
 - No harm is likely to result from giving reliever medication to someone who does not have asthma.
- In the event of anaphylactic emergency and breathing difficulties, an epipen must be administered first, then reliever (blue/grey puffer).

2.6.5 ANAPHYLAXIS

Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a communication plan will be developed to inform all relevant educators, including staff and volunteers, of:

- the child's Medical Risk Management Plan
- where the child's Medical Risk Management Plan will be located
- where the child's adrenaline auto-injector is located

In accordance with the Education and Care Services National Regulations, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service.

2.6.6 ANAPHYLAXIS EMERGENCIES

In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation (Regulation 94). If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.

For anaphylaxis emergencies, educators will follow the child's Emergency Action Plan. If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator will only administer adrenaline if the service has an additional adrenaline auto-injector for general use.

Educators administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival. Another child's adrenaline auto-injector will NOT be used.

All responsible persons at the service will hold current emergency anaphylaxis management training certifications.

2.6.7 DIABETES

Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communication plan will be developed to inform educators, including staff and volunteers, of:

- the child's Medical Risk Minimisation Plan
- where the child's Medical Risk Minimisation Plan will be located

- where the child's insulin/snack box etc. will be stored

Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.

Management of diabetes in children at our service will be supported by the child having in place a Medical Risk Minimisation Plan which includes:

- Administration of Insulin, if needed – information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
- Oral medicine for children who are prescribed with oral medication.
- Meals and snacks
- Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators.
- Symptoms of low or high blood sugar – one child's symptoms of low or high blood sugar may be different from another. The child's Action Plan should detail the child's symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/ or hypoglycaemia, educators will follow the child's Emergency Action Plan.

2.7 NUTRITION

Open Arm's Care Inc. believes that good nutrition is essential for a child's healthy growth and development. Our service is committed to implementing the healthy eating key messages outlined in *Munch & Move* and the *National Healthy Eating Guidelines for Early Childhood Settings* as outlined in the *Get Up & Grow* resources. We aim to support families in providing healthy food and drink to their children in addition to supporting healthy food and drink choices of children in our care.

2.7.1 PRACTICE

All food served at the service will be consistent with the child's own dietary requirements.

Educators will endeavour to recognise, nurture, and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds.

Educators are aware of children with food allergies, food intolerances and special diets and consult with families to develop individual management plans.

Food provided to children will be stored, prepared, and served in a safe and hygienic manner and educators will promote hygienic food practices. *Refer to Food Safety Policy*

Children and Educators will wash and dry their hands prior to handling food or eating meals and snacks. *Refer to Hand Hygiene Practice*

Educators can sit with the children at meal and snack times to role model healthy food and drink choices and actively engage children in conversations about the food and drink provided.

The service is to provide a relaxed and enjoyable environment for children to eat their meals and snacks, with enough time to eat and enjoy their food as well as enjoy the social interactions with educators and other children.

Children should be seated while eating and drinking and will be supervised by the educator at all mealtimes, being mindful of choking hazards for young children.

Encourage children to help set and clear the table and serve their own food and drink when developmentally ready – providing opportunities for them to develop independence, confidence, and self-esteem.

Be patient with messy or slow eaters.

Encourage children to try different foods but do not force them to eat. Respecting each child's appetite by encouraging the children to listen to their bodies needs and not insisting they eat.

Educators will encourage and support children to develop independence in eating.

Educators will encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided.

Educators can discourage the provision of highly processed snack foods high in fat, salt and sugar and low in essential nutrients in children's lunchboxes. Examples of these foods include lollies, chocolates, sweet biscuits, muesli bars, breakfast bars, fruit filled bars, chips, oven-baked crackers and corn chips.

Drinking water will be readily available for children to drink throughout the day, both indoors, outdoors and whilst on excursions.

Food will not be used as a reward or denial of food as punishment.

Educators may foster awareness and understanding of healthy food and drink choices by including in the children's program a range of learning experiences encouraging children's healthy eating and the relationship this has with how their bodies feel ie lethargy, tiredness and irritability.

Educators may encourage children to participate in a variety of food preparation experiences and discussion about healthy food and drink choices.

The service and our educators may provide information to families on the types of foods and drinks recommended for children and suitable for children's lunchboxes and provide ongoing support to families to provide healthy food and drink to their children.

This information may be provided to families in a variety of ways including newsletters, during orientation and informal discussion.

Educators are encouraged by the service to attend professional development on nutrition and food safety practices.

Families have a responsibility

- to communicate regularly with educators or the Children's Services Manager regarding their child's specific nutritional requirements including food allergies and intolerances. For allergies and anaphylaxis conditions, a medical conditions plan provided by the child's medical practitioner must be provided. *Refer to Medical Conditions Policy and enrolment form*
- To provide nutritious and appropriate food/drinks if supplying meals for the child
- Keep lunchboxes and drink bottles clean and hygienic.

Services who provide food and beverages

Where food and beverages are provided, other than water, services must present a weekly menu that accurately describes the food and beverages provided each day and will be displayed where parents can access it. The menu should include enough detail to inform parents about what food and beverages will be offered. If the menu changes (for example, due to the unavailability of certain ingredients), parents should be informed of the substitute menu item offered to their child.

When planning cooking experiences with the children, educators will ensure individual dietary requirements are considered and inform parents of what the children have eaten that day.

2.8 PROVIDING A CHILD SAFE ENVIRONMENT

2.8.1 SECURITY

All monies and important documents will be kept in a lockable place and access will only be permitted by approved staff and management members.

Educators will ensure that the building is left in a secure manner before leaving and all windows, cupboards, and other relevant areas are locked. All heating and lighting is off and all doors and gates are properly secured.

Educators will inform the police, School Principal (OSHC services) and the Nominated Supervisor as soon as possible if there has been a break in at the service of any kind.

Educators will remain at the service until the police arrive or inform them of what to do.

2.8.2 BUILDINGS, EQUIPMENT AND MAINTENANCE

Equipment will be chosen to meet the children's developmental needs and interests. There will be sufficient access to furniture, materials and developmentally appropriate equipment suitable for the education and care for each child.

Service premises and all equipment and furniture will be maintained in a safe, clean condition and in good repair at all times.

Children will be provided with adequate, developmentally and age-appropriate toilet, washing and drying facilities. These will enable safe use and convenient access by children.

There must be no damaged plugs, sockets, power cords or extension cords.

All plug sockets shall be maintained as child safe.

Electrical appliances shall be in good working order.

The Service's equipment will be regularly checked to ensure that they are in a good and safe condition, comply with relevant Australian standards and scheme policies & procedures.

Provisions will be made in budgets to allow for the replacement of worn and damaged equipment and resources which may provide safety risk for children.

Equipment will be regularly washed and cleaned.

Recycled craft materials should be checked for potential hazards.

Educators should ensure safe handling of all tools if used as part of any activity.

Families will be encouraged to notify educators of any safety issues they observe.

Faulty equipment should be removed or protection placed around any dangerous building sites.

Storage

A storage system should be devised that ensures easy access and un-cluttered storage of all equipment.

Play equipment and toys should be easily accessible to all children during the operating hours of the service.

Children will show respect for the equipment and be expected to assist in packing equipment away that they have used to avoid trip hazards.

All craft equipment is to be properly washed and cleaned before storage.

Items such as cleaning materials, disinfectants, flammable, poisonous and other dangerous substances, tools, toiletries, first aid equipment, and medications should be stored in the designated area.

Kitchen and other refuse areas will be provided with facilities that are cleaned and emptied daily.

Storage of dangerous chemicals, substances

Information on chemical products can be obtained from manufacturers on Material Safety Data sheets that provide information on chemical toxicity, health effects, safe handling together with safe storage and First Aid instructions.

Return all medicines and poisons to their safe storage area immediately after use.

Ensure that all dangerous cleaning ready to use material (including detergents), disinfectants, poisons and other dangerous substances and medications are stored in their original labelled container and are not transferred to any other container. Do not reuse containers once they are empty.

If bulk chemicals or non-domestic products and quantities are used or stored, have a Hazardous Substance Register and Risk assessment in accordance with the WH&S Act and Regulation. This should record the product name, application, labelled or not, class risk, required controls for prevention of exposure and action to be taken on any exposure.

When using bulk chemicals for domestic use eg liquid soap, dishwashing liquid, transfer to a clearly labelled container.

Follow the manufacturer's instructions for storage, use and first aid instructions. Refer to manufacturer's Material Safety Data Sheets (MSDS).

Ensure that any dangerous substance that needs to be refrigerated eg medication, is stored in a child resistant container.

When disposing of unwanted hazardous chemicals, substances and equipment do so safely or in accordance to the manufacturer's instructions.

Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or ring the Poisons Information Hotline on 131126 or call an ambulance on 000.

In the case of any educator, child or other person injured by a chemical, substance or equipment, follow your emergency, medical and first aid procedures; notify Work Cover NSW and any other person as required by the regulations and service policies.

Be aware that dangerous substances are not to be transported in a vehicle with children.

Only use toys or devices containing button batteries if the batteries are secured inside the device and store spares in a safe and inaccessible place from children.

Online environments

For guidance online safety, please refer to *1.5 Technology and Digital Media*.

Ventilation, temperature and natural light

All heating and cooling systems will be of good quality and checked regularly to ensure safety and reliability.

All heating and cooling systems and power cords will be kept in a safe area and away from children.

Educators will take individual needs and specific activities into account when ensuring that heating, ventilation levels are comfortable.

Adequate ventilation will be always provided.

Windows will be properly maintained to ensure easy opening and protection from bugs and insects.

Where activities involve toxic materials such as paints and glues, Educators are to ensure there is adequate ventilation before undertaking the activity.

Natural light is most desirable. Provision of natural light areas will be enhanced as much as possible. Adequate light will be maintained both indoors and outdoors.

Pets and animals

Animals and birds visiting the Education and Care service as part of the educational program are the responsibility of the owner(s). The educators will ensure that the environment remains safe and hygienic at all times during the visit.

Prior to a domestic pet or animal entering the education and care setting a risk assessment must be completed taking into consideration the type of animal, specific risks to children associated with the animal including allergies, biological hazards and physical hazards. Actions to mitigate risks must be implemented and documented on the risk assessment.

Pests

Equipment and especially food items will be properly stored so as not to attract pests and vermin. Refuse bins and disposal areas will be emptied and cleaned daily.

Kitchen, food preparation areas and storage will be cleaned and maintained daily.

All areas will be checked daily for any signs of pests or vermin.

Should any pests or vermin be identified then action should be taken to rid the service of the problem by:

- Initially using non-chemical methods such as physical removal, maintaining a clean environment, and use of any non-chemical products.
- Low irritant, environmentally friendly sprays to be used minimally and only with adequate ventilation and preferably not in the presence of the children.
- Other methods such as the employment of a pest control company if deemed necessary where the above methods have failed.
- Any use of chemical products should only be conducted outside the hours of operation at the registered educator's expense.

2.8.3 MANAGING THE INDOOR AND OUTDOOR ENVIRONMENT

Indoor

The service indoor environment will be smoke free at all times of operation.

Separate areas in the indoor environment will be provided for:

- Signing children in/out of the service.
- Children to store their bags and belongings.
- Storage of equipment, food, dangerous materials, and family records.
- Preparation of food and drinks.
- Kitchen and other refuse.
- Cleaning of equipment.
- Toilet, hand basins and hand drying facilities.
- Display of children's activities and work.
- Quiet space for children to retreat to, rest, homework and sleep or lie down if unwell.

The indoor area is to be set up to allow children to participate in a variety of activities with easy access to equipment.

Easy access to areas should be maintained by making clear easily definable passageways and walkways through the building.

Educators will ensure that children properly store their bags and those bags and other items are not thrown into walkways or play areas.

All items obstructing areas are to be removed and placed in the correct storage areas.

Areas must be set up to ensure that proper supervision can be maintained at all times. Access to the outdoor environment should be clear and easily accessible by the children and educators.

Outdoor

The outdoor environment will be smoke free at all times of the service operation.

The outdoor space will be inspected daily for any obstacles or dangerous items.

Any hazardous items will be disposed of in a safe and careful manner prior to the children playing in the area.

The outdoor space will be set up in a variety of ways to encourage participation.

Areas will be made available where children can play in small groups or by themselves.

Supervision should be properly maintained. Children are only to play in areas that are clearly visible to educators.

Adequate shade via trees and coverings will be maintained.

As far as possible, activities will be set up in shaded areas.

Use of other outdoor venues will be considered where access to the area is safe, adequate supervision can be maintained, the area is considered of value to the children's physical development and personal comfort, and where adequate staff/educator ratios can be maintained.

Child Protective Practices

See Child protection policy.

2.8.4 RECRUITMENT AND ORIENTATION OF STAFF

All educators employed by the service including management, full time/ part time and casual educators, volunteers, and students over 18 will be subject to a Working with Children Check. A working with Children check is not in force until the approval number is given to management for verification through The Office of the Children's Guardian and sighted by the Nominated Supervisor.

All employees and volunteers will complete a Police Check before they begin working with Open Arms Care.

All educators will be informed of their responsibilities as a Mandatory Reporter as part of their orientation and induction process with students and volunteers being made aware of their responsibilities through discussions regarding their current understanding, use of this policy and resources and access to Child Protection training.

All employees and volunteers are made aware of Open Arms Care's Code of Conduct and abide by it. The Code of Conduct can be found in our policy and procedure documents.

2.9 CHILD PROTECTION

The UN Rights of the child (1989) states '...the government should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them'. We recognise the welfare and protection of all children is of paramount importance.

Educators will maintain procedures and safe practices and operate in line with legislative requirements relating to child protection practices and the Education and Care Services National Regulations and Law.

Educators/Staff at the service are aware of their legal responsibility as Mandatory Reporters to take action to protect and support children they suspect may be at significant risk of harm.

Open Arms Care Inc. believes it also has a responsibility to its Staff and Educators to defend their right to confidentiality unless allegations against them are substantiated.

2.9.1 MANDATORY REPORTER

According to Children and Young Persons (Care and Protection) Act 1998 no 57, A Mandatory reporter is a person who, in the course of his or her professional work or other paid employment delivers, education, children's services or residential services, wholly or partly, to children, and a person who holds a management position in an organisation the duties of which include direct responsibility for, or direct supervision of, the provision of, education, children's services, residential services, wholly or partly, to children.

When a mandatory reporter has concerns that a child is at a significant risk of harm, they are required to make a report to Government Authorities.

Risk of Significant Harm

The basic physical or psychological needs of a child or young person are not being met or are at risk of not being met.

What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrable adverse impact on the child or young person's safety, welfare or wellbeing, or in the case of an unborn child, after the child's birth.

What is Reasonable Grounds?

Reasonable grounds refers to the need to have an objective basis for suspecting that a child or young person may be at risk of significant harm based on:

First hand observation of the child, young person or family

What the child, young person, parent or other person has disclosed

What can be reasonably inferred based on professional training and/or experience.

Suspecting a Child is at Risk of Significant Harm

Educators are to access the New South Wales Mandatory Reporters Guide through Child Story NSW <https://reporter.childstory.nsw.gov.au/s/> to decide if any of the following conditions are present to give reasonable grounds to suspect if a significant risk of harm has occurred.

- **Physical Abuse** (A non-accidental injury to the child/young person cause by an adult in the household)
- **Neglect** (Supervision, Shelter/Environment, Food, Hygiene/Clothing, Medical care, Mental health care, Education-not enrolled, Education-Habitual Absence)
- **Sexual Abuse** (Sexual activity or behaviour that is imposed, or is likely to be imposed on a child/young person by another person)

- **Psychological Harm** (A child/young person appears to be experiencing psychological/emotional distress and is a danger to self or others as a consequence of parent/carer behaviour)
- **Danger to self or others** (A child/young person is displaying suicidal or self-harming behaviours)
- **Relinquishing Care** (Substance Abuse, Mental Care, Domestic Violence)
- **Carer Concern** (Parent/Carer states they will not or cannot continue to provide care for child under the age of 16 or a young person)
- **Unborn baby** (Concerned of welfare of unborn baby).

When the use of New South Wales Mandatory Reporter Guide advises risk of significant harm, mandatory reporters must make a report to the Child Protection Helpline.

It is important that when making a notification that the notifier asks the following questions in relation to notification:

- Name of person at the Helpline who you spoke to
- What the next step in the process is to be
- What confirmation will be sent to confirm the report has been made
- Is there any further action you as the notifier need to take?

If there is immediate danger to the child contact the Police on 000 immediately and/or the Child Protection Hotline on 132 111

Approved Provider will:

- Undertake an internal investigation to determine appropriate action to be taken in relation to a report against an Educator, volunteer or other staff member.
- Ensure a report is made of any reportable allegations to the Department of Communities and Justice, and/or Police and , in the case of an allegation against an Approved Provider, Nominated Supervisor, Responsible Person in Day to Day Charge, member of staff, educator, volunteer, trainee or person visiting the service, to the NSW Office of the Children's Guardian within the specified time limit (7 days)
- Notify the Office of the Children's Guardian details of employees, members of staff or Educators against whom relevant disciplinary proceedings have been completed, or of persons whose employment has been rejected primarily because of a risk identified in employment screening process.
- Enable employees, members of staff, educators, students and volunteer's access to Acts, Regulations, Child Safe Standards and procedures where this is necessary for them to fulfil their obligations.

Nominated Supervisor will:

- Support the Approved Provider with reporting child protection matters if requested.
- Report to the Child Protection Helpline where there is reasonable grounds to suspect a child is at risk of harm, after completing the Mandatory Reporting Guide first.
- Maintain Confidentiality.
- Protect the wellbeing of the children by acting sensitively in matters of child protection.
- Support Educators, students, volunteers and /or parents, when a child protection incident occurs.
- Conduct investigations when required in a sensitive and respectful manner.
- Provide information to Educators, students, volunteers and parents.

- Conduct themselves professionally, as a role model and in the best interests of protection of children from harm, at all times.
- Keep informed of current Child Protection matters by attending training every 2 years
- Offer regular training on Child Protection to Educators, students or volunteer.
- Ensure Working with Children Check and National Criminal History Check requirements have been met.
- Orientate Educators, students and volunteers to this Child Protection Policy.

Educators will:

- Keep informed of current Child Protection matters by attending training every 2 years
- Seek Advice from the Nominated Supervisor or other professionals in matters relating to Child Protection training.
- Conduct themselves professionally and in the best interests of the protection of children from harm, at all times.
- Protect the well-being of the children by acting sensitively in matters of Child Protection.
- Maintain confidentiality – see *Confidentiality of Records Policy*
- Provide the Approved Provider and the Nominated Supervisor with information, if required to complete Child Protection Reports.
- This could include but are not limited to:
 - Child's name and date of birth.
 - If the child is Indigenous or the cultural background of the child.
 - Name, Age of other household children or young people.
 - Address of child and family.
 - If the child has learning difficulties, disabilities or other health barriers.
 - Is the child/young person subject of an apprehended violence order?
 - If the child or young person residing in an out-of-home care?
 - Name of parents/carer and household adults.
 - Cultural background of parents.
 - Information about parental risk factors and how they link to significant risk of harm.
 - Domestic violence.
 - Alcohol or other drug misuse.
 - Unmanaged mental health.
 - Intellectual or other disability.
 - Protective factors and family strengths.
 - Non-offending carers capacity to protect child.
 - Any previous suspicious death of a child or young person in the household?
 - Is the carer/parent pregnant?
 - Is the parent/carer subject of an Apprehended Violence order?
 - Description of the family structure.
 - The actual events which lead to reasonable grounds to risk of significant harm to the child.

Complete the Mandatory Report Guideline from Child Story NSW

<https://reporter.childstory.nsw.gov.au/s/> to decide the required course of action. Printing this out and keeping the response with the child's information.

If the response is: there was significant risks of harm, then follow the course of action and call the Child Protection Helpline 132 111.

Or, if no significant risks of harm, then follow the action the report has given i.e. referral to relevant service.

Note Educators are advised to ask for the assistance of a Nominated Supervisor to support them in this process and when reporting to the Child Protection Helpline.

It is essential that Open Arms Care Inc. maintains well-kept records to prepare and support its ability to make a report to the Child Protection Helpline.

Educating children about protective behaviour⁵:

- Our program will educate children
 - about acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age appropriate level and understanding
 - about their right to feel safe at all times
 - to say 'no' to anything that makes them feel unsafe or uncomfortable
 - about how to use their own knowledge and understanding to feel safe
 - to identify feelings that they do not feel safe
 - the difference between 'good' and 'bad' secrets
 - that there is no secret or story that cannot be shared with someone they trust
 - that educators are available for them if they have any concerns
 - to tell educators of any suspicious activities or people
 - to recognise and express their feelings verbally and non-verbally
 - that they can choose to change the way they are feeling

Families are encouraged to:

- Read the Child Protection Policy of the service.
- Report any concerns of a child being at significant risk of harm whilst in care to the Nominated Supervisor or Educator.
- Abide by the decisions of the Nominated Supervisor of the service in relation to the placement of the child into care, if requested.
- Maintain confidentiality and respect the privacy of those involved in any incident that may occur.
- Seek support and advice from Nominated Supervisor if required.

Volunteers and Students will:

- Be made aware of how to comply with all child protection law and any obligations held under them.

⁵ Guide to the Child Safe Standards

2.9.2 NOTIFICATION OF THOSE INVOLVED IN EDUCATION AND CARE SERVICES⁶

- Should an incident occur that involves a child being put at risk of harm from a member of staff, educator, volunteer, student, trainee or person visiting the service, this is regarded as 'reportable conduct' and necessitates such conduct being reported to the NSW Office of the Children's Guardian within 7 days. The 7-day notification needs to include the following information
 - Type of reportable conduct
 - Name of employee/volunteer/visitor/student
 - Name and contact details of the entity and head of entity (or approved provider)
 - If the reportable allegation has been reported to Police and Child Protection Helpline
 - Nature of initial risk assessment
 - Risk management action
- Where the allegation is made to a staff member or member of management the facts as stated will be recorded in writing, using an Adverse Event Report or Staff Accident Incident Report that includes dates, times, names of person/s involved, name of person making allegation and the person making the report. This report should be kept on record and treated as strictly confidential.
- If a person in charge is suspected, then the chairperson on the Board should be informed.
- An initial risk assessment is conducted to identify and plan to avoid or minimise the risks to:
 - The children who are the subject of the allegation
 - Other children with whom the employee may have contact
 - The employee against whom the allegation has been made
 - The employing entity
 - Other parties to the alleged incidents (such as witnesses or reporters) and
 - The proper investigation of the allegation
- The person making the report should follow the advice of the NSW Office of the Children's Guardian
- Management will also follow this advice.
- The matter will be treated with strict confidentiality.
- For the protection of children and staff member /Educator involved, the person should be encouraged to take special leave or removed from duties involving direct care and contact with children, until the situation is resolved.

Support should be provided to all involved. This support can be given in the form of counselling or referral to an appropriate agency.

All parties can contact the Ombudsman if they are not satisfied with the conduct of the investigation. **Ph: 1800 451 524**

⁶ Office of the Children's Guardian Reporting Obligations and Processes A handbook for child-related organisations

2.10 EXCURSIONS

Excursions are an essential part of the Open Arms Care Inc. Children's Service programs as they provide variety and an opportunity to expand a child's experience, explore different environments and learn new activities.

Parent permission will be sought for all excursions. Children, on excursions will be ensured of proper supervision and care for the full duration of the excursion.

2.10.1 PLANNING AND RISK ASSESSMENTS

All excursions will be planned taking into consideration:

- The children's ages, capabilities and interests.
- Ways to maximise the children's developmental experiences and safety.
- Suitability of the venue and access including wheelchairs if required.
- Access to food, drink and other facilities.
- Weather conditions, which would make the venue unsuitable.
- The specific clothing and equipment needs of the children.
- Transport arrangements needed, including embarking and disembarking transport.

Services are to visit and complete a risk assessment for the venue before undertaking the excursion, to ensure that it is suitable, safe and accessible by all. (Regulation 101) before written authorisation is sought from the parent/guardian/authorised nominee (Regulation 102)

Risk assessments need to:

- (a) identify and assess risks that the excursion may pose to the safety, health or wellbeing of any child being taken on the excursion; and
- (b) specify how the identified risks will be managed and minimized.

Without limiting sub regulation (1), a risk assessment must consider –

- the proposed route and destination for the excursion; and
- any water hazards; and
- any risks associated with water-based activities; and
- if the excursion involves transporting children
 - the means of transport
 - any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported; and
 - the process for entering and exiting-
 - the education and care service premises; and
 - the pick-up location or destination (as required); and
 - procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking; and
- the number of Educators and children involved in the excursion; and
- given the risks posed by the excursion, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required; and

- the proposed activities; and
- the proposed duration of the excursion; and
- the items that should be taken on the excursion.
- There is adequate access to food, drink and other facilities (toileting, hand washing etc)

Staff will phone venue ahead (if possible) when special requirements are needed.

When planning an excursion alternative arrangements will be made for adverse weather conditions.

Staff/Educators will consider not just wet weather, but cold or hot weather conditions when making plans for excursions and the final decision to continue/or not with the excursion.

Authorisation and Notification

No child will be taken outside the service without the parent or other person named in the child's enrolment record as having authority, given by a parent, to authorise the taking of the child outside the education and care service premises without written authorisation.

All excursions will be publicised to all parents with full details of destination, times of departure and return, staff and volunteers attending, and what the children should bring.

The excursion permission form will be filled out for each specific excursion indicating:

- the child's name; and
- the reason the child is to be taken outside the premises; and
- If the authorisation is for a regular outing, a description of when the child is to be taken on the regular outings; and
 - If the authorisation is for an excursion that is not a regular outing, the date the child is to be taken on the excursion; and
- A description of the proposed destination for the excursion; and
- If the excursion involves transporting children-
 - The means of transport; and
 - Any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported; and.
- The proposed activities to be undertaken by the child during the excursion; and
- The period the child will be away from the premises; and
- The anticipated number of children likely to be attending the excursion; and
- The anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion; and
- The anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion; and
- That a risk assessment has been prepared and is available at the service.

Regular Excursion Definition

In relation to an education and care service, means a walk, drive or trip to and from a destination:

- That the service visits regularly as part of its educational program, and
- Where the circumstances relevant to the risk assessment are substantially the same on each outing.

A regular excursion form needs to be authorised only once in a 12-month period, which should be at the start of care and then at the beginning of each year.

Supervision

Parents may be invited to assist and understand they are to follow the instructions of the Responsible Person in charge of the excursion.

Ensuring that parents/guardians, volunteers, students and all adults participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children.

Supervision is of utmost importance and must be maintained at all times, with educators conducting head counts and roll calls throughout the duration of the excursion. Effective supervision is to be provided taking into consideration appropriate staff/child ratios for specific activities.

An educator is to inspect all public toilets before children use them. An educator and at least one other child must accompany any child when using a public toilet.

Bush walking excursions will only be undertaken in well-known areas. Children and staff must remain on defined paths.

The person in charge of any excursion where there is a significant water hazard needs to hold a current approved First Aid Certificate and the knowledge and ability to implement water safety procedures.

While on the Excursion

Information and equipment to be taken on the excursion will include:

- A list of all children on the excursion, with relevant personal details, parent contact numbers and authorised nominee contact numbers, medical information and medication if required.
- List of adults participating in the excursion and contact information for each adult.
- A list of all relevant and emergency procedures and contact numbers, to be readily accessible to all staff at all times.
- A fully stocked portable first aid kit, including any medication required for children in care for the day
- Access to spare drinking water.
- The service's emergency, accident, illness and medication, sun protection policies will be implemented on excursions as required.
- Mobile phone/other means of communication with the service and emergency services.

2.11 FOOD SAFETY

Educators must prepare and provide food in a way that is safe for the children in their care to reduce the risk of spreading infectious disease through food. It is understood that there is a shared responsibility between staff, educators, children and families to implement the Food Safety Policy and hygiene procedures to ensure a level of protection to all persons who access the service.

2.11.1 FOOD SAFETY PRACTICE GUIDELINES

Meals and Snacks

Food preparation and utensils to be cleaned with warm soapy water.

Eating areas to be cleaned in a safe and hygienic manner ie soapy water, cleaning spray and wet cloths.

Educators will wash their hands before preparing, serving or eating food as per *Hand Hygiene Practice*

Check that all children have washed and dried their hands before they eat or drink (refer *Hand Hygiene Practice*)

When serving food, tongs or utensils will be used.

Educators will ensure children do not share individual eating or drinking utensils or take food from other children's plates or bowls.

Educators will teach children to turn away from food when they cough or sneeze and then to wash their hands.

If Educators are interrupted to care for another child while preparing food they will need to wash their hands again before continuing.

Work areas and equipment including chopping boards are to be cleaned after use.

Equipment is allowed to air dry.

Rinse wiping cloths after each use and change frequently.

All perishable food will be stored in the refrigerator.

All nonperishable foods will be stored in sealed containers in a dry place.

Heating and cooling food

Keep food hot (more than 60°C) or cold (5°C or less). Heating and cooling food properly will help prevent germs from growing in food. Australia's food safety standards state that reheated food should reach 60°C. Heating to this temperature will destroy germs that may have grown in the food since it was cooked.

Heat food ONCE only. Do not allow it to cool and the reheat – this can allow germs to grow.

Educators will check that the food has cooled before giving it to the child.

Separating raw and cooked foods

Keep raw food separate from cooked food or ready to eat food because the raw food may have germs in it. To prevent cross contamination between raw and cooked foods:

- Keep raw and cooked foods separate, even in the fridge
- Keep cooked food above uncooked food in the fridge
- Use separate utensils (such as cutting boards and knives) for raw and cooked food

Cooking experiences with Children

Educators will:

- ensure children wash and dry their hands before and after the cooking experience.
- always be aware of the dangers of heat.
- tie up any long hair.

2.12 MONITORING, REST & SLEEP

Educators have a duty of care to provide a high level of safety protecting children from harm and hazards whilst they receive their adequate needs of rest and sleep.

By ensuring effective sleep and rest strategies Educators are building a sense of security and safety with the children in their care.

By consulting with families about their child's individual needs, values and parenting beliefs, Educators are meeting The National Quality Standards 2.1.1 of, '...Each child's wellbeing and comfort is being provided for including appropriate opportunities to meet each child's sleep, rest and relaxation.'

Educators will maintain procedures and safe practices and operate within legislative requirements relating to Safe Sleep and Rest Practices and the Education and Care Services National Regulations and Law.

2.12.1 PHYSICAL ENVIRONMENT

Safe physical spaces are made available for children to engage in rest and quiet experiences if they are not sleeping and must not interfere with a sleeping child.

Ensure that the physical environment is safe and conducive to rest and sleep. This means providing a quiet, well-ventilated, adequate natural light and comfortable space in care settings including Out of School Hours Care and Vacation Care.

Ensure there is sufficient lighting for educator to observe children resting and enable children to undertake quiet activities.

Ensure furniture and equipment is safe, clean and in good repair.

Ensure that each child has access to sufficient furniture, materials and developmentally appropriate equipment suitable for the education and care of the child.

Appropriate sleeping/resting furniture will be provided per age and/or development of the child. Children are not to share the same beds.

Keep bedding away from hanging cords such as blinds, curtains, or electrical appliances as they could get caught around child's neck. Keep heaters or any electrical appliances well away from the bedding to avoid the risk of overheating, burns and electrocution. Never use electric blankets, hot water bottles or wheat bags for children.

2.12.2 SUPERVISION

Ensure the premises are designed to facilitate supervision.

All services to have a documented practice on the supervision of children whilst at rest and sleep.

Risk Assessment completed by each service stating how educators will supervise and conduct physical checks on sleeping children whilst also maintaining adequate supervision of other children in their care. Risk assessments to be shared during educators induction process.

Sleeping children are to be closely monitored and all sleeping children are to be within hearing range and physically check at least every 10 minutes with checking times noted within the software system used by the service and shared with families.

(Note: if a child is sick or has a medical condition consideration should be made to check child more frequently. A risk assessment maybe required for some medical conditions)

Definition: To physically check is to visually assess that the child is breathing and the colour of their skin and lips.

2.12.3 SLEEPING ARRANGEMENTS

Policies and procedures should be based on current research and recommended evidence-based principles and guidelines. Red nose is considered the recognised National Authority on Safe Sleeping practices for infants and children.

Mattresses or mats used by the children provided with the service are in good repair with no rips, tears or hazards on them.

Educators will discuss children's individual requirements and routines with the families. However if a family's beliefs and requests are in conflict with current recommended evidence-based guidelines, the service will need to determine if there are exceptional circumstances that allow for alternate practices.

Ensure the child's head and face stay uncovered.

No hoods or necklaces to be worn by the children.

2.13 SUN PROTECTION

Exposure to ultraviolet (UV) radiation in childhood is a major risk factor for developing skin cancer later in life. By implementing a best-practice Sun Protection Policy and practices, early childhood education and care services can help protect staff, educators and children from UV radiation and teach children good sun protection habits from an early age.

Open Arms Care Inc.'s sun protection policy has been developed to protect all children, staff and educators from the harmful effects of ultraviolet (UV) radiation from the sun and teach children good sun protection from an early age.

2.13.1 SCHEDULING OUTDOOR ACTIVITIES

- Sun protection times are a forecast for the time of day UV levels will reach 3 or above. At these levels, sun protection is recommended for all skin types and the sun safe practices should be implemented. In NSW, UV levels are high enough (UV 3 or above) to damage unprotected skin most months of the year.
- UV levels and daily sun protection times are used to plan daily activities and ensure a correct understanding of local sun protection requirements.
- UV radiation exposure is considered as part of the services risk management for all outdoor events and activities on and off site.
- When children are on excursions all sun protection practices are planned, organised, understood and available.

UV Index can be checked at the Bureau of Meteorology website www.bom.gov.au/uv or the Cancer Council's Sun Smart app

All sun protection measures will be considered when planning excursions and incursions.

Shade

Outdoor activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.

The service will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade.

Cancer Council encourages regular shade assessments and the monitoring of existing shade structures, to assist in planning for additional shade.

Hats

Staff, educators and children are required to wear SunSmart hats that protect their face, neck and ears. SunSmart hats include:

- bucket hats with a deep crown and brim size of at least 5cm (adults 6cm)
- broad-brimmed hats with a brim size of at least 6cm (adults 7.5cm)
- legionnaire style hats

Please note: Baseball caps or visors are not SunSmart hats.

Children without a SunSmart hat are required to play in an area protected from the sun (e.g. under shade, veranda or indoors) or will be provided with a spare hat.

Clothing

Staff, educators and children are required to wear sun-safe clothing that covers as much of the skin (especially the shoulders back and stomach) as possible. This includes wearing:

- loose fitting shirts and dresses with sleeves and collars or covered neckline
- longer style skirts, shorts and trousers.

Please note: Midriff, crop or singlet tops are not SunSmart clothing.

Children without SunSmart clothing are required to play in an area protected from the sun (e.g. under shade, veranda or indoors) or will be provided with spare clothing.

Sunscreen

Staff, educators and children are required to apply SPF30 (or higher) broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the expiry date is monitored.

Sunscreen is provided by the service or families may choose to provide their own.

Where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen, or the child encouraged to play in the shade.

Roll on sunscreen is not to be shared and will not be provided by the service however families may supply for individual children.

To develop independent skills, children are given opportunities to apply their own sunscreen under supervision of Staff, and are encouraged to do so.

Permission from parents to apply sunscreen is obtained during the enrolment procedure. Cancer Council recommends usage tests before applying a new sunscreen.

Role Modelling

Staff /educators are required to act as role models and demonstrate sun safe practices by:

- wearing a SunSmart hat, protective clothing and sunscreen SPF30 (or higher) broad spectrum water resistant, and promoting the use shade
- wearing sunglasses (optional) that comply with the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4)
- discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the service
- encouraging families and visitors to role model sun safe practices when at the service.

2.13.2 PRACTICES

- Sun protection is incorporated regularly into learning programs. Children understand why sun safety is important and learn how to take effective sun protection actions e.g. hat wearing, accessing daily UV levels.
- Sun protection policy, procedures, requirements and updates are made available to staff, families and visitors.
- Sun protection information and resources are accessible and communicated regularly to families.
- All parents/families are informed of the sun protection policy including appropriate hat, clothing and sunscreen requirements on enrolling their child in the service.

2.14 TRANSPORT

Open Arms Care Inc. protects the rights of the child and families to have safe and responsible transport arrangements whilst being cared for in our service, by requiring Educators to be aware all transporting requirements and meeting regulations and laws with procedures in place.

2.14.1 REGULAR TRANSPORT

The sole purpose of this transportation policy is for the safe movement/transfer of children by means of motor vehicles ie bus, car, etc.

Open Arms Care Inc. does not offer or arrange regular transportation of children as part of our education and care services.

In the event the need for regular transportation is identified to be provided or arranged, the approved provider must notify the regulatory authority within 7 days by a lodgement through the NQAITS system.

Prior to the commencement of a regular transportation, the following is required:

Risk Assessment

Children are considered to be under the care of an education and care service at the point the service is taken to assume responsibility for their care and wellbeing, therefore transportation provided by or arranged by the services forms part of the service and requires a transportation risk assessment.

The transportation risk assessment must identify and assess risks and specify how the identified risks will be managed and minimised.

A transportation risk assessment must include:

- The proposed route and duration of the transportation
- The proposed pick-up location and destination
- The means of transport
- Any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported
- Any water hazards
- The number of adults and children involved in the transportation
- Given the risks posed by transportation, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required;
- Whether any items should be readily available during transportation; example, mobile phone and a list of emergency contact numbers for the children being transported.
- The process for entering and exiting— the education and care service premises; and (ii) the pick-up location or destination (as required);
- Procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.

Risks should be evaluated each time children are transported, unless the transportation is 'regular transportation'.

Definition of 'regular transportation': *means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are substantially the same for each*

occasion on which the child is transported. (An example is where the route or destination has altered)

A regular transportation risk assessment is to be conducted every 12 months.

Permission

A child being educated and cared for by the service is not to be transported by the service or on transportation arranged by the service unless written authorisation has been given. Authorisation for a child to be transported must be given by a parent or other person named in the child's enrolment record as having authority to authorise the child being transported by the service or on transportation arranged by the service before and must state—

- The child's name
- The reason the child is to be transported;
- If the authorisation is for regular transportation, a description of when the child is to be transported;
- If the authorisation is not for regular transportation, the date the child is to be transported;
- A description of the proposed pick-up location and destination;
- The means of transport;
- The period of time during which the child is to be transported;
- The anticipated number of children likely to be transported;
- The anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation;
- Any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported;
- That a risk assessment has been prepared and is available at the education and care service;
- That written policies and procedures for transporting children are available at the education and care service.

If the transportation is regular transportation, the authorisation is only required to be obtained once in a 12 month period."

Embarking

When embarking transport Open Arms Care will ensure the following requirements are implemented:

- That a staff member or nominated supervisor of the service, who is not driving, is present when the children embark the means of transport at the education and care service premises
- Each child embarking the transport at the education and care service premises is accounted for by a staff member who is not the driver
- Immediately after all the children have embarked the transport at the education and care service premises, a record is made that—
 - confirms each child has been accounted for
 - states how each child has been accounted for
 - states the date and time the record is made
 - states the name of, and is signed by, the staff member completing the form

Disembarking

- When disembarking transport Open Arms Care will ensure the following requirements are implemented:
- That a staff member or nominated supervisor of the service, who is not driving the means of transport, is present when the children disembark the means of transport at the education and care service premises
- Each child disembarking the means of transport at the education and care service premises is accounted for by a staff member
- A Staff member examines the interior of the means of transport to confirm no children remain on board the transport
- Immediately after all the children have disembarked the means of transport at the education and care service premises, a record is made that—
 - confirms each child has been accounted for
 - states how each child has been accounted for
 - states the examination of the transport has been carried out following disembarkation
 - states the date and time the record is made
 - states the name of, and is signed by a staff member completing the form

Note: Where transporting children as part of an excursion please also refer to Excursion Policy.

2.15 WATER SAFETY

Open Arm's Care Inc. has a responsibility to protect the health, safety and wellbeing of children at all times. Supervision of children is paramount when in or around water. This relates to water play, excursions near water, drinking water, hot water and hygiene practices.

2.15.1 Practices

Children will be supervised at all times in and around any body of water including water troughs, and buckets.

Educators will ensure water troughs or containers for water play are filled to a safe level and emptied or covered securely after use. Educators will discuss with the children that this water is for the purpose of play and not for consumption.

Water containers of any sort will be emptied or covered when not in use. This includes buckets used for cleaning which will be emptied immediately after use.

Drinking water containers will be emptied and cleaned daily.

Children will be provided with clean drinking water at all times.

Grey water systems or water tanks may be labelled with 'do not drink' signage and the children will be supervised in this area to make sure they are not accessing this water for drinking.

A risk assessment will be conducted prior to any excursion taking place. Particular attention will be focused upon water safety where the excursion is near a body of water or where water hazards can occur after wet weather eg. local parks.

All excursion risk assessments which contain water hazards must be identified and strategies implemented before being signed off from the Nominated Supervisor.

- In determining adequate supervision a range of factors shall determine the ratio for each excursion.
 - Numbers, ages and abilities of each child
 - Number of educators
 - Each educator's knowledge of each child in care, the experience, knowledge and skill of each educator.
 - The definition of the body of water ie local pool, lido, beach, river
- Check water conditions before entering or playing at waters edge and during the water excursion as tides and conditions can change
- If fishing ensure a safe spot is chosen, with appropriate footwear, clothing and fishing gear for each child.

2.16 SUPERVISION OF CHILDREN

Supervision is a critical aspect of caring for children. It is the educator's duty of care and responsibility to provide adequate supervision to children at all times and to ensure children are safe while attending the service.

2.16.1 PRACTICE

Supervision of children involves keeping children within sight and/or hearing of staff/educators at all times with ratios being adhered to (1 Educator to 15 children).

Families/carers are responsible for their children's supervision while they are on premises, including siblings not enrolled in the centre/service.

Students, volunteers, family members and visitors are not to be left alone with the children. They are to be informed of the supervision policy.

Areas that have blind spots in terms of proper supervision needs to be drawn to everyone's attention and a plan needs to be developed to overcome this situation, both long and short term. This includes whilst out on excursions.

The environment, both the indoors and outdoors, needs to be set up in a way to ensure clear and unobstructed views of all areas for effective supervision.

The environment should be checked for hazards daily or when transitioning between environments to ensure the areas are safe and to prevent incidents or accidents.

Any animals that are on the premises are to be made inaccessible to the children unless they are under direct supervision of the educator/staff.

No other duties or other daily jobs are to be performed whilst supervising children ie administrative tasks

Routine tasks should be carried out with supervision still being effective.

Children will be supervised whilst they are sleeping and resting as per the Monitoring Rest and Sleep Policy.

Services can regularly review the supervision plans, risk assessments and strategies to evaluate the safety and effectiveness of the plans and their implementation.

Ensure effective supervision and appropriated ratios due to risk assessment are adhered to whilst on excursions.

Services will negotiate appropriate plans with school principals to ensure that gates and entrances to school premises are closed to assist in preventing children entering or leaving the school grounds.

Centres may use the school toilet blocks where necessary if toilets are not provided within the centre. The centre has a toileting procedure to ensure children are supervised during these times.

Educators need to ensure allied health professionals are aware of their supervision responsibilities with additional needs children.

Ensure that supervision arrangements are respectful and that interactions with children are meaningful. Educators will encourage children's independence while respecting the development of each child and the planned activities.

Be aware of the importance of communicating with each other about their location within the environment.

Scan the environment while interacting with individuals or small groups. Educators will position themselves to maximise their view of the environment and the children's play.

Monitor children's health by checking for early signs of illness and unusual behaviour particularly when supervising children with known medical conditions.

Staff rosters and routines should be designed to maximise the consistency of supervision, sufficient number of educators to meet ratios each time children are being educated and cared for.

Staff will maintain a ratio of approximately 1 staff member to each 15 children depending on the needs of those children.

Single staff model services, where the educator is alone with children for the majority of the time, will need to modify their strategies to supervise children because they are unable to rely upon colleagues to assist them.

This may involve strategies such as having the group of children all indoors or all outdoors at any given time depending on the visibility available, giving older children more responsibilities in assisting younger children and notifying families that discussions may need to wait until other times if the distraction could put children at risk of harm.

Single staff model services obviously still need to consider the safety of children to be paramount at all times, however Management in these cases also need to recognise the difficulties faced for those educators who are working alone and ensure they provide adequate support and information for educators to maintain their supervision standards such as risk assessments.

2.16.2 CHILD MISSING PROCEDURE

Step 1

- Gather all the children and conduct a roll call to ascertain who is missing.

Step 2

- Search the immediate area for the missing child.
- Call Nominated Supervisor for assistance and or further instructions.

Step 3

- If the child cannot be located call emergency services '000' then parents/guardians or authorised nominees to notify.

Step 4

- Document the **entire** incident on an incident form including what you did, who you rang/notified and attempted notifications, who you spoke to at what times etc.

A missing child is a reportable incident to ACECQA, you **MUST** ensure you follow the procedure and notify the Nominated Supervisor.

2.16.3 EXCURSION-MISSING CHILD PROCEDURE

Step 1

- Gather all children and conduct a roll call to ascertain who is missing.

Step 2

- Search the immediate area/venue for the missing child.
- Call Nominated Supervisor for assistance and or further instructions.

Step 3

- If the child cannot be located call emergency services '000' then parents/guardians or authorised nominees to notify.

Step 4

- Remain at excursion venue until a Nominated Supervisor arrives to handover incident.

Step 5

- Document the **entire** incident on an incident form including what you did, who you rang/notified and attempted notifications, who you spoke to and at what times etc.

A missing child is a reportable incident to ACECQA, you MUST ensure you follow the procedure and notify the Nominated Supervisor.

2.17 EMERGENCY EVACUATION

Emergency and evacuation situations in Children's Services can arise in a number of circumstances and for a variety of reasons.

In the event of an emergency or evacuation situation, the safety and wellbeing of educators, children, families and visitors is paramount. Our services are committed to identifying risks and hazards of emergency and evacuation situations, and planning for their minimisation, and ongoing review of planned actions around handling these situations including:

- conducting ongoing risk assessment and reviews of all potential emergency and evacuation situations;
- developing specific procedures around each potential emergency situation;
- and ensuring regular rehearsal and evaluation of emergency and evacuation procedures.

2.17.1 EMERGENCIES

An Emergency can include (but are not be limited to):

- Severe weather / storms
- Flood
- Cyclone
- Earthquake
- Bush fire / grass fire / house fire
- Presence of dangerous animal / insects
- Intruders / personal threat
- Situation that requires an evacuation lockdown
- Tsunami
- Hazardous substance release
- Pandemic and communicable diseases
- Major medical emergency
- Heatwave

2.17.2 EVACUATIONS

The service will have and follow two sets of emergency and evacuation procedures:

1. Evacuation Drill

2. Lockdown Drill

All emergency scenarios will fall into either one of these categories.
Practices

The Children's Services Manager will put in place an Emergency Risk Management Plan for each OSHC service which details all emergency information. The risk management plan is reviewed at least annually, in consultation with the school in which the centre is located in and updated when needed and/or as circumstances change.

Emergency evacuation procedures and floor plans will be clearly displayed in a prominent position near the main entrance and exit of each room used by the service.

The Evacuation Plan will include:

- routes of leaving the building suitable for all ages and abilities. These should be clearly mapped out.
- plan to include where the fire extinguishers, fire blankets & smoke detectors are located.
- a safe assembly point away from access of emergency services.
- Date it was created/reviewed and version number. Evacuation plans are to be reviewed every 5 years.
- an alternative assembly area in case where first assembly becomes unsafe.
- list of items to be collected.
- list of current emergency numbers

All educators, including relief staff, will be informed of the procedure and their specific duties identified in their orientation to the service.

Educators will discuss the emergency procedures with the children and the reasons for practicing the drills prior to each emergency drill being undertaken. Following each drill, children should be reassured and their suggestions and comments welcomed for how the drill might be improved to provide them with a sense of control and understanding of the process.

Emergency and Evacuation drills (both Evacuation and Lockdown) will be conducted every three months (minimally) and recorded in the *Emergency Drill Record* forms. Details to be recorded include: date drill was conducted; children in attendance; emergency scenario; outcomes of the drill; recommendations for improvements etc. All Emergency drills are submitted to the Children's Services Manager to review then filed on the premises.

Families will be informed of the procedures and assembly points at each premise through the Emergency Evacuation plans at prominent exit points.

Educators will only attempt to extinguish fires if the fire is small, there is no threat to their personal safety and they feel confident to operate the extinguisher and all the children have been evacuated from the room.

Services are to keep current parent / guardian contact numbers and emergency numbers such as poisons information in a prominent position.

Services must have an approved first aid kit, fully equipped with emergency memorandum accessible, with no out of date supplies in the bags.

No child or Educator is to go to their bags to collect personal items during an emergency evacuation. This would lead to confusion and delays.

Reporting to Regulatory Authority

Educators are to advise Children's Services Manager and Nominated Supervisors in the case of any serious incident, where a child is in immediate danger. To ensure the Approved Provider can record this to the Regulatory authorities within 24 hours of the incident.

This could include any incident that requires the approved provider to close, or reduce the number of children attending, the education and care service for a period;

Example: A flood or a fire that requires an Approved Provider to close the education and care service premises (or part of those premises) while repairs are undertaken.

The following must be notified within 7 days: any circumstance at the service that poses a risk to the health, safety or wellbeing of a child or children; any incident or allegation of physical or sexual abuse of a child or children at the service.

The attendance at the approved education and care service of any additional child or children being educated and cared for in an emergency, including:

- a description of the emergency; and
- a statement by the approved provider that the approved provider had taken into account the safety, health and wellbeing of all the children attending the education and care service when deciding to provide education and care to the additional child or children.

2.17.3 PROCEDURE

When it is unsafe for children, staff and visitors to remain inside the facility's building the Responsible Person on-site will **remain calm**, take charge and activate the Emergency evacuation procedure.

- Make the announcement to evacuate : **One sharp blow of the whistle**
- Determine of the facilities pre-identified off-site evacuation points is most appropriate to use and which of the pre-identified routes would pose the least threat to the children, visitors or staff.
- Conduct a headcount as the children line up at the evacuation exit, check against roll
- Collect attendance records, emergency contact information (excursion folder), medical risk minimisation plans (excursion folder,) phone and first aid kit (containing medication).
- Turn off the lights and all other electric equipment
- Instruct an educator (if available) or the eldest capable child to close the door behind the group (if there is enough time to do so)
- Evacuate children, staff and visitors out of the OSHC room to your evacuation point/assembly point. Maintaining a state of calm and order within the group as you lead them.
- Once at the emergency assembly point, check all children, staff and visitors are accounted for; call the attendance record.
- Contact the emergency services (if you haven't done so already via the app "emergency plus" or via dialling 000) and maintain communication. Wait for the emergency services to arrive or provide further information whilst staying at the emergency assembly point.
- Notify the OSHC Children's Service's Manager who will notify the CEO and Approved Provider if required
- Maintain a record of actions taken/ decisions undertaken and times
- Confirm with the emergency service personnel that it is safe to return to normal operations
- Contact parents as required.

On Site Lock Down

When an external or immediate danger is identified and it is determined that the children should be secured inside the building for their own safety The Responsible Person in charge should enact the Lock down Procedure.

- 'Lockdown' relayed to children and staff – blow whistle 3 times and say 'lockdown'
- Note: if a discrete approach is needed the Responsible Person in charge will decide on the best course of action and lead the other staff.
- Initiate lockdown and provide instructions to staff, for example, close internal windows and doors, children to move into **lockdown area** and sit below window level, draw blinds.

- Head count as the children enter the room, mark against the attendance record (roll), include staff in the headcount.
- Check that all external doors (and windows if appropriate) are locked.
- Note: if a child is missing then allow one staff member to be posted at locked doors to allow children, staff and visitors to enter if locked out.
- When all children are accounted for: collect: attendance records, medication, first aid kit and emergency contacts (OSHC phone) and move into the kitchen with the children.
- Call the attendance records and mark children present. Also note the educators present.
- Contact the emergency services via the "Emergency Plus" app or by dialing 000 and seek and follow advice.
- Divert parents and returning groups from the facility if required.
- Ensure a telephone line is kept free
- Keep main entrance as the only entry point. It must be constantly monitored and no unauthorised people allowed access and to guide emergency service personnel.
- As appropriate, confirm with emergency services personnel that it is safe to return to normal operations.
- Contact the Nominated Supervisor
- Maintain a record of actions/decisions undertaken and times
- Contact parents as required.

CONTENTS

3.1 Relationships With Children	1
3.1.1 Consumer Outcome	1
3.1.2 Organisation Statement	1
3.1.3 Our Policy	1
3.1.4 Responsibilities	1
3.1.5 Monitoring Personal Care and Clinical Care	1
3.1.6 References	1
3.1.7 Definitions.....	2
Term	2
Meaning.....	2
3.2 Child Enrolment & Orientation	3
3.2.1 Priority of Access	3
3.2.2 Enrolment Forms	3
3.2.3 Practice.....	5
Request for Care.....	5
Hours of Operation.....	6
Fees.....	6
3.3 Inclusion & Diversity.....	7
3.3.1 Overview	7
3.3.2 Practice.....	7
3.4 Interactions With Children	9
3.4.1 Procedures	9

RECORD OF REVISIONS: SECTION 3: PERSONAL CARE AND CLINICAL CARE

[illegible]

3.1 RELATIONSHIPS WITH CHILDREN

3.1.1 PURPOSE¹

'Educators developing responsive, warm, trusting and respectful relationships with children and young people that promote their wellbeing, self-esteem, sense of security and belonging. Relationships of this kind encourage children to explore the environment and engage in play and learning.'

3.1.2 ORGANISATION STATEMENT

Open Arms Care ensures:

- Educators create respectful relationships with children by supporting collaborative environments with each child and families.
- Policies and procedures to allow children to participate in collaborative learning and develop and build meaningful relationships and friendships.
- Each child can have a voice to build autonomy and self-esteem within the services.

3.1.3 OUR POLICY

- Respectful and equitable relationships are maintained with each child.
- Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
- The dignity and rights of every child are maintained.
- Each child is supported to build and maintain sensitive and responsive relationships.
- Children are supported to collaborate, learn from and help each other.
- Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

3.1.4 RESPONSIBILITIES

- Management develops process and procedures to capture children's needs, interests to support the development of children's identity and social and emotional competence
- Management develop strategies to work collaboratively with children to regulate and manage their behaviour and emotions and learn to negotiate complex social situations and relationships
- Management supports educator's practice to reflect a deep commitment to building and maintaining consistent, trusting, respectful and equitable relationships with each child.

3.1.5 MONITORING

Relationships with children processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made.

3.1.6 REFERENCES

- Australian Children's Education and Care Quality Authority [National Quality Standards](#)
- [Guide to the National Quality Framework](#)
- [Education and Care Services National Law Act 2010](#)

¹ [Australian Children's Education and Care Quality Authority National Quality Standards](#)

- Education and Care Services National Regulations 2011
- My Time, Our Place: Framework for School Aged Care in Australia
- Belonging, being and becoming the early years learning framework for Australia

3.1.7 DEFINITIONS

Term	Meaning
Belonging, being and becoming	Australia's first national Early Years Learning Framework for early childhood educators. The aim of this document is to extend and enrich children's learning from birth to five years and through the transition to school.
Child over preschool age	A child enrolled or registered at a school and attends, or in the current calendar year will attend, school in the year before grade 1 or in grade 1 or a higher grade. child preschool age or under means a child under the age of 7 years who is not a child over preschool age.
MTOP	My Time Our Place: Framework for school aged children.
Belonging, being and becoming	Australia's first national Early Years Learning Framework for early childhood educators. The aim of this document is to extend and enrich children's learning from birth to five years and through the transition to school.
Child over preschool age	A child enrolled or registered at a school and attends, or in the current calendar year will attend, school in the year before grade 1 or in grade 1 or a higher grade. child preschool age or under means a child under the age of 7 years who is not a child over preschool age.
Early Years Learning Framework (EYLF)	The Early Years Learning Framework, together with the National Quality Standard, forms the policies around early childhood education in Australia.
Educators	Educators care for infants and young children in a range of settings to help meet their social, emotional, physical and educational needs.
Educational Leader	The role of the educational leader is primarily to collaborate with educators and provide curriculum direction and guidance.
Educational Program	Means a program referred to in section 168 of the Law.
Preschool	Educational establishment or learning space offering early childhood education to children before they begin compulsory education at primary school.
Responsible Person	Means person referred to in section 162 (1)(a) to (c) of the Law.
The Law	Means the Education and Care Services National Law.

3.2 CHILD ENROLMENT & ORIENTATION

All Children's Services will manage enrolments in a manner that ensures the successful and appropriate placement of a child into care, in accordance with all government regulatory requirements. To ensure children are placed where a suitable vacancy occurs and where there is a match between the needs of the child, family expectations and the care's ability and willingness to meet the individual needs of the child.

3.2.1 PRIORITY OF ACCESS

The Australian Government has determined Priority of Access guidelines for allocating places in children's services. These guidelines are set out in the following levels of priority.

- Priority 1- a child at risk of serious abuse or neglect
- Priority 2- a child of a single parent who satisfies, or parents who both satisfy, the work/training/study test under section 14 of the Family Assistance Act
- Priority 3- any other child.

Within each category mentioned above, the following children are given priority:

- Children in Aboriginal or Torres Strait Islander families
- Children in families which include a disabled person
- Children in families with a non-English speaking background
- Children in socially isolated families.

These guidelines are taken into account when there is a high demand for a limited number of vacancies.

When there are no vacant places and care is being provided to Priority 3 child/ren then days may be rationed or the child /ren required leave care in order for the service to provide a place for a higher priority child. But only if:

- The person liable to pay the fees was notified of this when the child first started care and
- The service gives at least 14 days' notice.

3.2.2 ENROLMENT FORMS

An enrolment form must be fully completed for each family before the child can attend the service and it must contain:

- Full name, date of birth and address of the child
- The name, address and contact details of:
 - Each known parent of the child
 - Any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted
 - Any person who is an authorised nominee
 - Note: Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service.
 - Any person authorised to consent to medical treatment of, or to authorise administration of medication to the child
 - Any person authorised to authorise the educator to take the child outside the education and care service premises.

- Any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child
- Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child
- Details of any court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person
- Gender of the child
- Language used in the child's home
- Cultural background of the child and if applicable their parents
- Any special considerations for the child, such as cultural, dietary or religious requirements or additional needs
- Authorisations to be kept in the enrolment record for each child enrolled at an education and care service are—
 - an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the approved provider, a nominated supervisor or an educator to seek—
 - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
 - transportation of the child by an ambulance service; and
 - if relevant, an authorisation given for the education and care service to take the child on regular outings; and
 - if relevant, an authorisation given for regular transportation of the child.
- The health information to be kept in the enrolment record for each child enrolled at the education and care service is—
 - the name, address and telephone number of the child's registered medical practitioner or medical service; and
 - if available, the child's Medicare number; and
 - details of any—
 - specific healthcare needs of the child, including any medical condition; and
 - allergies, including whether the child has been diagnosed as at risk of anaphylaxis; and
 - any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy and
 - details of any dietary restrictions for the child; and
 - the immunisation status of the child; and
 - if the approved provider or a staff member has sighted a child health record for the child, a notation to that effect; and
 - in relation to New South Wales, certificates for immunisation or exemption for the child

The administration staff is to go through the enrolment form with the parents prior to starting care to ensure all the details have been completed.

If a child is subject to any court orders, parenting orders or parenting plans, the service must have a copy on record plus any subsequent alteration registered by the court.

The enrolment record must be kept on the premises by the service.

All enrolment records are to be kept in a confidential manner either electronically or in a locked filing system from all but the approved persons who enrolled the child, relevant staff, management and Commonwealth and /or State Department Officers.

Enrolment records are to be updated when there are changes to the family's circumstances and within 7 days of receiving the update.

To confirm re-enrolment in the following year, current parents are asked to check their enrolment forms online via the XPLORE Home App to ensure all details are still current and correct.

Parents will be advised that it is their responsibility to notify staff of any changes to their current details on enrolment and through the parent information booklet.

Depending on availability of care, children may be enrolled at any time throughout the year. Parents may also place their child on the waiting list for the current or upcoming year if they do not require care immediately. Care will be determined by availability and priority of access guidelines.

Enrolments and attendance records are to be submitted electronically by the office administration.

3.2.3 PRACTICE

Request for Care

Parents/ Guardians seeking care should approach Open Arms Care Inc office.

Basic information discussed and noted re family and child/children's needs.

Face to face or phone interview to assess parent expectations and child's needs.

Parent enrolment kit will be emailed (includes Parent/Handbook, CCS information)
If request cannot be met, the family is placed on the waiting list.

Children are not registered unless they are enrolled with the Open Arms Care Inc Office.

Orientation

Encouraging families to bring their child for an orientation visit before starting care is a practice that can help ease both the child's and the parents' transition into the care setting. This can be as simple or complex as required and can include:

- **Welcome and Introduction:** At the first meeting, families are greeted warmly by staff members who can guide them through the orientation process. This could take place over the phone or in the service.
- **Tour of the service:** Families and children are given a tour of the service, including the room used and areas children engage in.
- **Meet the Educators:** Introductions are made to the educators who will be responsible for caring for the child. This is an opportunity for parents and children to meet the educators, ask questions and learn about their experience and qualifications.
- **Discussion of Activities:** Families are informed about the types of activities offered at the centre. Educators can discuss the routine, learning opportunities and play activities available for the children.
- **Behavioural Needs Discussion:** If a child has specific behavioural needs or requirements, this is an important time to discuss them with the educators. This could include any allergies, medical conditions, or behaviour challenges that need to be addressed.

Hours of Operation

The service complies with the current Child Care Provider Handbook, and this information is related to families in a number of ways (eg: Parent Information handbook).

The office is open 9am – 3.30pm

Fees

See Fee Policy.

3.3 INCLUSION & DIVERSITY

Inclusion means that every child has access to, participates meaningfully in, and experiences positive outcomes from early childhood education and care programs. Open Arm's Care Inc. Children's Services welcomes all children and is committed to providing developmentally appropriate early learning and development experiences that support the full access and participation of each and every child. We believe that each child is unique and work in partnership with families and other professionals involved with the child to provide the support every child needs to reach their full potential.

3.3.1 OVERVIEW

Inclusion is important for many reasons: It implements current thinking about child development; implements the legal standards for early childhood education and care; and is good professional practice. Inclusion fosters diversity and overcomes any barriers that might exist to ensure that every child experiences quality early childhood education and care.

Children who may require or benefit from additional support or adaptations to participate fully and be included in early year's services are:

- Children with disability or developmental delay
- Children experiencing physical, medical or mental health conditions
- Aboriginal or Torres Strait Islander children
- Children from culturally and linguistically diverse backgrounds
- Refugees
- Gender-diverse or children from LGBTI families
- Children with complex social, emotional or behavioural needs
- Children who are gifted
- Children experiencing social, economic or geographic disadvantage
- Children at risk of abuse, neglect or family violence

3.3.2 PRACTICE

Educators use developmentally appropriate practices and consider the unique needs of all children when planning. Educators will make every attempt to make any adaptations or modifications necessary to meet the needs of the children.

Routines and activities are flexible and educators will work with therapists, special educators and other professionals to integrate individual needs, modifications and strategies into routines and activities. Any adaptations will be reviewed with families and other professionals supporting the child.

Educators will plan activities which reflect children's interest and abilities in which all children can participate and succeed. Inclusive and meaningful participation supports the concepts of the My Time, Our Place (MTO) Learning Framework for School Aged Care.

Families will share relevant information at the enrolment interview, which will help staff identify a suitable care situation for the child.

Families will share relevant information with Educators to accommodate the individual child's needs.

Educators will acknowledge and respect the diversity, differences and the uniqueness of every child and their families while ensuring that each child is treated equally and fairly.

Educators will encourage the family to share the culture of their home and educators will incorporate appropriate resources/activities into the programme. Collaboration with parents/guardians means building a partnership to support the inclusion of the child.

Educators will focus on similarities of children in the group. Inclusive programs include all children with or without special needs.

Educators will respect racial and cultural diversity.

Educators will aim to use non bias terms when discussing gender.

Educators will aim to use language and display attitudes that are not biased against minority groups or any members of the community and children in care.

Educators can encourage children to use language that is not biased and to behave in ways that are not biased to those around them.

Educators need to provide strategies to encourage both genders to participate in any activity.

The Educational Leader will support educators to integrate children with additional needs into the group setting.

The service will refer children with additional needs to early intervention programs as necessary.

The service will help parents access other children's services and agencies that may assist the family/ child e.g. Early Childhood Intervention, speech and occupational therapists as necessary.

The service will support educators by accessing the Inclusion Support Program for children with special needs who are eligible.

Educators will not avoid discussions that may be initiated by a child but will handle it with tact and honesty.

Where possible, professional development opportunities are provided to educators and discussions and strategies planned during staff/ educator meetings. Additional support and resources are provided where appropriate.

3.4 INTERACTIONS WITH CHILDREN

Open Arms Care staff and educators will create a happy, responsive atmosphere and interact with all children in a warm, friendly, respectful way as well as respect the dignity and rights of the child to allow them to feel valued, capable and confident.

Our service believes children who experience relationships that are built on respect, fairness, cooperation and empathy are given the opportunity to develop these qualities themselves. When children have positive experiences of interactions they develop an understanding of themselves as significant and respected, and feel a sense of belonging.

3.4.1 PROCEDURES

Management and educators will ensure the educational program contributes to the development of a strong sense of wellbeing and identity and children are connected, confident, involved and effective learners and communicators. *Refer Programing for Development and Education Policy*

Educators and staff members will not subject a child to any form of corporal punishment or any discipline that is unreasonable or excessive in the circumstances (National Law: Section 166 Regulation 73).

Educators at our service will:

- be responsive to children's strengths, interests, abilities and their likes and dislikes
- provide opportunities to become self-reliant and develop self-esteem
- ensure the dignity and rights of the child are maintained at all times
- offer positive guidance and support towards acceptable behaviour *Refer to Guidance of Behaviour Policy*. Children are not to be humiliated, frightened or threatened in any way
- promote a safe, secure and nurturing environment
- be based in fairness, acceptance and empathy with respect for cultural and family values, age and the physical and intellectual development and abilities of each child being educated and cared for. *Refer to Inclusion and Diversity Policy*
- acknowledge children's complex relationships and sensitively intervene in ways that promote consideration and alternative perspectives and social inclusion
- communicate with each child and family in warm and responsive ways respecting family values and culture
- treat children without bias regardless of ability, gender, religion, culture, family structure or economic status
- actively engage in children's learning and share decision-making with them, use their everyday interactions during play, routines and ongoing projects to stimulate children's thinking and to enrich their learning
- view each child as capable and competent, with a right to a voice and able to express their opinions. Educators will seek children's input, respect their ideas and take their suggestions on board
- enhance emotional development and social relationships through thoughtful approaches to conversation, discussion and promotion of children's language and communication
- develop relationships with children built on respect, fairness, cooperation and empathy and given the opportunity to develop these qualities themselves. Educators will role model positive interactions at all times
- ensure children are given opportunities to interact and develop respectful and positive relationships with each other, staff, educators and volunteers at the service

- ensure children are not given inappropriate duties, having regard to each child's family and cultural values, age and physical and intellectual development
- ensure children are given support in working with, learning from and helping others through collaborative learning opportunities and experiences.
- Ensure children are given emotional support and are not to be isolated for any reason other than illness, accident or a pre-arranged appointment with parental consent

Families will be encouraged to:

- Engage in open communication with Educators about their child
- Inform Educators of events or incidents that may impact on their child's behaviour at the service
- Inform Educators of any concerns regarding their Child's behaviour or the impact of other children's behaviours
- Work collaboratively with Educators and other's to develop or review an individual behaviour guidance plan for their child, where appropriate.

CONTENTS

4.1 Collaborative Partnerships with Families & Communities	1
4.1.1 Purpose	1
4.1.2 Organisation Statement	1
4.1.3 Our Policy	1
4.1.4 Responsibilities	1
4.1.5 Monitoring Collaborative partnerships with children, families and communities.....	1
4.1.6 References	1
4.1.7 Definitions.....	2
Term	2
Meaning.....	2
4.2 Acceptance & Refusal of Authorisation	3
4.2.1 Refusing a Written Authorisation	3
Families are encouraged to:.....	3
4.3 Behaviour Guidance & Management.....	5
4.3.1 Procedures	5
Guiding Children's Behaviour.....	6
Correction Steps	6
Persistent inappropriate behaviour	7
4.4 Partnerships	8
4.4.1 Practice.....	8
4.5 Delivery & Collection of Children.....	10
4.5.1 Practice & Procedure.....	10
Safe arrival of children	10
Collection of Children	10
If a child has not been picked up by closing time of the service	11
Absent Children	11
4.5.2 Booked Child NON-ATTENDANCE Procedures	11
After School Care.....	11
Flow Chart 4.05.1 Child Did Not Attend OSHC	12
4.5.3 Attendance of a Non-Booked Child Procedures	13

4.1 COLLABORATIVE PARTNERSHIPS WITH FAMILIES & COMMUNITIES

4.1.1 PURPOSE

To build respectful collaborative partnerships with families, communities and children to ensure each child is supported to build on their own cultures, autonomy and relationships.

4.1.2 ORGANISATION STATEMENT

Open Arms Care will:

- Ensure each family's culture is respected
- Ensure the culture of the community is respected.
- Ensure each child's dignity and rights are maintained.

4.1.3 OUR POLICY

- Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.
- Respectful relationships with families are developed and maintained and families are supported in their parenting role.
- Families are supported from enrolment to be involved in the service and contribute to service decisions.
- The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
- Collaborative partnerships enhance children's inclusion and participation in the program.
- The service builds relationships and engages with its community.

4.1.4 RESPONSIBILITIES

- Approved Provider ensures practices and procedures are created to ensure clear responsibilities in the safe arrival and departure of children between the education and care service and a school.
- Approved Provider ensures procedures are in place for locating children who may be missing or absent from the service.
- Ensuring that families understand and fulfill their responsibilities regarding authorizing permissions for their children while they are in care.
- To collaborate between approved providers, educators, staff, and families to ensure the safety and well-being of children in the service through behavioural management guidelines.

4.1.5 MONITORING COLLABORATIVE PARTNERSHIPS WITH CHILDREN, FAMILIES AND COMMUNITIES

Open Arms Care monitors collaborative partnerships by reviewing feedback and complaints and through surveys conducted by the service.

4.1.6 REFERENCES

- Australian Children's Education and Care Quality Authority [National Quality Standards](#)
- [Education and Care Services National Law Act 2010](#)
- [Education and Care Services National Regulations 2011](#)

- My Time, Our Place: Framework for School Aged Care in Australia
- Belonging, being and becoming the early years learning framework for Australia

4.1.7 DEFINITIONS

Term	Meaning
Belonging, being and becoming	Australia's first national Early Years Learning Framework for early childhood educators. The aim of this document is to extend and enrich children's learning from birth to five years and through the transition to school.
Child over preschool age	A child enrolled or registered at a school and attends, or in the current calendar year will attend, school in the year before grade 1 or in grade 1 or a higher grade. child preschool age or under means a child under the age of 7 years who is not a child over preschool age.
Educators	Educators care for infants and young children in a range of settings to help meet their social, emotional, physical and educational needs.
Educational Leader	The role of the educational leader is primarily to collaborate with educators and provide curriculum direction and guidance.
Educational Program	Means a program referred to in section 168 of the Law.
MYTOP	My Time, Our Place framework for school age care in Australia
Preschool	<ul style="list-style-type: none"> • Educational establishment or learning space offering early childhood education to children before they begin compulsory education at primary school.
Responsible Person	Means person referred to in section 162 (1)(a) to (c) of the Law.
The Law	Means the Education and Care Services National Law.

4.2 ACCEPTANCE & REFUSAL OF AUTHORISATION

Open Arms Care Inc Children's Services will ensure that it only acts in accordance with correct authorisation as described in the Education and Care Services National Regulations, 2011.

Open Arms Care Inc Children's Services require authorisation for actions such as administration of medications, collection of children, excursions and providing access to personal records. This policy outlines what constitutes a correct authorisation and what does not and may therefore result in a refusal.

4.2.1 REFUSING A WRITTEN AUTHORISATION

On receipt of a written authorisation from a parent/guardian that does not meet the requirements outlined in the related service policy, the Educator will:

- Immediately explain to the parent/guardian that their written authorisation does not meet legislative and policy guidelines.
- Provide the parent/guardian with a copy of the relevant service policy and ensure that they understand the reasons for the refusal of the authorisation.
- Request that an appropriate alternative written authorisation is provided by the parent/guardian.
- In instances where the parent/guardian cannot be immediately contacted to provide an alternative written authorisation, follow related policy procedures pertaining to the authorisation type.
- Follow up with the parent/guardian, where required, to ensure that an appropriate written authorisation is obtained.

Children's Services Staff and Educators will ensure documentation relating to authorisations contain:

- the name of the child enrolled in the service;
- date;
- signature of the child's parent/guardian, or nominated contact person who is on the enrolment form;
- The original form/letter/register provided by the service.

Apply these authorisations to the collection of children, administration of medication, excursion and access to records.

Keep these authorisations in the enrolment record.

Exercise the right of refusal if written or verbal authorisations do not comply.

Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma.

Families are encouraged to:

Ensure that you complete and sign the authorised nominee section of your child's enrolment form before your child attends the service.

Keep child enrolment details forms current stating who the authorised nominees/emergency contacts are.

Inform service of current contact numbers to ensure you are contactable at all times.

Communicate to Educators any individual requests regarding authorisations.

Update Educators in relation to any medical conditions, medical plans or ongoing medication requirements. This includes the names of medications, dosage, signs and symptoms and contact information for any relevant health professionals. This will need to be done in writing from a medical practitioner.

Ensure that where children require medication to be administered by educators or other staff, you authorise this in writing, sign and date it for inclusion in your child's medical record.

4.3 BEHAVIOUR GUIDANCE & MANAGEMENT

Children face many challenges throughout their lives. Learning acceptable behaviours, being able to regulate their own behaviours and interacting with peers and adults is sometimes challenging.

Our Service believes that children have the right to feel physically and psychologically safe. We aim to provide an environment where all children and educators feel safe, respected, cared for and relaxed and which encourages cooperation and positive interactions between all persons (My Time, Our Place Outcome 1).

This behaviour management policy is based on guidance, redirection and positive reinforcement through everyday interactions. Educators will aim to guide rather than control the behaviour of the children in our care.

Basic rules will be established based on safety, respect for others, order and cleanliness and will be communicated to all families, children and educators along with consequences for inappropriate behaviour.

The service recognises the importance of children's input into developing the basic rules and determining appropriate consequences (My Time, Our Place Outcome 2) in order to empower them to regulate their own behaviour.

Our service promotes a positive approach to managing the behaviour of all children. Children will be encouraged to resolve problems, defeats and frustrations where appropriate. This can be achieved by exploring possible solutions, and helping children understand and deal with their emotions in positive, non-threatening and productive ways. This will depend on the child's age and level of development (My Time, Our Place Outcome 3).

The service will ensure no child being cared and educated for by the service is subjected to any form of corporal punishment or any discipline that is unreasonable in the circumstances.

The service will ensure that every reasonable precaution is taken to protect children being cared for or educated by the service from harm and any hazard likely to cause injury.

4.3.1 PROCEDURES

- Educators will ensure that expectations relating to children's behavior are clear and consequences for inappropriate behavior are consistently applied.
- Educators will act as a positive role model for acceptable behavior with encouragement and reward for acceptable behavior.
- Educators will have access to training and support in positive approaches to behavior management. This will be made available as part of the training budget.
- Whilst at the OSHC service, we expect that the children will comply with the following basic rules:
 - Respect each other
 - Respect other people's property and that of the service
 - Share with other children and be inclusive
 - Accept and respect individual needs and differences
 - Clean up after activities
 - Be polite to educators and to each other
 - Follow the instructions from educators
 - Play only in the allocated areas and as directed by educators and not enter areas that educators have designated as "out of bounds"

- Remain in the supervised area of the program until the authorised person collecting them has signed them out
- Not participate in physical fighting (play or real), for example, spitting, throwing toys, stones or dangerous objects.
- Not bully or engage in any form of aggressive behaviour
- Use appropriate language at all times.

Guiding Children's Behaviour

Steps that educators take towards establishing good behavior management include:

- Establishing positive relationships, which are the foundation for building children's self-respect, self-worth and feelings of security
- Observing children to identify triggers for challenging behaviors. Paying attention to the child's developmental level and any program issues that may be impacting on the behavior
- Using positive approaches to behavior guidance. Some of these include positive acknowledgement, redirection, giving explanations, encouragement, giving help, collaborating to solve problems and helping children to understand the consequences and impact of their behavior
- There should be regular and open communication between parents and the educator. With the help of parents, the educator can develop a broader understanding of the child's developmental stage, the child's family, the parents' feelings and any recent events that may be influencing the child's behavior. In turn the educator should confer with the parent if any inappropriate behavior has been displayed by the child whilst in care, and how the educator responded to the behavior.
- Supporting children by providing acceptable alternative behaviors when challenging behavior occurs
- Ensuring limits are consistent, carried out in a calm, firm manner, followed through and that children are helped to behave within the limits
- Involving the family and the child in appropriate ways in addressing challenging behavior
- Using other professionals when necessary to help with behavior guidance, for example, the Inclusion Support Professional (ISP)
- Identifying children's strengths and building on them
- Seeking support from other educators and management.
- Using schedules, routines and transitions to provide clear guidelines about what is expected from which children gain trust, security and order
- Ensure environments are inviting with no clutter, sufficient space for children to work and play with enough resources for the number and developmental stage of the children.

Correction Steps

- When a child's behaviour is deemed inappropriate to either themselves or others, or if a child's behaviour is intrusive to another person's enjoyment, then educators will actively intervene and take steps to attempt to resolve the situation.
- Inappropriate behaviour can include:
 - Physical Bullying: Hitting, biting, kicking, pushing, pinching, scratching, spitting, pulling hair or other.
 - Verbal Bullying: Intolerable name calling (hurtful, discriminatory, threatening, putdowns or teasing)
 - Unsafe Play: Out of bounds, inappropriate use of equipment, deliberate use of equipment to endanger, actions potentially harmful to others (eg, slapping a child and not tipping), sexualised play.
 - Refusal to comply with staff directions: Disobedience/refusal to listen (eg. After clarification of expectations, the child continues to disobey instructions), disrespectful gestures, refusal to listen, leaving the care environment.

- Inappropriate language: Comments that are racial, swearing, malice, and inappropriate sexual references or gestures.
- Damaged OSHC/School equipment/ other items: Defacing OSHC/School equipment, damaging/breaking equipment, stealing from others.
- In these instances, the following steps will be taken:
 - The educator will explain to the child that this type of behavior is inappropriate.
 - The educator will re-direct the child to a different activity within the room (or outdoors).
 - If aggressive or inappropriate behavior continues, the child will have a quiet space they choose to take themselves to away from the group to calm down and think about their actions. After a short period of time, the educator will have a discussion with the child with respect to their actions, and then the child will return to play when they feel they are able to.
 - If the child has endangered the safety (including going out of bounds) or wellbeing of themselves or others (including children, staff member or property) parents will be contacted immediately to collect their child from care.
 - If it is a major incident has occurred and it is deemed unsafe for your child to remain at the service, the Nominated Supervisor will discuss with parents an immediate suspension period of the child's position.
 - If the child has not been sent home a discussion will be held with the child's family when the child is collected and will include a Behaviour incident form to be completed discussing potential triggers and behaviours which have occurred.
 -

Persistent inappropriate behaviour

- If inappropriate behaviour continues over a period of time, a meeting between educators, nominated supervisor, child and family will be arranged. The meeting agenda will cover:
 - Alternative approaches to behaviour guidance
 - The child's life outside the service
 - Any problems that may be causing the behaviour
 - Implementing a behaviour management plan
- A mutual strategy for improving behaviour will be discussed and closely monitored by educators, the nominated supervisor and the child's family. Should it be necessary, and with the consent of the family, advice and assistance will be sought from relevant external specialists to address the matter.
- If a child is sent home due to either a major or critical incident occurring, then to protect other children and educators, the service reserves the right to exclude the child from the service; this may be a temporary or permanent measure. Exclusion will only be considered after:
 - The child's family has been notified and given the opportunity to discuss their child's behaviour
 - Educators, Nominated Supervisor and Approved Provider, have given careful consideration to the problem.
 - Adequate support and counselling is sought (if necessary)
 - Clear procedures have been established for accepting the child back into the service.

All incidents and outcomes will be documented throughout the correction and persistent process for the benefit of the educators, child and families.

4.4 PARTNERSHIPS

Open Arm's Care Inc Children's Services acknowledges that supportive, respectful relationships with families are fundamental to achieving quality outcomes for children. Service engagement in the local community strengthens children's interests and skills in being active contributors in their community. Our philosophy supports collaborative partnerships through a strong commitment to valuing diversity, inclusive practice and connecting to the community.

Our service strives to form family and community partnerships that are based on active communication, consultation and collaboration to contribute to children's inclusion, learning and wellbeing.

4.4.1 PRACTICE

Upon enrolment and orientation, families will be given the opportunity to provide information about their children that will assist educators to get to know them and help them settle into the program. Educators will seek further information from families when assessing children's progress and planning their individual goals.

Families are encouraged to share aspects of their culture, values and beliefs. Diversity of families and family belief will be respected by the service and educators.

Families will be provided with information about the service philosophy, educational program, policies and practices prior to children's first day of attendance.

Families will be informed about the process for providing feedback and making complaints.

Educators will promote continuous open and honest communication with families to assist them to feel connected with their children's experiences and to develop families' trust and confidence in the service.

Educators will recognise that because families and parents are often busy with many competing priorities, they will need to consider a range of strategies to build and maintain relationships with each family.

The services will provide new families information about their expectations, routines and experiences offered to children.

The services will prepare documentation in a way that is readily understandable to the parents of the child and make this documentation readily available.

Families are invited to participate and become actively involved in decision-making at the service, and are asked for feedback on service decisions and ideas for future activities and procedures.

Families have opportunities to contribute to the development and review of the service's programs, statement of philosophy, policies and Quality Improvement Plan.

The service encourages families to be involved in the educational program through feedback, visiting the service, bringing in items from the home environment and giving educators information about children's emerging interests and needs.

Families, including extended family members, are invited and supported to participate in the program and events at the service and within the community.

The service will regularly provide families with comprehensive, current and accessible information about the service, relevant community services and resourcing to support parenting and family wellbeing.

Community and service information will be provided to parents through newsletters, emails, face to face conversations, meetings, notices and documentation such as the Parent Handbook.

4.5 DELIVERY & COLLECTION OF CHILDREN

Educators have a duty of care to ensure safe and consistent handover practices when transferring the care and supervision responsibilities of a child.

Handover is the act of a parent/authorised nominee transferring the care and supervision responsibilities to a child care educator, or a child care educator transferring the care and supervision responsibilities of a child/ren to a parent/authorised nominee or other authorised person, at a mutually agreed time and location.

The service has a responsibility to identify and assess any risks that a child's travel between an education and care service and any other education or early childhood service may pose to the safety, health and wellbeing of the child and implement actions to manage and minimise the identified risks.

4.5.1 PRACTICE & PROCEDURE

Safe arrival of children

Children are not to be left at the service unattended at any time prior to the opening hours of the service.

Educators must ensure that the person, who delivers the child, records the exact time of the child's arrival electronically or by any other method implemented from time to time by the service.

In the case of After School Care sessions, a signed authorisation must be completed by parents/authorised nominees providing consent for educators to sign children into the booked session of care.

In circumstances where a child is required to travel between an education and care service and any other education or early childhood service, to or from our service, a risk assessment will be conducted to identify and assess any risks.

The risk assessments will consider the age, developmental stage and individual needs of the child.

Where applicable the risk assessment will consider the roles and responsibilities of nominated supervisors, the child's parent, or an authorised nominee named in the child's enrolment record.

Risk assessments will also consider the role and responsibilities of the service the care of which the child is entering or leaving and detail any communication arrangements between the two services including in circumstances relating to when a child is missing or cannot be accounted for during the child's travel.

Where a risk assessment has been completed for a child who is leaving our service in the any of the above mentioned scenarios, the risk assessment must be signed by the parent/authorised nominee providing written authorisation for the child to leave the service under Section 99(4)(b).

Collection of Children

For the purpose of the collection of a child, a child may only leave the premises if the child is given into the care of a parent of the child, or an authorised nominee named in the enrolment record, or a person authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the premises. Unless the child leaves the premises in accordance with the written authorisation of the child's parent or authorised nominee, or due to an emergency, or because the child requires medical, hospital or ambulance care or treatment.

The collection list will be kept current and updated on a regular basis.

Children must be collected by the closing time of the service.

The child's parent or authorised nominee who is collecting the child must sign the child out via the electronic attendance register using their individualised phone number/or QR code as applicable to permission level in the software or other methods implemented from time to time during periods where electronic systems are not available. In the case of Before School Care, the educators are authorised to sign the children out of care.

Where a person other than the child's parent/authorised nominee is collecting a child, or a child's parent/ authorised nominee named in the child's enrolment record consents to the child leaving the service, prior written authorisation must be provided using the Notification of Enrolment Changes Form or via text message or e-mail for one off occasions.

The educator will also request identification from the person collecting the child.

If the authorised nominee is a minor (under 18 years of age) this must be communicated to the Nominated Supervisor in writing 24 hours prior to the date of collection. A conversation between the parent and Nominated Supervisor is to be conducted to establish the minor's skills and maturity to handle the situation of caring for children under the age of 13.

Questions the Nominated Supervisor may ask is:

1. Is the minor physically and mentally able to care for him/herself?
2. Does the minor obey rules and make good decisions?
3. Can the minor respond to unfamiliar or stressful situations?
4. Does the minor feel comfortable or fearful about being alone or caring for children under 13?
5. Can the minor prove their identity if an educator has never met them before?
6. Does the minor have access to a mobile phone number for use in the electronic signing system?

If a child has not been picked up by closing time of the service

When a child is not collected from the service by closing time, the Responsible Person in day-to-day charge will make every endeavour to contact the child's parents, or contact the authorised nominees nominated as emergency contacts in the child's enrolment record. After a reasonable time (15 minutes) should the responsible person not be able to contact any of the above, they will contact the Children's Services Manager who will contact the Police and/or Department of Communities and Justice. The responsible person will document the incident on an incident form and the management staff will report to ACECQA.

Absent Children

Families are required to notify the service as early as possible if children will be absent from the service. Parents can notify absences via the XPLORE Home APP.

4.5.2 BOOKED CHILD NON-ATTENDANCE PROCEDURES

After School Care

If a booked child does not present to the collection point, the Responsible Person is to:

Step 1

- Check for absentee notifications on XPLORE Office.
- Ask the nearest school teacher, or if the child is travelling from another school location, phone the school and ask if the child was at school that day.
- If they were in attendance let them know that the child has not arrived.

Step 2

- Contact the parents/guardians to confirm the child's whereabouts.
- If contact is not made, call authorised emergency contacts.

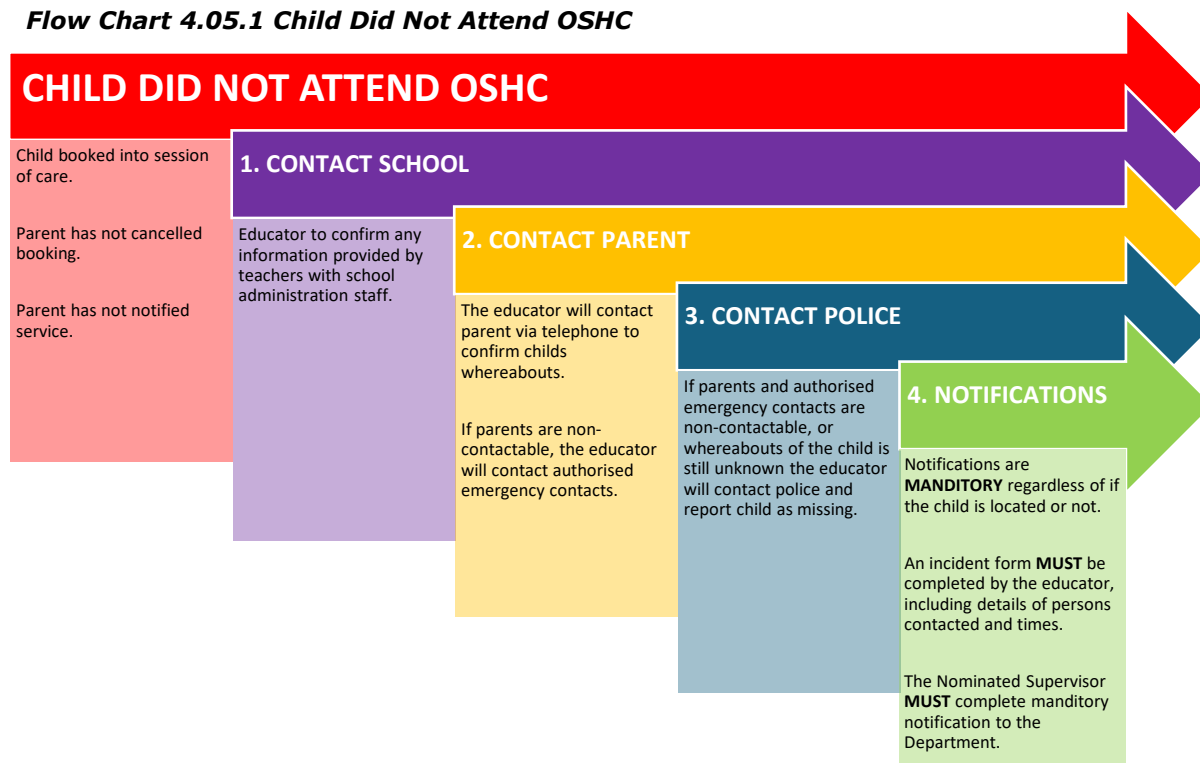
Step 3

- If parents and authorised emergency contacts are non-contactable, or the whereabouts of the child is still unknown, contact the police and report the child as missing.

Step 4

- Document the **entire** incident on an incident form including who you rang, who you spoke to, if the parent confirmed the child's whereabouts, date and time's you attempted contact with guardians/parents etc.
- Provide a copy of the incident form to the Nominated Supervisor.
- Nominated Supervisor to notify the Department of Education within 24 hours.
- Have a parent sign this form on the child's next attendance.

Flow Chart 4.05.1 Child Did Not Attend OSHC



4.5.3 ATTENDANCE OF A NON-BOOKED CHILD PROCEDURES

If a non booked child presents to the collection point to attend OSHC, the Responsible Person is to:

Step 1

- Contact the parents/guardians to confirm if the child is to attend OSHC. If contact cannot be made, call authorised nominees.

Step 2

- If contact is made with parents/guardians and the child is to attend OSHC, add child to roll and sign in.
- If the child has other arrangements, let the child and the nearest school teacher know.

Step 3

- If contact cannot be made, the child must stay with the school as we do not have authorisation to take them.
- Direct child to nearest teacher and let them know.

Step 4

- If the child has travelled to the service unaccompanied i.e. on a bus from another school, add the child to the roll and sign them in. Contact parents/guardians to advise the child is at OSHC.

Step 5

- Document the entire incident on an incident form including who you rang, who you spoke to, if the parent confirmed the child's attendance, if the child was left with the school, date and time's you attempted contact with guardians/parents etc.
- Have a parent sign this form on the child's next attendance.

Step 6

- Inform the Nominated Supervisor of the incident.

CONTENTS

5.1 Feedback and Complaints Guide.....	4
5.1.1 Consumer Outcome.....	4
5.1.2 Organisation Statement	4
5.1.3 Our Policy	4
5.1.4 Responsibilities	4
5.1.5 Monitoring the Complaints and Consumer Feedback Process.....	4
5.1.6 References	4
5.1.7 Definitions.....	5
Term	5
Meaning.....	5
5.2 Consumer Complaints	8
5.2.1 Open Disclosure and other Principles in Managing Complaints.....	9
Be open and timely	9
Acknowledge	9
Assess	9
Respond	10
Follow up	10
Consider	10
5.2.2 National Principles for child Safe Organisations	10
5.2.3 Process for Managing Complaints	11
Table 5.2.1 Complaints Management Process.....	11
5.2.4 Disputes between Children Consumers and Staff.....	12
5.2.5 People with Special Needs	12
5.2.6 Young people with problematic and Harmful Sexual Behaviours	13
Table 5.2.2 What is a public health approach to problematic and harmful sexual behaviours?	13
Primary	14
Secondary.....	14
Table 5.2.3 Traffic light system to assess sexual behaviour.....	14
Tertiary	14
5.2.7 Use of an Advocate	15
5.2.8 Confidentiality of Complaints and Disputes	15
5.2.9 Working with External Complaints Agencies.....	15
5.3 Consumer Feedback	16
5.3.1 Formal Feedback.....	16
5.3.2 Informal Feedback	16
5.4 Advocates	17
5.4.1 Use of Advocates	17
5.4.2 What is an Advocate?	17
5.4.5 Advocacy and Complaints Investigation Contacts	17

Table 5.4.1 Advocacy and Complaints Investigation Contacts.....	18
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RECORD OF REVISIONS: SECTION 5: FEEDBACK AND COMPLAINTS

[illegible]

5.1 FEEDBACK AND COMPLAINTS GUIDE

5.1.1 CONSUMER OUTCOME

"I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints; and appropriate action is taken."

5.1.2 ORGANISATION STATEMENT

Regular input and feedback from children, consumers, carers, the workforce and others, is sought and used to inform individual and organisation-wide Continuous Improvements.

5.1.3 OUR POLICY

Open Arms Care:

- Encourages and supports children to provide feedback and make complaints.
- Encourages and supports consumers, family, friends, carers and others to provide feedback and make complaints.
- Ensures consumers are made aware of and have access to advocates, language services and other methods of raising and resolving complaints.
- Ensures appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
- Reviews feedback and complaints and uses them to improve the quality of care and services.

5.1.4 RESPONSIBILITIES

- Management develop, maintain, promote and monitor processes and procedures that ensure that children and consumers are encouraged and supported to make complaints and provide feedback and that these are effectively responded to. Open disclosure is the basis of our approach to managing complaints and feedback.
- Staff follow policies and procedures, participate in development opportunities and encourage and support children and consumers in making complaints, providing feedback and resolving issues. Staff utilise complaints and feedback to identify ways to improve care and services.
- Children, consumers and/or their representatives make complaints and provide feedback whenever they feel it is necessary and advise management if they feel they are not encouraged or supported to do so.

5.1.5 MONITORING THE COMPLAINTS AND CONSUMER FEEDBACK PROCESS

Staff, children, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made.

5.1.6 REFERENCES

- Australian Children's Education and Care Quality Authority National Quality Standards
- Australian Commission on Safety and Quality in Australian Open Disclosure Framework 2013
- Australian Government Aged Care Complaints Commissioner Better Practice Guide to Complaints Handling in Aged Care Services 2017
- Australian Government Aged Care Complaints Commissioner The Complaints Journey November 2017
- Australian Government Aged Care Complaints Commissioner The Stages of Complaint Handling 2017

- Australian Government Aged Care Quality and Safety Commission *Guidance and Resources for Providers to Support the Aged Care Quality Standards* September 2019
- Australian Government Aged Care Quality and Safety Commission Website
- Australian Government Department of Health *Charter of Aged Care Rights* (Effective 1 July 2019)
- Australian Government National Principles for Child Safe Organisations
- Belonging, being and becoming the early years learning framework for Australia
- Commonwealth Ombudsman Better Practice Complaint Handling Guide
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- My Time, Our Place: Framework for School Aged Care in Australia
- NSW Education Department <https://education.nsw.gov.au/>
- Office of the Children's Guardian <https://www.kidsguardian.nsw.gov.au/about-us/who-we-are/complaints>
- Privacy Act 1988 (Cth)
- Privacy Amendments (Enhancing Privacy Protection) Act 2012
- Royal Commission into Institutional Responses to Child Sexual Abuse Volume 10, Children with harmful sexual behaviours

5.1.7 DEFINITIONS

Term	Meaning
ACECQA – Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources, and services to support the sector to improve outcomes for children.
Advocate	A person who, with the authority of the consumer, represents the consumer's interests.
After school hours care	A program for children operating under the out of school hours care program. Operating hours during school term 03:00pm – 06:00pm
Before school hours care	A program for children operating under the out of school hours care program. Operating hours during school term 07:00am – 09:00am
Belonging, being and becoming	Australia's first national Early Years Learning Framework for early childhood educators. The aim of this document is to extend and enrich children's learning from birth to five years and through the transition to school.
Carer	A person who provides personal care, support and help to a child or consumer. This does not include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the <i>Carer Recognition Act 2010</i> .
Children	A child/children attending out of school hours care operated by Open Arms Care, including before school hours care, after school hours care and vacation care.
Child over preschool age	A child enrolled or registered at a school and attends, or in the current calendar year will attend, school in the year before grade 1 or in grade 1 or a higher grade.

Term	Meaning
	child preschool age or under means a child under the age of 7 years who is not a child over preschool age.
Complaint	Serious dissatisfaction with the care and services provided.
Consumer	A person we provide or intend to provide services for including aged care clients, children's parents, guardian and/or their nominated representatives.
Consumer-centred care	Consumer-centred care is health care that is designed around an individual's needs, preferences and background. It includes a partnership between consumers and health care providers.
Cultural safety	Culturally safe care and services are those that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe for consumers. It is also how a person's identity is respected so that who they are and what they need, is not questioned or denied.
Diversity	Diversity refers to consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI).
Early Years Learning Framework (EYLF)	The Early Years Learning Framework, together with the National Quality Standard, forms the policies around early childhood education in Australia.
Educators	Educators care for infants and young children in a range of settings to help meet their social, emotional, physical and educational needs.
Educational Leader	The role of the educational leader is primarily to collaborate with educators and provide curriculum direction and guidance.
Educational Program	Means a program referred to in section 168 of the Law.
Feedback	Positive or negative information regarding care and services that is not serious enough to warrant a complaint.
Incident/adverse event	An event or circumstance which could have (near miss) or did lead to unintended and/or unnecessary psychological or physical harm to a consumer that occurs during an episode of care.
Investigation	A formal and systematic inquiry to establish facts about a complaint by collecting, documenting, examining and evaluating evidence. An investigation is not an end. Throughout an investigation, the investigator should keep an open mind about the possible outcomes of the investigation, such as education, compliance action, or a decision not to pursue the matter.
The Law	Means the Education and Care Services National Law.
Open disclosure	An open discussion with a consumer about an incident(s) that resulted in harm to that consumer when receiving care. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the consumer to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence. Open disclosure is a discussion and an exchange of information that may take place over several meetings. ¹

¹ Australian Commission on Safety and Quality in [Australian Open Disclosure Framework](#) 2014

Term	Meaning
Personal information	Information or an opinion about an identified individual, or an individual who is reasonably identifiable: a. whether the information or opinion is true or not; and b. whether the information or opinion is recorded in a material form or not.
Preschool	Educational establishment or learning space offering early childhood education to children before they begin compulsory education at primary school.
Responsible Person	Means person referred to in section 162 (1)(a) to (c) of the Law.
Special needs groups	<p>People with special needs, defined at section 11-3 of the <i>Aged Care Act 1997</i>, are listed below:</p> <ul style="list-style-type: none"> • People from Aboriginal and Torres Strait Islander communities • People from culturally and linguistically diverse backgrounds (CALD) • People who live in rural or remote areas • People who are financially or socially disadvantaged • Veterans • People who are homeless or at risk of becoming homeless • Care leavers • Parents separated from their children by forced adoption or removal • Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
Support staff	All staff involved in delivering services and care to consumers.
Support worker	Unregulated healthcare workers.
Vacation care	A program for children operating under the out of school hours care program. Operating hours during school holiday periods 07:00am – 06:00pm

5.2 CONSUMER COMPLAINTS

Children and consumers (including family, friends and others) are encouraged to express their complaints to enable us to improve the quality of our support. We utilise the Commonwealth Ombudsman [Better Practice Complaint Handling Guide](#)² and [Better Practice Guide to Complaints Handling in Aged Care Services](#)³ to guide our management of complaints and to ensure staff understand the complaints process from the child's/consumers' perspective.

We have also adopted the Australian Open Disclosure Framework⁴ principles and processes to support the effective and inclusive management of complaints (including complaints that may be a result of an adverse event or incident related to care and services).

Consumers are made aware of their right to complain and are encouraged to make a complaint if they are not happy with Open Arms Care. This is explained to consumers in service specific handbooks, service commencement, at reviews, when they wish to make a complaint and whenever appropriate, including at meetings with consumers and representatives. Information on consumers' right to complain without fear of retribution, for aged care consumers the complaints process and their right to use an advocate in making a complaint, is included in the Consumer Handbook.⁵

We provide to all our aged care consumers the Aged Care Quality and Safety Commission brochure; "Do you have a concern?"⁶, and offer assistance if they wish to make a complaint and provide information and assistance on advocates.

In accordance with regulation 173 of the Education and Care Services National Regulations the name and telephone number of the person to whom complaints can be made is clearly displayed at each out of school hours care service.⁷

Consumers can expect complaints to be dealt with fairly, with transparency and promptly and for staff to take steps to ensure that children and consumers feel comfortable to continue receiving services after making a complaint.

All complaints are reviewed by Management to identify improvements to services and processes that underpin all our services and operations. Our complaints handling approach reflects our vision and mission and services philosophy.

All staff involved with children and consumers receive information on their responsibility to encourage and support consumers to make complaints and to support them through the complaints process.

Educators working in out of school hours care receive targeted support and training regarding child protection and identifying a child at risk, including serious physical, emotional or psychological and sexual abuse.

Consumers are encouraged to talk to us before raising a complaint with an external complaint agency, but consumers can choose to raise their complaint with an external agency at any time

² Commonwealth Ombudsman [Better Practice Complaint Handling Guide](#)

³ Australian Government Aged Care Quality and Safety Commission [Better Practice Guide to Complaint Handling in Aged Care Services](#) 2019

⁴ Australian Commission on Safety and Quality in Health Care [Australian Open Disclosure Framework](#) 2013

⁵ Australian Government Department of Health and Australian Government Aged Care Quality and Safety Commission [Charter of Aged Care Rights](#) (Effective 1 July 2019) Web page accessed November 2020

⁶ Australian Government Aged Care Quality and Safety Commission [Resource Library](#)

⁷ Education and Care Services National Regulations 2011, [reg 173](#)

and with our assistance if they like. Details of external complaints agencies are detailed in 6.4 Advocates.

5.2.1 OPEN DISCLOSURE AND OTHER PRINCIPLES IN MANAGING COMPLAINTS

Open Arms Care adopts the Open Disclosure Principles, the principles from the Aged Care Quality and Safety Commission⁸ and the National Principles for Child Safe Organisations⁹, in managing complaints.

If an open disclosure meeting is to be held (where an adverse event may have occurred with harm or potential harm to a child or consumers is evident), the Manager will prepare and conduct the meeting/s with the consumer/representative with consideration to the above principles. This includes the following:

Be open and timely

If things go wrong in the provision of care and services to a consumer (including adverse events or incidents) we communicate and provide timely information in a timely, open and honest manner. We provide ongoing information until the complaint or issue is resolved.

Acknowledge

The person managing the complaint will:

- Acknowledge all complaints quickly
- Repeat what you have heard in your own words. This creates a shared understanding and establishes empathy.
- Express regret using the words 'I/we are sorry', but do not admit liability or apportion blame.
- Tell the complainant what happens next with their complaint and provide contact details for the staff member handling the complaint.
- Reassure all parties that confidentiality is respected.
- Give an estimate of how long the process may take.
- Invite those involved to participate in the resolution process; engage the consumer.
- Complaints that are straightforward with low risk can be resolved on first contact.

Assess

- Assess the complaint and prioritise against other complaints the service is handling.
- Clarify the concerns and issues raised by the complainant.
- Determine the level of risk to the child/consumer, other children/consumers and the service.
- Ask the consumer and complainant how they would like to see the complaint resolved.
- Show a positive, professional attitude and thank the complainant for bringing the matter to your attention.
- Plan (if required)
 - Consider the best way to resolve the complaint (e.g. conciliation with the complainant or investigation).
 - Prepare a short-written plan of how the complaint is to be managed and any information to be collected.

⁸ Australian Government Aged Care Complaints Commissioner [Better Practice Guide to Complaint Handling in Aged Care Services](#) 2019

⁹ Australian Government [National Principles for Child Safe Organisations](#)

- Focus attention on the issue to be investigated.
- Remain flexible and adjust as required
- Investigate (if required)
 - Gather relevant information to resolve the complaint.
 - A fair investigation is impartial, confidential, transparent and timely.
 - Keep written notes of discussions.
 - Allow complainants to present their point of view.

An effective complaint handling process is fair, accessible, responsive, efficient and contributes to ongoing quality improvement in service delivery.

Respond

- Apologise using the words 'I/we are sorry'. It can improve your relationship with the complainant.
- Respond to the complainant with a clear decision and explain your reason for the decision.
- Written responses may be more suitable for complex matters.
- Communicate outcomes promptly.
- Recognise that it may take several meetings to come to resolution.

Follow up

- Check if complainant is satisfied with the resolution.
- Ask complainants for feedback.
- Outline alternative options available to the complainant.
- Reviews should be carried out by staff who have not been previously involved.
- Complaints are evaluated and discussed at the relevant committee e.g. Care Governance Committee (with consideration to confidentiality).

Consider

- Evaluate the outcome for the complainant; ask yourself/the team (and document):
 - Are there issues or problems which could be repeated?
 - Was there a delay in resolving the complaint?
 - Can procedures and policies be reviewed to improve the complaints process?

Regular contact with the complainant should be maintained throughout the process. It is important to keep the complainant informed if their issue is taking longer to resolve than first advised.

For specific details on how complaints are managed see Table 5.2.1 Complaints Management Process.

5.2.2 NATIONAL PRINCIPLES FOR CHILD SAFE ORGANISATIONS¹⁰

1. Child safety and wellbeing is embedded in organisational leadership, governance and culture.
2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.

¹⁰ [Child Safe Organisations National principles](#)

3. Families and communities are informed and involved in promoting child safety and wellbeing.
4. Equity is upheld and diverse needs respected in policy and practice.
5. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
6. Processes to respond to complaints and concerns are child focused.
7. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
8. Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
9. Implementation of the national child safe principles is regularly reviewed and improved.
10. Policies and procedures document how the organisation is safe for children and young people.

5.2.3 PROCESS FOR MANAGING COMPLAINTS

Table 5.2.1 Complaints Management Process

Step	Timeline
1. A complaint is received via staff or directly from a child/consumer/representative via letter, email, face to face or telephone.	On day complaint is received
2. In face to face or telephone contact the person receiving the complaint encourages the person and assures them it is OK to make the complaint, that it is taken seriously and that it helps us improve our care and services. With written complaints the consumer is contacted by telephone or face to face.	
3. Where a complaint is received from a child (person under the age of 18 years of age), the manager will notify the child's parent/guardian.	
4. A Consumer Complaint Form is created by the person receiving the complaint and the complaint is reported to their Coordinator/Manager.	
5. If a serious complaint, the Manager will alert the CEO as appropriate.	
6. The Manager will determine any mandatory notifications which need to be made as required, including specified timeframes. (this includes SIRS, NSW Communities & Justice, NQA IT System, Office of the Children's Guardian). Further guidance regarding when a notification is required please see program specific information on Open Arms Care's SharePoint Team Site.	
7. For complaints relating to sexual abuse with our service/organisation the Manager will notify the insurer.	
8. The complaint is reviewed and risk assessed by the Coordinator/Manager and relevant information and proposed action is recorded.	Within 2 working days of receipt of complaint
9. The Coordinator/Manager contacts (by telephone or letter) the consumer to advise: <ul style="list-style-type: none"> ○ the complaint is being assessed ○ the process that is followed including confidentiality ○ the timeline ○ their right to an advocate and advocacy agency support (see 5.5 Advocates) 	Within 2 working days of receipt of complaint

Step	Timeline
<ul style="list-style-type: none"> who their contact person is and details on how to contact them when they will be contacted again. 	
10. The Coordinator/Manager reviews the complaint in consultation with the CEO where appropriate, and decides the action to be taken and who takes it and a plan for resolution.	Within 10 working days of receipt of complaint
11. The CEO is updated about the progress to action the complaint and the proposed action/plan is agreed. Investigation principles include impartiality, confidentiality, transparency and timeliness. Meetings are held with the complainant if necessary.	Within 15 working days of receipt of complaint
12. Action is carried out including providing an apology to the complainant. Person/s affected by the complaint are fully informed of all facts and given the opportunity to provide further information and contribute to the solutions.	
13. The consumer is advised of the actions taken to address the issues raised and the outcome of the complaint in a letter.	
14. If the consumer is not satisfied with the outcome, they are advised of the complaints appeal process (see 5.5 Advocates).	
15. If the consumer wishes to appeal, the complaint is reviewed by the CEO, whose decision is final.	Within 25 working days of receipt of complaint
16. The consumer is advised of the CEO's decision and of their option to go to an advocacy agency (see 5.5 Advocates).	
17. When the complaint is finalised, the complaint is closed following evaluation of the complaint. Evaluation includes documentation of the actions taken, the satisfaction of the complainant with the outcome and validation that appropriate education, training and staff support processes have been implemented to prevent the issue recurring.	
18. The CEO/Manager will continue to engage and cooperate with any investigations conducted by relevant Authorities as required.	Ongoing

5.2.4 DISPUTES BETWEEN CHILDREN CONSUMERS AND STAFF

Open Arms Care staff are required to report immediately to their Coordinator/Manager any dispute with children/consumers, regardless of how small. Disputes are reported verbally in the first instance. The Coordinator/Manager then decides:

- If the child's parents need to be contacted
- Whether the consumer should be contacted
- If a written report is required (Where a child's parent is contacted an incident, illness, injury and trauma form must be completed)
- The format of the report
- Any other action to resolve the dispute as early as possible.

The Coordinator/Manager will offer the opportunity to make a complaint in circumstances where deemed appropriate. If the consumer accepts this offer, a Consumer Complaint Form is completed with them and the complaints process is followed. Where a child is involved in making a complaint, the manager will arrange parent participation and support for the child throughout the process.

5.2.5 PEOPLE WITH SPECIAL NEEDS

Where children or consumers may have special needs, such as people from culturally and linguistically diverse (CALD) backgrounds or Aboriginal and Torres Strait Islander people, the staff

ensure that any cultural aspects are considered when reviewing a complaint or dispute and ensures the person feels comfortable in discussing a dispute. The presence of a family member or friend may be required. An independent interpreter is offered if the consumer is not proficient in English. A link is available to staff for the Australian Government Department of Home Affairs Translating and Interpreting Service (TIS) on the Open Arms Care Team SharePoint home page.

Where we can, we use the resources on the Aged Care Quality and Safety Commission website¹¹ to provide information in simple language or in the language of the consumer.

We also ensure that any actions, interventions or referrals are appropriate to people from special needs groups. This may require the involvement of organisations with expertise in special needs groups either in providing advice or assisting in actions.

5.2.6 YOUNG PEOPLE WITH PROBLEMATIC AND HARMFUL SEXUAL BEHAVIOURS¹²

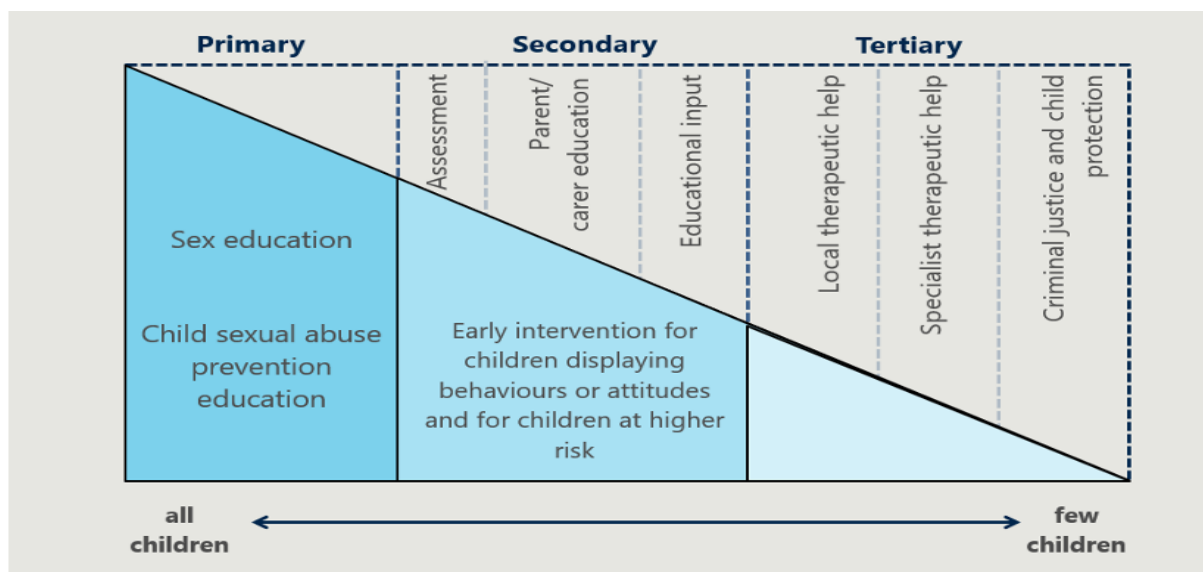
Open Arms Care recognises our responsibility in responding appropriately to complaints relating to problematic and harmful sexual behaviours in children.

Our approach in managing complaints regarding problematic and harmful sexual behaviours in children recognises the public health approach and our role in educating, identifying, referring and reporting.

The public health approach targets the key risk factors at a whole of population level.

- Primary (or universal) responses such as universal sex education and child sexual abuse prevention education
- Secondary (or early intervention) responses which provide additional support and are targeted towards at risk children and young people, or those displaying early behaviours or attitudes
- Tertiary (or specialist treatment) responses which provide specialist services to those children and young people, tailored to the needs and circumstances of the individual.

Table 5.2.2 What is a public health approach to problematic and harmful sexual behaviours?



¹¹ Australian Government Aged Care Quality and Safety Commission [Website](#)

¹² Royal Commission into Institutional Responses to Child Sexual Abuse [Volume 10, Children with harmful sexual behaviours](#)

Primary

Open Arms Care recognises the importance and impact education has in preventing child sexual abuse and the linkages between education and empowering a child to report or make a disclosure regarding child sexual abuse (complaint).

Open Arms Care plays a role in educating children to aid in child sexual abuse prevention. We do this by setting clear and consistent behavioural expectations within the service and by providing guidance and redirection and by engaging in age-appropriate discussions with children.

By providing a safe education and care setting we foster an open and inclusive culture by encouraging feedback from children and by providing them a safe space to engage in conversations with staff without fear of judgement, criticism, or retribution. We encourage children to speak openly and honestly with staff and raise any concerns, fears, or feelings they might have about the service, staff, other children, or in any other setting.

Secondary

Early intervention is a critical step in child sexual abuse prevention. Where children are identified as displaying behaviours or attitudes and for children at higher risk, we seek advice and assistance from external agencies to assess risk and plan actions to support the child and family. These external agencies might include the child's school, the Office of the Children's Guardian, NSW Communities and Justice, Department of Education and NSW Police. These agencies may also be engaged to conduct targeted training for staff or provide group discussions with children about child safety eg. NSW Police.

Table 5.2.3 Traffic light system to assess sexual behaviour



- RED signals sexual behaviours which indicate or cause harm
- ORANGE signals sexual behaviours which cause concern
- GREEN signals behaviours part of normal and healthy development

Where appropriate, we inform parents and provide education regarding problematic and harmful sexual behaviours. To assist parents to identify and assess risk we use the traffic light system to assess sexual behaviours and to educate parents regarding the differences between behaviours which indicate or cause harm, cause concern, or is normal and healthy development.

Tertiary

Open Arms Care assists parents to access specialised support and therapeutic interventions by providing referrals to external agencies and the families GP.

Mandatory reports are made to relevant authorities including NSW Police, NSW Communities and Justice, the Office of the Children's Guardian and the Department of Education.

5.2.7 USE OF AN ADVOCATE

At the time when someone indicate they have a complaint, we advise verbally that they can use an advocate or external agency at any point in the complaint process or if they feel their feedback or complaint was not satisfactorily resolved. We provide a list of agencies and assist and support them to make contact as required.

Agencies that consumers can lodge a complaint with or provide advocacy services are detailed in 5.4: Advocates.

5.2.8 CONFIDENTIALITY OF COMPLAINTS AND DISPUTES

As far as possible, the fact that a child or consumer has lodged a complaint and the details of that complaint are kept confidential amongst staff directly concerned with its resolution. The child's parent/consumer's permission is obtained prior to any information being given to other parties that it may be desirable to involve to satisfactorily resolve the complaint or dispute. Complaints that are sensitive in nature are managed by the appropriate manager or CEO.

5.2.9 WORKING WITH EXTERNAL COMPLAINTS AGENCIES

If we receive a request to provide information or input from an external complaints/advocacy agency we provide relevant information as requested with consideration to privacy. Information provided to external agencies is documented in a complaint form, detailing the information provided and any relevant documentation and filed by the Manager. If we are provided with a direction from the Aged Care Quality and Safety Commission or Early Childhood Education and Care Directorate, we follow that direction and keep a record of the actions taken on the complaint form/file.

Information on contact details for external complaints or support agencies is included in 5.4 Advocates.

5.3 CONSUMER FEEDBACK

Feedback can be positive and negative. Negative feedback is defined as minor dissatisfaction or a minor issue that can be easily resolved and/or the child/consumer does not want to make a complaint. For example, feedback on an occasion of late service provision or dissatisfaction with a provided meal or planned activity. Positive feedback is a compliment or praise regarding service delivery, staff or the organisation. Feedback can be formal or informal.

All feedback and its importance is acknowledged and the individual is thanked for providing it.

5.3.1 FORMAL FEEDBACK

Formal feedback is given with the intention of providing feedback such as a child or consumer completing a Tell Us What You Think form or specifically informing a staff person about their dissatisfaction with services or care.

When feedback is not written on a Tell Us What You Think form the staff person receiving it completes a form and attaches any documentation.

5.3.2 INFORMAL FEEDBACK

Informal feedback is made in the course of interaction, for example, a child or parent mentioning to the educator that the excursion location was unsatisfactory or general dissatisfaction with care or services.

Informal feedback is recorded by the staff person on a Tell Us What You Think form.

5.4 ADVOCATES

5.4.1 USE OF ADVOCATES

Consumers have a right to use an advocate of their choice to negotiate on their behalf. This may be a family member, friend or advocacy service.

Advocates are accepted by Open Arms Care as representing the interests of the consumer.

Staff ensure consumers are aware of their right to use an advocate, and remind them of this option whenever appropriate including if a complaint is lodged.

5.4.2 WHAT IS AN ADVOCATE?

An advocate is a person who, with the authority of the consumer, represents the consumer's interests.

Advocates may be used during assessments, reviews, complaints, open disclosure meetings or for any other communication between the consumer and Open Arms Care.

5.4.5 ADVOCACY AND COMPLAINTS INVESTIGATION CONTACTS

Services that may advocate on behalf of consumers (depending on the issue) or provide advocacy support to consumers are shown in Table 6.4.1 Advocacy and Complaints Investigation Contacts.

Table 5.4.1 Advocacy and Complaints Investigation Contacts

AGED CARE	
Agency	Contact details
Aged Care Quality and Safety Commission GPO Box 9819 In your Capital City 9.00 am-5.00 pm weekdays.	Ph: 1800 951 822 Email: info@agedcarequality.gov.au Online complaint form: www.agedcarequality.gov.au
Seniors Rights Service Suite 201, 418A Elizabeth St Surry Hills 2010 Office Hours 9am -4.30pm	Freecall: 1800 424 079 Web: https://seniorsrightsservice.org.au/
Carers Australia NSW 2/2 Lyster Street Coffs Harbour NSW 2450	Ph: (02) 6650 0512 Fax: (02) 6651 5114 Freecall Carer Gateway: 1800 422737 (8am -5pm Mon-Fri) Web: http://www.carersnsw.org.au
National Aged Care Advocacy Line Older Persons Advocacy Network (OPAN)	Ph: 1800 700 600 Website: https://opan.com.au/about/
NSW Ageing and Disability Abuse Helpline	Phone: 1800 628 221
Ombudsman New South Wales Level 24 580 George Street Sydney NSW 2000	Ph: (02) 9286 1000 Free Call: 1800 451 524 Email: mail@ombudsman.wa.gov.au
Open Arms Care Board	Email: board@openarms.org.au
Translating and Interpreting Service (TIS) TIS National GPO Box 241 Melbourne Vic 3001	Immediate phone interpreting (24 hours, every day of the year) Ph: 131 450 (within Australia) Web: https://www.tisnational.gov.au/en Email: tis.prebook@homeaffairs.gov.au
NSW Police	Phone: 131 444

CHILD CARE	
Agency	Contact details
Bellingen Public School William St Bellingen NSW 2454	Phone: (02) 6655 1147 Email: bellingen-p.school@det.nsw.edu.au
Child Protection Helpline Helpline is open 24 hours a day, 7 days a week	Phone (NSW): 13 21 11
Kids Helpline 24 hours a day, 7 days a week Phone Counselling WebChat Counselling	Free Call: 1800 55 1800
NSW Department of Education Locked Bag 5107 Parramatta NSW 2124	Free Call: 1800 619 113 Email: ececd@det.sns.edu.au
NSW Office of the Children's Guardian Locked Bag 5100 Strawberry Hills NSW 2012	Phone: 02 8219 3600 Email: kids@kidsguardian.nsw.gov.au
NSW Police	Phone: 131 444
Ombudsman New South Wales Level 24 580 George Street Sydney NSW 2000	Ph: (02) 9286 1000 Free Call: 1800 451 524 Email: mail@ombudsman.wa.gov.au
Open Arms Care Board	Email: board@openarms.org.au
Translating and Interpreting Service (TIS) TIS National GPO Box 241 Melbourne Vic 3001	Immediate phone interpreting (24 hours, every day of the year) Ph: 131 450 (within Australia) Web: https://www.tisnational.gov.au/en Email: tis.prebook@homeaffairs.gov.au
Urunga Public School Bonville St Urunga NSW 2455	Phone: (02) 6655 6393 Email: urunga-p.school@det.nsw.edu.au

CONTENTS

6.1 Human Resources Guide	1
6.1.1 Consumer Outcome	1
6.1.2 Organisation Statement	1
6.1.3 Our Policy	1
6.1.4 Responsibilities	1
6.1.5 Monitoring Human Resources.....	1
6.1.6 References	1
6.1.7 Definitions.....	2
Term	2
Meaning.....	2
6.2 Workforce Planning.....	5
6.2.1 Human Resource Support.....	5
6.2.2 Planning the Workforce	5
6.2.3 Retaining Staff.....	5
6.2.4 Workforce Risk Management	6
6.3 Workforce Recruitment	7
6.3.1 Recruitment Policy	7
6.3.2 Equal Employment Opportunity and Anti-Discrimination	7
6.3.3 Awards	8
6.3.4 Process for Filling a Vacant Position	8
Review the position	8
Advertise the position.....	8
Set up a selection panel.....	8
Shortlist applicants	9
Interview applicants.....	9
Conduct pre-employment checks	9
Offer of employment	9
Advise unsuccessful applicants	9
6.3.5 Procedure for New Staff	10
Orientation.....	10
Staff/volunteer orientation checklist.....	10
Supervision of new staff	10
6.3.6 Position Descriptions	10
6.3.7 Child Care Approved Provider	10
Nominated Supervisors	11
Persons in day-to-day charge.....	12
6.3.8 Staff Code of Conduct.....	12
6.3.9 Policies and Procedures.....	15
6.3.10 Staff Files	15

6.3.11 Employment Checks	15
Persons with Management or Control	15
Reference check	16
Police check	17
Staff, Students and volunteers	17
Statutory Declarations	17
New staff – commencing employment without a police check.....	17
Staff and volunteers who have resided overseas	18
Processing police checks and other documents.....	18
Assessing offences	18
Drivers licence and vehicle registration checks.....	18
6.4 Staff Development	19
6.4.1 Staff Supervision and Support	19
6.4.2 Performance Development Reviews	19
6.4.3 Staff Education and Training.....	20
Education and training strategies	20
Food safety training	20
Work health and safety training	20
First aid	20
Staff development opportunities	20
Staff training records.....	20
6.5 Staff Performance Management and Disputes.....	22
6.5.1 Staff Underperformance.....	22
What is underperformance?	22
Process for dealing with underperformance	22
6.5.2 Employer/Employee Dispute Procedure.....	23
6.5.3 Serious Misconduct.....	23
6.5.4 Employee Assistance Program (EAP).....	25
6.6 Tobacco, Drugs and Alcohol Free Workplace	26
6.6.1 Aim	26
6.6.2 Practice.....	26
No smoking rule	26
For the purpose of this policy	26
Smoking breaks.....	26
Advocacy	26
Breach of this Policy	27
6.7 Staff Timesheets, Leave and Exit	27
6.7.1 Staff Timesheets.....	27
6.7.2 Leave	27
Application for leave.....	27
Annual leave	28
Payment of annual leave.....	28
Cashing out annual leave.....	28
Payment of annual leave on termination	28
Casual employees	28
Sick and carer's leave (personal leave)	28
Unpaid carer's leave.....	28

Compassionate leave.....	29
Domestic violence leave.....	29
Maternity and parental leave	29
Community service leave	29
Public holidays.....	29
Unpaid leave	30
Long service leave	30
6.7.3 Employee Exit Procedure.....	30
6.8 Workers' Compensation	31
6.8.1 Notification of Incident/Accident.....	31
6.8.2 Claims	31
6.8.3 Rehabilitation and Return-To-Work Programs	31
Overview	31
Obligations.....	31
Manager responsibilities.....	32
Employee responsibilities	32
6.9 Volunteers, Temporary Staff & Students	33
6.9.1 Volunteers.....	33
Volunteer policy.....	33
Volunteer management	33
Reimbursement of costs	33
6.9.2 Temporary Staff.....	33
Home care temporary staff shortages.....	33
Agency staff.....	34
Staff access to support	34
6.9.3 Students.....	34

RECORD OF REVISIONS: SECTION 6: HUMAN RESOURCES

Date	Section/s Revised and Notes	Authorisation
Oct 2020	Policy and procedures implemented	CEO

6.1 HUMAN RESOURCES GUIDE

6.1.1 CONSUMER OUTCOME

"I get, my child gets, quality care and services when I need them from people who are knowledgeable, capable and caring."

6.1.2 ORGANISATION STATEMENT

Open Arms Care ensures:

- There are sufficient skilled and qualified workforce to provide safe, respectful and quality care and services.

6.1.3 OUR POLICY

- The workforce is planned and the number and mix of staff deployed enables the delivery and management of safe and quality care and services.
- Workforce interactions with children and consumers are kind, caring and respectful of each person's identity, culture and diversity.
- The workforce is competent and has the appropriate qualifications and knowledge to effectively perform their roles.
- The workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Standards^{1, 2}
- Each member of the workforce participates in regular assessment, monitoring and review of their performance.

6.1.4 RESPONSIBILITIES

- Management develops processes and practices that ensure the workforce delivers safe, respectful and quality care and services.
- Staff follow policies and procedures, participate in development opportunities, and deliver services and care that is safe, respectful and of a high quality.
- Children, consumers and/or their representatives with the support of Open Arms Care advise us if any member of the workforce does not deliver safe, respectful and quality care and services.

6.1.5 MONITORING HUMAN RESOURCES

Human resource management processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made.

6.1.6 REFERENCES

- Australian Children's Education and Care Quality Authority [National Quality Standards](#)
- Australian Government Aged Care Quality and Safety Commission [Guidance and Resources for Providers to Support the Aged Care Quality Standards](#) September 2019
- Australian Government [Australian Human Rights Commission](#) 2018

¹ Australian Children's Education and Care Quality Authority National Quality Standards

² Australian Government Aged Care Quality and Safety Commission [Guidance and Resources for Providers to Support the Aged Care Quality Standards](#) September 2019

- Australian Government Department of Health [*Approved Provider Information*](#) February 2017
- Australian Government Department of Health [*Commonwealth Home Support Programme – Program Manual*](#) 2020-2022
- Australian Government Department of Health [*Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020*](#) (Click on link for latest version)
- Australian Government Department of Health [*Police Certificate Guidelines*](#) March 2017
- Australian Government [*Fair Work Act 2009*](#)
- Australian Government Racial Discrimination Act 1975
- Australian Government Sex Discrimination Act 1984
- Australian Government Human Rights and Equal Opportunity Commission Act 1987
- Australian Government Disability Discrimination Act 1992
- Australian Government Age Discrimination Act 2004
- Australian Government Fair Work Ombudsman [Website](#) Accessed September 2019
- Australian Government [*Privacy Act 1988 and Privacy Amendment \(Enhancing Privacy Protection\) Act 2012*](#)
- Australian Health Practitioner Regulation Agency (AHPRA) [*Code of Conduct and Professional Standards*](#) Accessed April 2019
- Government of New South Wales [*Anti-Discrimination Act 1977*](#)
- Government of New South Wales [*Work Health and Safety Act 2011*](#) and the [*Work Health and Safety Regulations 2011*](#)
- <https://www.commerce.wa.gov.au/worksafe/safety-and-health-topics-0>
- <https://www.nursingmidwiferyboard.gov.au/>
- www.safeworkaustralia.gov.au
- Australian Government Business.Gov.au [Health and Safety](#) website accessed September 2019

6.1.7 DEFINITIONS

Term	Meaning
Allied health professional	Staff registered with Australian Health Practitioner Regulation Agency or holding relevant health qualifications to deliver clinical care in their area of expertise such as podiatrists, physiotherapists, social workers, occupational therapists, dietitians, speech pathologists etc.
Carer	A person who provides personal care, support and help to a consumer. This doesn't include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the <i>Carer Recognition Act 2010</i> .
Children	A child/children attending out of school hours care operated by Open Arms Care, including before school hours care, after school hours care and vacation care.
Consumer	A person we provide or intend to provide aged care and services for and their guardian and/or their representatives nominated by them.
Consumer-centred care	Consumer-centred care is health care that is designed around an individual's needs, preferences and background. It includes a partnership between consumers and health care providers.
Contractors and sub-contractors	Any person who carries out care and services, or administration and management for an organisation under contract. The organisation who

Term	Meaning
	receives funding from the Australian Government ensures compliance with the Aged Care Quality Standards from staff and contractors.
Cultural safety	Culturally safe care and services are those that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe for consumers. It's also how a person's identity is respected so that who they are and what they need, isn't questioned or denied.
Dignity of risk	Dignity of risk is the concept that all adults have right to make decisions that affect their lives and to have those decisions respected, even if there is some risk to themselves. Dignity of risk means respecting this right. Care and services need to strike a balance between respect for the individual's autonomy and the protection of their other rights (such as safety, shelter), unless it is unlawful or unreasonably impinges on the rights of others.
Diversity	Diversity refers to consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI).
Educators	Educators care for infants and young children in a range of settings to help meet their social, emotional, physical and educational needs.
Educators	Educators care for infants and young children in a range of settings to help meet their social, emotional, physical and educational needs.
Educational Leader	The role of the educational leader is primarily to collaborate with educators and provide curriculum direction and guidance.
Educational Program	Means a program referred to in section 168 of the Law.
Feedback	Positive or negative information regarding care and services that is not serious enough to warrant a complaint.
Investigation	A formal and systematic inquiry to establish facts about a complaint by collecting, documenting, examining and evaluating evidence. An investigation is not an end. Throughout an investigation, the investigator should keep an open mind about the possible outcomes of the investigation, such as education, compliance action, or a decision not to pursue the matter.
Nurse	Staff registered with the Australian Health Practitioner Regulation Agency as a nurse practitioner, registered nurse, enrolled nurse or midwife.
Personal information	Information or an opinion about an identified individual, or an individual who is reasonably identifiable: a. whether the information or opinion is true or not; and b. whether the information or opinion is recorded in a material form or not.
Responsible Person	Means person referred to in section 162 (1)(a) to (c) of the Law.
Special needs groups	<p>People with special needs, defined at section 11-3 of the <i>Aged Care Act 1997</i>, are listed below:</p> <ul style="list-style-type: none"> • People from Aboriginal and Torres Strait Islander communities • People from culturally and linguistically diverse backgrounds (CALD) • People who live in rural or remote areas • People who are financially or socially disadvantaged

Term	Meaning
	<ul style="list-style-type: none"> • Veterans • People who are homeless or at risk of becoming homeless • Care leavers • Parents separated from their children by forced adoption or removal • Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
Supervisor	The person delegated through the organisation structure and position descriptions as responsible for monitoring the performance of the staff person as appropriate.
Support staff	All staff involved in delivering services and care to consumers.
Support worker	Unregulated healthcare workers.
The Law	Means the Education and Care Services National Law.
Workforce	People working (including volunteers) in the organisation (those who the organisation employs, retains, hires or contracts) who are responsible for care and services, contact with consumers, management and administration. People who are not considered workforce include: visiting medical practitioners, pharmacies and other allied health professionals and services the consumer has asked for but the organisation does not contract; and trades people who do not work under the control of the organisation (such as independent contractors) such as plumbers, electricians or delivery people who work on an as needs basis.

6.2 WORKFORCE PLANNING

6.2.1 HUMAN RESOURCE SUPPORT

Open Arms Care ensures the effective planning and management of human resources through accessing support and information from the following agencies:

- Aged and Community Care Providers Association (ACCPA)
- Business NSW
- Other specific human resource management consultants as required.

In addition, all staff involved in the recruitment and management of staff access staff development and training in human resource management as required to their role.

6.2.2 PLANNING THE WORKFORCE

The focus of workforce planning is to ensure that there are the right number of people, with the right blend of skills, delivering care. This is achieved through the development of a Workforce Plan that addresses the following:

- Ensuring all staff providing support to children and consumers have as a minimum knowledge, skills and/or experience as documented in their specific position description.
- Assessing all prospective staff at their interview, on questions relevant to their role.
- Employing Registered Nurses and allied health professionals qualified to provide nursing and clinical care and support to oversee clinical practice and to deliver services to consumers requiring clinical care as necessary and/or sourcing appropriate nursing/allied health professional services to deliver these services.
- Ensuring there are adequate staff with the appropriate skills to provide services to children and consumers. Where additional staff hours are required appropriate current staff are asked if they wish to increase their hours. If current staff are unable to provide more time, casual and agency staff may be utilised in the short term while additional staff resources are arranged either through current staff or the employment of new staff.
- Determining the appropriate staff skill when considering offering new or innovative services
- Staff are asked to provide maximum notice of holidays or other known absences with at least three weeks' notice required to ensure adequate time to make other arrangements.
- Replacing staff when they are on leave and providing opportunities for staff to act in more senior roles.
- In an emergency such as multiple staff falling ill, we use casual and agency staff or liaise with other agencies in our area to identify other appropriately skilled staff who may be available.
- Staff rosters are planned to meet the needs of consumers with consideration to staff availability and are managed through our consumer management system.
- All staff have mobile phones that connect to the HR system and are advised of changes to their roster as soon as is known.
- Any issues relating to a shortage of staff are reported to and reviewed at relevant management meetings.

6.2.3 RETAINING STAFF

Open Arms Care recognises that experienced staff with knowledge of the service and consumers are valuable and we are committed to retaining them. Strategies include:

- Ensuring staff are valued through welcoming their feedback and involvement in service management through staff meetings and the Continuous Improvement process.

- Providing staff development opportunities such as study leave, in-house training, and external training and staff development.
- Encouraging staff to utilise benefits such as salary packaging.
- Providing a structure that offers opportunities for acting in higher positions and advancement.
- Balancing staff needs with our commitment to children and consumers to allow some flexibility in hours worked, such the need for staff to be home for children after school.
- A grievance procedure that staff are encouraged to utilise if required.
- Social functions where staff can socialize.

6.2.4 WORKFORCE RISK MANAGEMENT

As part of Open Arms Care risk management processes, we maintain in our Risk Management Plan a Staff/Workforce risk management plan which is reviewed and updated every six months (and more often as necessary when issues are identified through incident, hazard and adverse event forms) through the Team Meetings and Service Management Meetings.

In addition, staff and consumers are supported and encouraged to provide ongoing feedback on all aspects of their work or services which ensures any issues or risks that might make the workforce insufficient are identified.

We are aware of the Australian Work Health and Safety Strategy 2012-2022³ and support our workers by following the principles underpinning the strategy including:

- Upholding the right of workers to a healthy and safe work environment and
- The provision of a well-designed, healthy and safe workplace to allow workers to have more productive working lives.

We manage worker and workplace risks by:

- Preventing and reducing the number and severity of injuries and illnesses and associated costs by analysing incidents, near misses and workplace monitoring.
- Promoting worker health, wellbeing and capacity to work through consultation with workers at meetings, forums and reviews.
- Fostering innovation, quality and efficiency through continuous improvement through involvement of workers from a range of roles in governance and local team meetings to identify improvements.

³ Safe Work Australia 2012 Australian Work Health and Safety Strategy 2012-2022

6.3 WORKFORCE RECRUITMENT

Open Arms Care have a range of staff to ensure that the organisation is effectively managed, and services meet the needs of consumers. These are outlined in the organisation's management structure (see [Management Structure](#).)

6.3.1 RECRUITMENT POLICY

- All staff are recruited according to our Equal Employment Opportunity Policy (see Equal Employment Opportunity and Anti-discrimination below)
- Due to casual conversion clauses in the modern awards, casual staff are considered for permanent vacancies prior to being advertised externally.
- The relevant Manager is responsible for the recruitment of staff and delegates as appropriate.
- The Board is responsible for the recruitment of the CEO.

6.3.2 EQUAL EMPLOYMENT OPPORTUNITY AND ANTI-DISCRIMINATION

Open Arms Care chooses the best person for the job regardless of:

- Age
- Breastfeeding
- Family responsibility and family status
- Fines Enforcement Registrar's Website
- Gender history
- Impairment
- Marital status
- Pregnancy
- Race
- Religious or political conviction
- Sexual orientation.⁴

Equal opportunity principles are followed in all areas of staff management. Individuals are appointed based on their ability to meet criteria that are consistent with the role and position description.

Information and training, when appropriate, on equal employment opportunity and staff recruitment processes are provided to all staff and Board members involved in staff recruitment.

We endeavour to prevent discrimination and sexual and other harassment by:

- Creating and maintaining clear policies that promote a safe working environment and equality of opportunity for all staff.
- Ensuring clear support and promotion of these policies by senior management.
- Providing ongoing training of new and existing staff on the policies related to EEO and harassment.
- Providing fair, transparent, quick, simple and effective internal complaints mechanisms to address any breaches of the policies.

⁴ The Racial Discrimination Act 1975, the Sex Discrimination Act 1984, the Human Rights and Equal Opportunity Commission Act 1987, the Disability Discrimination Act 1992 and the Age Discrimination Act 2004

- Ensuring staff have access to confidential and impartial information about the policies and complaint processes.
- Ensuring continuous and consistent review and evolution of policies, training and complaints mechanisms.⁵

6.3.3 AWARDS

Where appropriate we employ staff under the Social, Community, Home Care and Disability Services Industry Award 2010 and the Children's Services Award 2010.

6.3.4 PROCESS FOR FILLING A VACANT POSITION

Review the position

Clarify the need for and the role of the position and develop or review the position description. Develop essential and desirable selection criteria. Determine how each of the selection criteria are assessed, e.g. written application or interview.

Advertise the position

Positions are advertised in newspaper/s, employment agencies or the internet. Advertisements include:

- Information about Open Arms Care
- Primary role of the vacant position
- Point of contact for further information
- How to apply
- Closing date.

A copy of the most recent advertisement for all positions is maintained by the Administration Team for use in developing new advertisements.

A copy of our Application for Employment and the position description are sent to all prospective applicants.

Set up a selection panel

The selection panel is responsible for shortlisting, interviewing and selecting the successful applicant. In setting up a selection panel consideration is given to gender balance.

For the employment of the CEO the selection panel comprises of:

- The Chairperson, and
- Two other Board members or one other Board member and a person external to Open Arms Care with appropriate expertise.

For the employment of the Coordinators the selection panel comprises of:

- The CEO or nominee and
- One other Manager or a person external to Open Arms Care with appropriate expertise.

For the employment of other staff, the selection panel comprises of:

- The Manager or relevant Coordinator, and

⁵ These points are taken from: Queensland Government Anti-Discrimination Commission [Preventing Discrimination And Sexual Harassment](#) Website March 2019

- A Team Leader or other appropriate staff member.

One member of the selection panel is designated the chair and coordinates the panel and makes notes regarding the decisions of the panel.

Shortlist applicants

The selection panel assesses all applications and shortlists applicants on their stated ability to meet the essential selection criteria. If necessary, further shortlisting is undertaken using desirable selection criteria.

Applicants who are shortlisted are offered the opportunity to attend an interview.

Interview applicants

The selection panel prepares interview questions prior to the interviews. All applicants are asked the same questions. The questions explore the applicant's relevant knowledge, skills and experience to perform the duties and are based on the selection criteria.

Staff, if relevant to their role, are assessed at their interview on questions that relate directly to why they applied for the position and how they meet the needs of the organisation and the specific needs of the children/consumers they support.

Immediately following each interview, a summary of the interview is recorded on the Summary of Interview form. The summary assists in the selection of the successful applicant and in providing feedback to unsuccessful applicants.

When all interviews have been completed the preferred applicant is selected by the selection panel. Recruitment decisions and reasons for them are documented by the chair of the panel or his/her nominee.

Conduct pre-employment checks

When a successful applicant has been identified an offer of employment is made conditional on the following pre-employment checks:

- Reference check
- Police check
- Working with Children Check
- Registration check (as applicable to role).

Procedures are in place for conducting these checks (see 6.3.11 Employment Checks).

Offer of employment

Advise the successful applicant by telephone and arrange a start date.

Immediately send the successful applicant an Offer of Employment specifying the key terms and conditions of employment for signing prior to commencing employment.

Advise unsuccessful applicants

All unsuccessful applicants are informed by telephone (or in writing for more senior positions) of the outcome of their application immediately following the appointment of the successful applicant.

Unsuccessful applicants are advised that they may request feedback. This is provided by the Chair of the interview panel.

6.3.5 PROCEDURE FOR NEW STAFF

Orientation

Open Arms Care ensures staff are aware of, and comply with, relevant legislation including, Work Health and Safety⁶, Equal Employment Opportunities⁷, bullying, Anti-discrimination and Anti-Harassment responsibilities⁸ and the provisions of the Privacy Act⁹. These items are covered in the staff/volunteer orientations.

Staff/volunteer orientation checklist

All items covered when a new employee commences are described in detail in the Staff/Volunteer Orientation Checklist. The Staff Volunteer Orientation Checklist can be completed over one or more sessions but is fully completed within 4 weeks of a person commencing employment. A follow up to the orientation is completed 3 months after the employee commenced. This involves clarifying relevant items on the Staff/Volunteer Orientation Checklist with other staff/volunteers as appropriate.

All forms and documents signed by the employee, including a copy of the signed Staff/Volunteer Orientation Checklist, are filed in the employee file with copies provided to the employee.

The Chairperson or another Board member completes the Staff/Volunteer Orientation Checklist with a new CEO. The relevant Manager completes the Staff Volunteer Orientation Checklist with other staff/volunteers as appropriate.

Supervision of new staff

New staff are supervised and orientated to their position by a mentor or 'buddy' who is allocated by the Manager or Coordinator. Staff in more senior positions are mentored by other senior staff, such as Team Leaders and Coordinators. The duration of support is dependent on the new staff person's skills and experience but at least two shifts are supervised by another worker once general orientation is complete.

6.3.6 POSITION DESCRIPTIONS

All staff and volunteers have a position description which specifies their roles and responsibilities. A sample of position descriptions are available in the Forms folder/Position Descriptions.

Position descriptions are reviewed and updated when a staff member leaves and/or every two years to ensure that they are appropriate.

Each staff person is provided with a copy of their position description prior to commencing employment and whenever their position description is changed.

6.3.7 CHILD CARE APPROVED PROVIDER

The Approved Provider is responsible for:

- Ensuring each Nominated Supervisor and person in day-to-day charge has completed the relevant child protection training for NSW.

⁶ Government of New South Wales Work Health and Safety Act 2011 and the Work Health and Safety Regulations 2011

⁷ Government of New South Wales Anti-Discrimination Act 1977

⁸ This responsibility is set out in federal and state anti-discrimination laws, as well as the Australian Government Fair Work Act 2009. Taken together, they make certain types of workplace behaviour against the law. See Australian Government [Australian Human Rights Commission](#) 2018

⁹ Australian Government Privacy Act 1988 and Privacy Amendment (Enhancing Privacy Protection) Act 2012

- Ensuring each Nominated Supervisor and person in day-to-day charge has the appropriate First aid qualifications.
- Ensuring there is a Responsible Person available at all times the service is delivering education and care programs for children.
- Ensuring that a person eligible to be nominated as a Responsible Person has appropriate skill level, experience, qualifications and approval to work with children, as required under the National Law and National Regulations.
- Ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service (National Law, Section 172).
- Ensuring that the service does not operate without a Nominated Supervisor, and that this person has given written consent.
- Ensuring the Nominated Supervisor and Person in day-to-day charge is 18 years of age.
- Ensuring whether the individual has been subject to compliance action or disciplinary proceedings under a Children's services law, education law, or a previous Education and Care Services law, in any state or territory. Candidates will be asked to submit a Compliance History Statement.
- Ensuring that the name of the Nominated Supervisor is displayed prominently at the service.
- Ensuring that information about the Nominated Supervisor, including name, address, date of birth, evidence of qualifications and approved training, and a Working with Children Check is kept on the staff record.
- Notifying the Regulatory Authority in writing if there is a change of person in the role of Nominated Supervisor
- Ensuring that, in the absence from the service of a Nominated Supervisor, another person will be placed in day-to-day charge of the service.
- Ensuring that the Nominated Supervisor has a sound understanding of the role of a Responsible Person.
- Ensuring there are sufficient educators to meet the legislative requirement for a Responsible Person at the service during periods of leave or illness.
- Ensuring details of Responsible persons are recorded on the staff record.
- Notifying the Regulatory Authority in writing if there any changes to:
 - the name of the Approved Provider
 - the appointment or removal of a person with management or control of the service operated by the Approved Provider
 - the status of the Approved Provider as fit and proper
 - notifying the Regulatory Authority if a Nominated Supervisor has their Working with Children Check card or teacher registration suspended or cancelled, or if they are subject to any disciplinary proceedings under the law.

Nominated Supervisors

In NSW, nominated supervisors and persons in day-to-day charge must complete a child protection course approved by the NSW Regulatory Authority (section 162A). All approved providers must keep a record in relation to each nominated supervisor and any persons in day-to-day charge of the service (regulation 177(1)(n)).

The Nominated Supervisor/s are employee/s of Open Arms Care appointed by the Board. (Minimum requirements for Nominated Supervisors see [Education and Care Services National Regulations](#))

The Nominated Supervisor is responsible for:

- Ensuring they have a sound understanding of the role of Responsible Person
- Ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service.
- Developing rosters in accordance with the availability of Responsible Persons, hours of operations and the attendance patterns of children.
- Notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check or if they are subject to disciplinary proceedings.
- Having knowledge of current Child Protection legislation and have an ongoing commitment to participate in ongoing professional development on child protection.

Persons in day-to-day charge

Person in day-to-day charge are employees who have accepted the appointment in writing and are appointed by the Approved Provider or Nominated Supervisor.

Responsible Person is responsible for:

- Providing written consent to accept the role of Responsible Person.
- Checking that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service.
- Ensuring they have a sound understanding of the role of Responsible Person.
- Understanding that a Responsible Person placed in day-to-day charge of an approved service does not have the same responsibilities under the National Law as the Nominated Supervisor.
- Have practical knowledge of the day-to-day responsibilities of being an educator at the service, including how to work through unexpected problems.
- Having knowledge of current Child Protection legislation and have an ongoing commitment to participate in ongoing professional development on child protection.

6.3.8 STAFF CODE OF CONDUCT

All staff are required to comply with the Code of Conduct. A signed copy of the Code of Conduct is kept in staff personnel files and a copy provided to the staff member.

The Code of Conduct ('Code') relates to Open Arms Care Incorporated ('Open Arms Care') and, where relevant, operates in conjunction with other policies relating to minimum standards of behaviour and conduct, the Contract of Employment or Contract for Services.

Purpose

Open Arms Care recognises the importance of a work environment which actively promotes best practice. The purpose of this Code is to describe the standards of behaviour and conduct expected from workplace participants in their dealings with customers, suppliers, clients, co-workers, management and the general public.

Open Arms Care expects all workplace participants to observe the standards set out in this Code. Compliance with this Code is expected and non-compliance may result in disciplinary action up to and including the termination of employment or contract for services.

The Code requirements

All workplace participants are expected to observe the highest standards of ethics, integrity and behaviour during the course of their employment or engagement with Open Arms Care. This

Code provides an overview of Open Arms Care fundamental business values. It is by no means exhaustive, but summarises some of Open Arms Care's most important policies, which are based on standards that underlie business ethics and professional integrity, standards that apply to all workplace participants.

As representatives of Open Arms Care, all workplace participants are expected to conduct themselves in a professional and courteous manner and observe the following standards of behaviour both inside the workplace and outside the workplace where the workplace participant can be perceived as representing Open Arms Care:

- a) Comply with all laws, policies, procedures, rules, regulations and contracts.
- b) Comply with all lawful and reasonable directions from Open Arms Care.
- c) Be honest and fair in dealings with customers, clients, suppliers, co-workers, management and the general public.
- d) Display the appropriate image of professionalism at the workplace. This may include wearing the required uniform, safety equipment or work clothes, and if a workplace participant wears their own clothes, ensuring their appearance is neat and tidy.
- e) Treat customers, clients, suppliers, co-workers, company management and the general public in a non-discriminatory manner with proper regard for their rights and dignity. In this regard, discrimination, victimisation or harassment based on a person's race, colour, religion, national origin, age, sex, sexual orientation, marital status, family responsibilities, pregnancy or potential pregnancy, union membership or non-membership, mental or physical disability, or any other classification protected by law will not be tolerated.
- f) Promptly report any violations of law, ethical principles, policies and this Code.
- g) Maintain punctuality. If a workplace participant is late or cannot report for work, please telephone and let the supervisor know as soon as possible.
- h) Do not use work time for private gain. If a workplace participant is required to leave the work premises for personal reasons they should advise their Manager well in advance.
- i) Open Arms Care has a legitimate interest in the private activities of workplace participants where such activities may bring disrepute upon Open Arms Care in its relationships with customers, clients, suppliers, and the general public at large and may possibly call the workplace participant's fitness for continued employment or to provide services into question.
- j) Maintain and develop the knowledge and skills necessary to carry out duties and responsibilities.
- k) Observe health and safety policies and obligations, and co-operate with all procedures and initiatives taken by Open Arms Care in the interests of work health and safety.
- l) Be truthful in all dealings with persons encountered at the workplace. Workplace participants must not make false or misleading declarations during the performance of their duties or when providing services on behalf of Open Arms Care. A declaration can be considered to be misleading if information is omitted or presented in a manner that enables a misleading view of

the situation to be formed. This includes failure to comply with reporting requirements and falsifying records and other documents.

m) Refrain from any form of conduct which may cause any reasonable person unwarranted offence or embarrassment or give rise to the reasonable suspicion or appearance of improper conduct or biased performance.

n) Not act for an improper or ulterior purpose to the detriment (whether perceived or actual) of Open Arms Care.

o) Workplace participants must not abuse the advantages of their position for private purposes, or solicit or accept any gift or benefit in connection with their employment or engagement which might compromise, or be seen to compromise their integrity or Open Arms Care's reputation.

p) Respect Open Arms Care's ownership of all of its property including but not limited to funds, equipment, supplies, books, records and confidential information (however described).

q) Maintain during their employment or engagement with Open Arms Care and after the termination of employment or engagement, the confidentiality of any confidential information, records or other materials acquired during the employment or engagement with Open Arms Care.

r) While employed at Open Arms Care, not accept any employment with another organisation that is a supplier or competitor of Open Arms Care, or any other employment that is in conflict with your position at Open Arms Care.

s) Not make any unauthorised statements to the media about Open Arms Care's business (requests for media statements should be referred to the Chief Executive Officer).

t) Do not fight in the workplace.

u) Do not use inappropriate language in the workplace.

v) Never report for work in circumstances where there is a risk that you could be affected by or 'under the influence' of illicit drugs or alcohol (eg if you have ingested or otherwise taken drugs or alcohol the night before or in the period leading up to your next work period). If a workplace participant is taking prescription medication, they must inform their manager at the commencement of their working day. Workplace participants may be required to produce medical evidence to prove their medication does not affect their capacity to perform their duties in a safe manner without harm to themselves or others.

w) Do not smoke during working hours unless it is during prescribed breaks and within designated areas.

Issues for managers and supervisors

Managers and supervisors should:

a) Promote a team spirit.

b) Maintain confidentiality so far as is reasonably practicable when conducting investigations into grievances and disputes.

- c) Avoid bias in decision making.
- d) Ensure compliance with Open Arms Care's procedures when carrying out counselling and discipline.
- e) Exercise objectivity when administering rewards or discipline.
- f) Not condone, permit, or fail to report any breaches of the Code as outlined above by workplace participants under their supervision.

Breaches of this code

A breach of this Code may lead to disciplinary action including, but not limited to, termination of employment or services.

6.3.9 POLICIES AND PROCEDURES

The policies and procedures contain key information that all staff and volunteers need to know to complete their roles safely and effectively.

New staff and volunteers are provided with time to read the policies and procedures and these are reiterated at staff meetings and through communication with staff and volunteers.

6.3.10 STAFF FILES

A staff personnel file is maintained for each employee. It includes:

- Application for Employment
- Professional registrations
- Signed Offer of Employment
- Position description
- A completed Staff Volunteer Personal Details Record
- Signed Staff Volunteer Orientation Checklist
- Signed Code of Conduct
- Record of Staff Counselling Interview, and
- Any other relevant paper-based information.

Employees are entitled to see their file at any suitable time arranged with the Coordinator or Manager as appropriate.

6.3.11 EMPLOYMENT CHECKS

An Employment Checks Register is maintained that includes information on police checks, working with children checks, driver's licence and insurance, and professional registration checks. It is maintained by the Administration/Finance Coordinator and updated as required.

Persons with Management or Control¹⁰

Open Arms Care is an Approved Provider under Section 15, Children (Education and Care Services) National Law (NSW), and the persons with management or control within Open Arms Care are the members of the Board, CEO and Children's Services Manager. (Minimum requirements for Approved Providers see [Education and Care Services National Regulations](#))

¹⁰ New South Wales Government [Education and Care Services National Law \(NSW\)](#)

Open Arms Care makes sure that key personnel are not disqualified. We advise the Department of any changes that affect our suitability to provide child care and aged care.

A register is maintained recording the particulars relating to probity checks including:

- Name
- Date of Birth
- National Police Check
 - Reference number
 - Date of clearance
 - Renewal date
- Working with Children Check
 - Reference number
 - Verification date
 - Verification outcome
 - Renewal date
- ASIC Personal Name Extract
 - Record ID
 - Extract date
- National Personal Insolvency Index Extract
 - Search ID
 - Extract date
- Proda ID

Probity checks are conducted in accordance with the provisions set by:

- Corporations Act 2001
- Aged Care Act 1997
- Education and Care Services National Law 2010
- Family Assistance Law.

Reference check

The chair of the interview panel for all new staff contacts one or more of the referees of the preferred applicant. Referees are asked to comment on the person's ability to carry out the duties of the position applied for, strengths and areas for development. Referees comments are noted in writing on the Summary of Interview form.

Police check¹¹

Staff, Students and volunteers

Open Arms Care requires all staff members and students over the age of 18 who are reasonably likely to have access to children and consumers, supervised or unsupervised, and volunteers¹² who have unsupervised access to consumers, to provide a Police Certificate not more than three years old.

The following offences preclude a person from working in Open Arms Care:

- A conviction for murder or sexual assault
- A conviction of, and sentenced to imprisonment for, any other form of assault
- Convicted for an indictable offence within the past 10 years¹³.

A person with other convictions can be considered for employment by the relevant manager in consultation with human resources taking into consideration their role and contact with consumers.

Statutory Declarations

New staff – commencing employment without a police check

Open Arms Care requires all new staff members and volunteers to have a current police certificate before they start work. Where this is not possible and the circumstances are extenuating and require the person to commence work, we, under Section 49 of the Accountability Principles, allow a person to start work prior to obtaining a police certificate and pending an assessment of any criminal conviction subject to the following:

- The person provides a copy of the application for a police certificate showing that it was made before the date on which the person first became a staff member or volunteer.
- It is clear the care and other services to be provided are essential and cannot be provided in the absence of the staff person and this is documented.
- The person is appropriately supervised until the police certificate is obtained.
- It is clearly shown and documented how supervision occurs in a range of working conditions such as during night shifts and holiday periods when supervisory staff numbers may be limited.
- The person makes a statutory declaration stating that they have never been:
 - convicted of murder or sexual assault, or
 - convicted of, and sentenced to imprisonment for, any other form of assault.

¹¹ Open Arms Care procedures for police checks are based on information in the Australian Government Department of Health Police Certificate Guidelines March 2017. Information on Police Certificate requirements is also included in Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2020-2022 p 103

¹² The Australian Government Department of Health Police Certificate Guidelines March 2017 advises that service providers do not need to obtain a police check for CVS Volunteers provided by the CVS, as they have a police certificate and have been assessed as meeting the requirement. P 10. The Guidelines further state: "Community Visitors will provide approved providers with a 'Letter of Introduction' confirming the date of expiry of their police check and that they have made a statutory declaration if they have lived permanently overseas after they turned 16. Provided that the letter is current, the home is not required to view the original police certificate or statutory declaration. The home may keep a copy of the 'Letter of Introduction' to assist with compliance requirements. P 10

¹³ The Australian Government Department of Health [Police Certificate Guidelines July 2019](#) (p 10) specifies only the first two points above. The Commonwealth Home Support Programme - Program Manual 2020-2022 specifies the third point in addition to the first two (p 106)

Staff and volunteers who have resided overseas

Staff members and volunteers who have been citizens or permanent residents of a country other than Australia at any time after turning 16 must make a statutory declaration before starting work in any aged care service, stating that they have never:

- Been convicted of murder or sexual assault, or
- Been convicted of, and sentenced to imprisonment for, any other form of assault.

This statutory declaration is in addition to a current national police certificate, as this reports only those convictions recorded in Australian jurisdictions.

Processing police checks and other documents

The relevant team member processes the individual police check assessments for staff and volunteers. When the original or certified copy of the police clearance or other notification is received relevant information including the reference number and expiry date is entered in the Employment Checks Register.

The Police Certificate and other documents including statutory declarations are destroyed once results are recorded.

The Employment Checks Register is checked at the start of each month by the Manager/Coordinator, and three months prior to the police check expiring, each staff member or volunteer is advised that a new police certificate is required. When staff provide the updated certificate the information in the Employment Checks Register is updated. Staff taking leave may be provided with additional notice as necessary.

If staff do not provide an updated police certificate before the expiration of the existing certificate, they are not permitted to work until a valid police certificate is obtained.

Assessing offences

Where staff or volunteers have recorded an offence other than those specified above under Staff and Volunteers the relevant manager considers the offence/s against the criteria specified in the Department of Health Police Certificate Guidelines March 2017 (p 12). A previous conviction does not necessarily disqualify a person from employment.

Staff and volunteers are required to advise their Coordinator/Manager if they are convicted of any offence in the three-year period between obtaining and renewing their police clearance. Any offences are considered by the Manager and/or a Board representative. If the reviewers are satisfied on reasonable grounds that the offence makes the person unsuitable to work with our consumers and other staff, they are not permitted to continue as a staff member or volunteer. Notes are maintained on all considerations of police and other checks.

Drivers licence and vehicle registration checks

All staff who use their vehicle in their work are required to provide a copy of their valid driver's licence (and, if they transport consumers) a copy of their valid car registration and insurance certificates (identifying that the vehicle is used for work purposes) on commencement with the organisation. Staff are required to advise us if their licence or registration is revoked.

6.4 STAFF DEVELOPMENT

6.4.1 STAFF SUPERVISION AND SUPPORT

Supervision and support are important for ensuring that staff are supported in their work and their work is carried out effectively. Additionally, supervision sessions provide an opportunity to follow up on staff development issues noted in staff development reviews.

Staff in Open Arms Care receive ongoing formal and informal supervision and support. To ensure that staff have an opportunity to address problems or issues the supervisor provides staff with a formal supervision session annually through a performance development review (see 6.4.2 Performance Development Reviews).

Meetings are conducted by Managers/Coordinators with staff to ensure that they are supported and are aware of changes to support for children/consumers and have an opportunity to provide input and feedback regarding operations. In addition, staff may be supervised by their Coordinator/Manager to validate their practices whilst performing normal duties. These visits can be announced or unannounced and provide an opportunity to review practices and meet with children/consumers to gain feedback on services provided.

The line manager/supervisor of each staff position provides supervision and support as per the management structure (see [Management Structure](#).)

6.4.2 PERFORMANCE DEVELOPMENT REVIEWS

Open Arms Care is committed to supporting staff to improve their efficiency and effectiveness. Staff are expected to perform their duties to the best of their ability and to show a high level of personal commitment to providing a quality, professional service always.

Performance development reviews are conducted annually in consultation with the staff person and their line Manager/Coordinator using the Performance Development Review form.

Performance development reviews are based on position descriptions and agreed work plans. The aims of the review are:

- To allow free and confidential discussions about work between the employee and supervisor
- To discuss the employee's job performance in the context of their position description
- To discuss any work problems and search for solutions
- To discuss means of improving work performance including identification of training and development needs or changes to work practices
- To set SMART goals for the next twelve months.

Ongoing performance issues are not left to the performance development review but are dealt with as they occur. These issues may, however, be raised in the review as part of the overall assessment of the employee's performance.

On completion of the performance development review both the employee and the Manager/Coordinator sign the review form. The staff person and the supervisor are responsible for implementing any agreed actions (respectively). The Performance Development Review cannot be closed out until all agreed actions have been implemented.

6.4.3 STAFF EDUCATION AND TRAINING

Education and training strategies

Appropriate training and development opportunities are provided for all employees and volunteers to ensure they have the skills and qualifications to competently deliver services to consumers. This includes:

- Annual reviews of all positions and position descriptions to ensure the skill levels required for each position reflect the responsibilities of the positions
- The identification of training needs through ongoing staff input, changes in the services and care delivered, identified changes in consumers' needs, management input and annual performance development reviews
- The provision of training to meet identified work role needs including formal training, staff meeting discussions and participation in consumer morning tea discussions
- Opportunities for all staff and volunteers to attend training
- Ongoing evaluation of training to ensure it meets staff and volunteer needs and improves the operations and services.

Food safety training

Staff who deliver meals and staff who work in food services attend food safety training to ensure that they understand and implement the principles of safe food handling.

Work health and safety training

Training units relevant to work health and safety are mandatory for all staff.

First aid

All Staff have First Aid Certificates relevant to their area of work and ensure that updates are completed every three years with CPR refreshers completed annually.

Staff development opportunities

The training needs of staff are discussed with each staff person at the annual staff performance review and at supervision sessions.

We support our staff in staff development, education and training activities which are relevant to, and benefit the organisation. Support may include:

- Staff attendance at workshops, seminars and conferences.
- Flexibility of working hours to participate in an accredited course of study at a recognised educational institution.
- Purchasing resources such as training modules, videos and research literature.

Staff can provide feedback to their supervisor on any training activities that they have attended and the value of the activity to their work and to any issues identified in the Performance Development Review. Information relevant to the functions of the Board is presented at Board meetings and is made available on the Board Portal (SharePoint).

Any staff wishing to participate in staff development opportunities can discuss this with their supervisor. An application to attend should be made to the Manager at least 14 days prior to the activity.

Staff training records

The Administration Team records the following information in the Staff Training Spreadsheet:

- Performance development reviews, including the date the review was completed, the outcome of the review and the date of the next review
- Training calendar
- Training provided
- Staff training attendances for mandatory and other training
- Evaluation of training events.

6.5 STAFF PERFORMANCE MANAGEMENT AND DISPUTES

6.5.1 STAFF UNDERPERFORMANCE¹⁴

What is underperformance?

Open Arms Care follows the procedures recommended by the Fair Work Ombudsman. Fair Work defines underperformance, or poor performance as an employee not doing their job properly or behaving in an unacceptable way at work. It includes:

- Not carrying out their work to the required standard or not doing their job at all
- Not following workplace policies, rules or procedures
- Unacceptable behaviour at work, e.g. telling inappropriate jokes
- Disruptive or negative behaviour at work, e.g. constantly speaking negatively about the company.

Open Arms Care endeavours to prevent underperformance by:

- Listing behavioural and outcome expectations in position descriptions
- Addressing any issues as soon as possible
- Having regular performance reviews to outline expectations from the beginning
- Encouraging employees to talk to a manager or employer if they have any questions or concerns.

Process for dealing with underperformance

Where there is underperformance by employees Open Arms Care follows the procedures in the Initial Steps Checklist and the Formal Steps Checklist. The detailed Checklists are available on the Fair Work Ombudsman web site.¹⁵

- Managing underperformance – the 'initial steps' checklist
 - Step 1: Identify the issue
 - Step 2: Assess the issue
 - Step 3: Meet with your employee
 - Step 4: Jointly devise a solution
 - Step 5: Monitor performance
 - Step 6: Keep records.
- Managing underperformance – the 'formal steps' checklist for a formal underperformance meeting with the employee. This covers the steps:
 - Before the meeting
 - During the meeting and
 - After the meeting.

¹⁴ Australian Government Fair Work Ombudsman [Managing Performance and Warnings](#) Web site accessed August 2019

¹⁵ Australian Government Fair Work Ombudsman [Managing Performance and Warnings](#) Web site accessed August 2019. See Templates to [Manage Underperformance](#)

6.5.2 EMPLOYER/EMPLOYEE DISPUTE PROCEDURE

If an employee or volunteer has a grievance related to their employment or concerning another employee, the Fair Work Ombudsman Effective Dispute Resolution Process and Checklist is followed.¹⁶

The typical process is shown in the diagram below.

In this process the term employee refers to both staff and volunteers. Supervisor refers to the employee's immediate manager.

6.5.3 SERIOUS MISCONDUCT

Serious misconduct is when an employee:

- Causes serious and imminent risk to the health and safety of another person or to the reputation or profits of their employer's business or
- Deliberately behaves in a way that's inconsistent with continuing their employment.¹⁷

Examples of misconduct include:

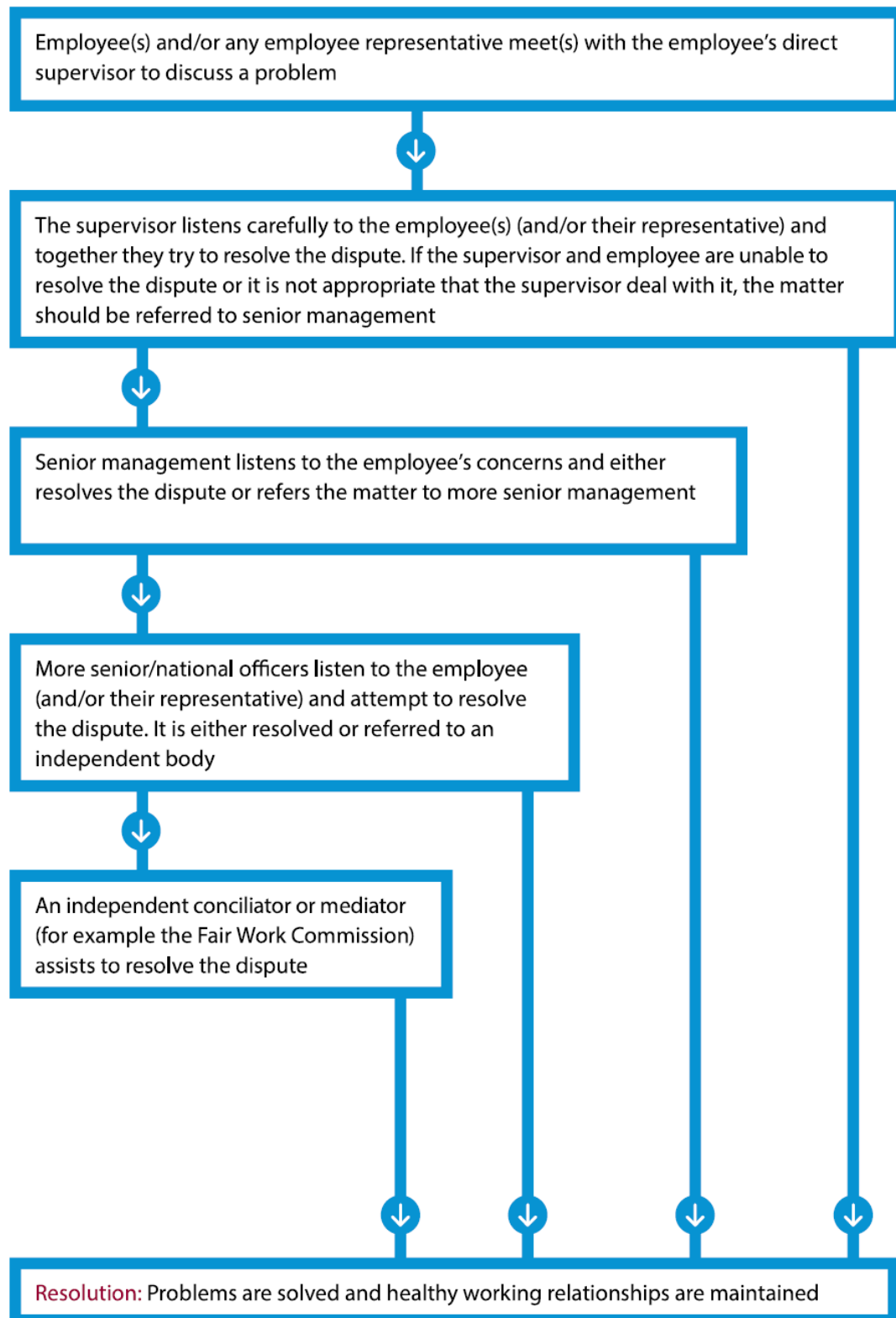
- Child abuse
- Elder abuse
- Theft of property or funds from Open Arms Care
- Willful damage of property belonging to Open Arms Care
- Intoxication through alcohol or other substances during working hours
- Verbal or physical harassment or discrimination of any other employee or consumer (see 7.10.8 Abuse and Neglect/Workplace bullying)
- The disclosure of confidential information regarding the organisation to any other party without prior permission
- The disclosure of consumer information other than information that is necessary to assist consumers and to ensure their safety
- Carrying on a private business from Open Arms Care premises or using Open Arms Care resources for private business without the permission of the Board
- Falsification of any records belonging to Open Arms Care
- Failure to comply with the Code of Conduct for Staff and Volunteers.

The CEO deals with all issues relating to misconduct and ensures that there are two representatives from Open Arms Care present at the meeting to discuss the misconduct.

The staff person involved is encouraged to bring another person with them for the interview. A Record of Staff Counselling Interview is completed and signed by all parties and a copy provided to the staff person and a copy filed in their personnel file. The CEO seeks external advice (if deemed necessary) and consults with the Board prior to terminating any staff person.

¹⁶ Ibid. [Effective Dispute Resolution](#)

¹⁷ Ibid. [Serious Misconduct](#)



6.5.4 EMPLOYEE ASSISTANCE PROGRAM (EAP)

Open Arms Care encourage staff to access fee-free access to a confidential counselling service to support their well-being in the workplace and in their personal lives. Staff can access the service confidentially.

6.6 TOBACCO, DRUGS AND ALCOHOL FREE WORKPLACE

6.6.1 AIM

Open Arms Care Children's Services Division believes in promoting a safe and healthy environment free of drugs for all persons who utilise the services.

6.6.2 PRACTICE

Smoking, vaping, drinking and consumption of illicit drugs will not be permitted in any areas utilised by Open Arms Care.

No smoking rule

For the purpose of this policy

Smoking is banned in:

- all Open Arms Care Incorporated buildings and Open Arms Care Incorporated vehicles, and
- all outdoor areas.

Employees who smoke outside the premises should not do so near the main entrance to the workplace (and no less than 4 metres from a pedestrian access point to a public building). They should also ensure that they dispose of cigarette butts and other litter carefully.

Smoking breaks

Smoking breaks may only be taken during designated break times. Breaks may be staggered to limit the disruption to operations. Special arrangements may be made to accommodate smoking breaks during periods of overtime.

Staff and Educators employed by Open Arms Care will not smoke, drink or consume drugs in front of, or in the sight of, children in their care.

Students, volunteers and visitors to the service will not be permitted to smoke, drink or consume drugs on the premises and will adhere to the tobacco, drug and alcohol free environment policy.

Parents, family members or relatives of children enrolled at the service will not be permitted to smoke, drink or consume drugs on the premises and will adhere to the Smoke Free Environment Policy.

Open Arms Care will actively support and provide assistance for smokers to quit smoking.

All areas accessed by children in care need to be made clear of cigarette butts, ashtrays, lighters and matches.

The responsibility for enforcing this policy rests with managers and staff/educators. All are obliged under the occupational health and safety legislation to protect the health of their fellow staff/educators, and visitors, while at the service.

Advocacy

Healthy living habits will be discussed with children.

Educators and staff will be informed of education programs and be provided with information to support them in their role of working with children and families.

Management/ staff

- Will seek advice from peak organizations regarding current research and practice.
- Employee induction procedure- new Educators/staff will be informed of the policy and procedures of Open Arms Care Inc.
- Procedure for non-compliance of the tobacco, drug and alcohol free environment policy and procedures by:
 - Child- parents will be informed
 - Coordination Unit Staff- official first and final warning issued, then dismissal.
 - Parent or family member- advised of policy and asked not to smoke
 - Student/volunteer advised of policy and warned that their services may be discontinued.
 - Visitor- advised of policy and warned not to smoke.

Breach of this Policy

All workplace participants are required to comply with this policy at all times. If a workplace participant breaches this Policy they may be subjected to disciplinary action. In serious cases this may include termination of employment. Agents and contractors (including sub-contractors and temporary contractors or FDC educators) may have their contracts with Open Arms Care Incorporated terminated or not renewed.

6.7 STAFF TIMESHEETS, LEAVE AND EXIT

6.7.1 STAFF TIMESHEETS

Each staff person is required to maintain a record of time worked by completing online sign-in and sign-out processes via EasyEmployer to complete timesheets each day/shift worked.

The relevant team member checks the timesheets before forwarding them to the Administration Team for payment.

Incomplete records of time worked for a shift cannot be approved for payment.

6.7.2 LEAVE¹⁸

All employee leave entitlements are determined by their Award. This Section highlights the minimum terms and conditions for leave as specified by the Fair Work Ombudsman.

Application for leave

Any employee taking leave must complete an Application for Leave via EasyEmployer. If the application form is not completed, payment is not made for leave taken.

The application must be completed and approved before annual leave, long service leave, or unpaid leave is taken. All leave must be approved by the relevant team member with consideration to ensuring adequate staff is available to deliver services.

¹⁸ Information in this section excluding Long Service Leave, is taken from Australian Government Fairwork Ombudsman [Leave Overview](#)

Annual leave

All employees (except for casual employees) get 4 weeks paid annual leave, based on their ordinary hours of work.

Shift workers may get up to 5 weeks of annual leave per year depending on their award.

Payment of annual leave

Annual leave will be paid in accordance with the appropriate award, or for award free employees, the contract of employment.

Cashing out annual leave

Award covered employees may only cash out annual leave in accordance with the terms of the award that applies to them. Cashing out annual leave will **not** be permitted if there is no provision in the award which expressly permits cashing out.

Award free employees may request to cash out some of their accrued annual leave from time to time provided that:

- a) the employee maintains a minimum of 4 weeks annual leave after the cashing out;
- b) Open Arms Care agrees; and
- c) the agreement to cash out is made in writing and signed by the employee and Open Arms Care.

Payment of annual leave on termination

Subject to the terms of any other contract or award, any accrued but untaken annual leave will be paid out on termination. Such payment will be the amount that would have been payable to the employee in accordance with clause 6.7.2 of this policy, had the employee taken that period of leave.

Casual employees

Casual employees have no entitlement to annual leave.

Sick and carer's leave (personal leave)

Sick and carer's leave lets an employee take time off to help them deal with personal illness, caring responsibilities and family emergencies.

Sick leave can be used when an employee is ill or injured.

Carer's leave allows an employee to take time off to care for an immediate family or household member who is sick or injured or to help during a family emergency. This comes out of the employee's personal leave balance.

When sick or carer's leave is required the employee should advise their supervisor as soon as possible and at a minimum by their usual start time. An Application for Leave must be completed immediately after an employee returns to work after sick leave.

Unpaid carer's leave

All employees, including casual employees are entitled to 2 days unpaid carer's leave. Employees get 2 days unpaid carer's leave each time an immediate family member or household member of the employee needs care and support because of:

- illness
- injury or
- an emergency.

Full-time and part-time employees can only get unpaid carer's leave if they don't have any paid sick/carer's leave left.

Compassionate leave

All employees are entitled to 2 days compassionate leave each time an immediate family or household member dies or suffers a life threatening illness or injury. The compassionate leave can be taken as:

- A single continuous 2-day period, or
- Two separate periods of 1 day each, or
- Any separate periods the employee and the employer agree.

An employee does not accumulate compassionate leave and it doesn't come out of their sick and carer's leave (or annual leave) balance. It can be taken any time an employee needs it.

If an employee is already on another type of leave (e.g. annual leave) and needs to take compassionate leave, the employee can use compassionate leave instead of the other leave.

Domestic violence leave

Employees are entitled to five days of unpaid family and domestic violence leave each year. Family and domestic violence means violent, threatening or other abusive behaviour by an employee's family member that:

- seeks to coerce or control the employee
- causes them harm or fear.

Employees can take the leave if they need to deal with the impact of family and domestic violence and it's impractical to do so outside their ordinary hours of work.

Maternity and parental leave

Employees can get parental leave when a child is born or adopted and are entitled to 12 months of unpaid parental leave. They can also request an additional 12 months of leave.

Community service leave

Employees, including casual employees, can take community service leave for certain activities such as:

- Voluntary emergency management activities
- Jury duty (including attendance for jury selection).

Except for jury duty, community service leave is unpaid.

Public holidays

If an employee is absent from his or her employment on a day or part-day that is a public holiday, the employer must pay the employee at the employee's base rate of pay for the employee's ordinary hours of work on the day or part-day.

If the employee does not have ordinary hours of work on the public holiday, the employee is not entitled to payment under this section. For example, the employee is not entitled to payment if the employee is a casual employee who is not rostered on for the public holiday, or is a part-time employee whose part-time hours do not include the day of the week on which the public holiday occurs.

Unpaid leave

Unpaid leave is at the discretion of Open Arms Care as it is not prescribed in any awards relevant to our employees.

Long service leave

The Government of New South Wales Long Service Leave Act 1955¹⁹ applies to long service entitlements. The Act specifies the long service leave entitlement for an employee is:

- After 10 years of continuous employment working in the same business – 8 2/3 weeks' paid leave.
- For every 5 years of continuous employment working in the same business after the initial 10 years – 4 1/3 weeks' paid leave.

6.7.3 EMPLOYEE EXIT PROCEDURE

When an employee leaves Open Arms Care, the following procedure applies:

- Arrange an exit interview
 - the exit interview is conducted by the employee's supervisor and provides useful feedback about us for use in planning and evaluation. The Exit Interview Record guides the interview and is used to record responses
 - completed Exit Interview Records are forwarded to the relevant Manager for review and consideration of improvements
- Prepare the employee's termination payment
 - calculate ordinary wages due or wages in lieu of notice
 - calculate annual leave due to the date of termination. This is paid at the employee's current rate of pay
 - check if the employee is entitled to pro-rata long service leave
 - check if any allowances are owing (e.g. travel, meals)
 - check if the employee owes us any monies and deduct these from the final payment
 - prepare a written statement showing the detailed calculation of all monies to be paid to the employee
- Ensure the following are returned to Open Arms Care if applicable:
 - client files or other information (if applicable) and any other working documents
 - access cards and keys
 - computer/laptop/audio visual and electrical items
- Make sure there is a letter of resignation from the employee if they resigned, or a letter of termination from the CEO or the Board if they were dismissed. (Copies of these letters are kept in staff files.)
- If requested, prepare a written Statement of Employment detailing the period of employment and type of work performed. The relevant team member may provide a verbal reference to a prospective employer if requested.

¹⁹ Government of New South Wales Long Service Leave Act 1955

6.8 WORKERS' COMPENSATION

When an employee suffers an injury or suffers from a disease and work is a substantial contributing factor to that illness or injury, Open Arms Care ensures that financial benefits and other assistance are provided as required by the relevant State and Territory legislation and regulations.

6.8.1 NOTIFICATION OF INCIDENT/ACCIDENT

An injured worker must notify the supervisor of a workplace injury as soon as possible after the injury occurs, by completing an Adverse Event Report (see 7.9.6 Continuous Improvement Forms/ Adverse event report).

6.8.2 CLAIMS

The following process applies to workers compensation claims:

- An injured worker must complete a Worker's Compensation Claim Form for submission to the insurer. Any supporting documentation such as statements from witnesses, medical reports or certificates should also be submitted.
- The Work Health and Safety representative is informed.
- Where an injured employee is unable to lodge a Worker's Compensation Claim Form, the relevant team member arranges for the form to be completed on their behalf by either a relative, a witness to the accident, or a suitable employee.
- The relevant team member photocopies all documentation and keeps the copy in a Workers' Compensation file. Access to this file is restricted to the relevant Manager/Coordinator.
- A claimant must co-operate fully in respect of the claim with the insurer. In particular, the claimant must comply with any reasonable request by the insurer to provide information.
- Medical certificates should state whether an injured worker's work was a substantial contributing factor to the personal injury or disease.
- The relevant team member forwards all receipts, medical certificates etc. to the insurer within seven days of receipt.
- Upon acceptance of the Workers' Compensation claim, the insurer advises the injured employee of the acceptance of their claim in writing. If an injured employee's claim is accepted and they have not ceased work as the result of an injury, the injured employee is reimbursed by the insurer for any relevant and necessary costs associated with the claim.

6.8.3 REHABILITATION AND RETURN-TO-WORK PROGRAMS

Overview

Staff who sustain an injury at work that prevents them from carrying out their normal duties are supported in a return to work programme that is appropriate to their injury and abilities and meets the needs of the organisation. A Coordinator liaises with the staff person in developing the most appropriate programme. The Coordinator is guided by the Medical Practitioner or Health Professional who is overseeing the staff person's recovery. External expert assistance is sought if required. Staff have access to the Employee Assistance Program to support their recovery if required.

Obligations

We recognise that whilst we strive to provide and maintain a safe and healthy working environment, occupational injuries and illnesses do occur. In the event of occupational injury or illness Open Arms Care is committed to the process of Occupational Rehabilitation.

We are committed to:

- Ensuring that the process of occupational rehabilitation is commenced within 3 working days of being notified of a significant injury or illness. An injury management plan is developed for all injured workers who sustain a significant injury in a manner consistent with medical judgement.
- Providing suitable duties where practicable for an injured or ill worker as an integral part of the rehabilitation process.
- Consulting and involving injured workers, nominated treating doctor, other treating professionals, other relevant parties and their representatives (where appropriate) in the rehabilitation process.
- Ensuring that participation in a rehabilitation program does not, in itself, prejudice the injured worker.
- Treating all rehabilitation records confidentially.

Manager responsibilities

When there is an injury at work, the employer must provide the injured worker with:

- First aid and/or transport to medical treatment.
- The name of the insurer.
- The service name and employer contact details.
- A claim form, if requested by the worker.
- Suitable duties.
- Any assistance that helps the worker to recover and return-to-work quickly.

The employer must also inform the Workers Compensation Insurer within 48 hours of a work-related injury occurring.

Employee responsibilities

When there is an injury at work, the injured worker must:

- Seek medical attention.
- Notify the employer as soon as possible.
- Complete a Staff Accident Incident report, Workers Compensation forms and any other relevant documentation.
- Participate and cooperate with the development and implementation of an injury management plan.
- Comply with requests made by the insurance company with regard to their claim.
- Make all efforts to return to work as soon as possible.

Before resuming pre-injury duties, the injured worker must obtain a final medical certificate stating that they are fit for pre-injury duties.

6.9 VOLUNTEERS, TEMPORARY STAFF & STUDENTS

6.9.1 VOLUNTEERS

Volunteer policy

Open Arms Care recognises the valuable contribution to the service made by volunteers and actively encourages their participation. Through volunteers we:

- Enhance the range of services available through Open Arms Care, and
- Allow for wider community participation in the service.

Volunteers are not used to replace paid workers in the service and are not counted in child care ratios.

All Volunteers over the age of 18 must have a criminal records check completed and working with children check.

All volunteers are recruited according to our Equal Employment Opportunity Policy and anti-discrimination (see 6.3.2 Equal Employment Opportunity and Anti-discrimination).

Volunteer management

The same procedures relating to staff recruitment, supervision and support, training, performance disputes, grievances, misconduct and staff files apply to volunteers with appropriate variations. Each volunteer completes a Volunteer Agreement on commencement and is provided with a Volunteer Driver Position Description.

Volunteers must submit, in writing, their reasons for wishing to work in children's services along with details about any relevant childcare experiences.

Volunteers are supported by an assigned supervisor in their work area.

Reimbursement of costs

Volunteers are reimbursed for the cost of mileage if they use their own vehicle. Volunteers are responsible for recording their mileage, submitting their mileage claims on a Vehicle Log Sheet and ensuring that their vehicles are insured appropriately. Volunteer vehicle registration expiry, driver's license expiry and insurance details are recorded in the Employment Checks Register.

6.9.2 TEMPORARY STAFF

The Team Leaders manage staffing for the services delivered. Staff are rostered to meet the planned support needs for consumers specified in their agreed support plans. Support is provided by suitably skilled support workers who follow the support plans.

Home care temporary staff shortages

The following process applies for consumers whose support has been rescheduled or who have had support cancelled due to staff shortages:

- The consumer is advised by telephone and provided with an explanation as to why there is a need to cancel a support visit. Every effort is made to reschedule the support, but this is not always possible.
- A case note is made in the Consumer Management System.
- Changes to support workers' jobs and allocation to consumers are amended in the Consumer Management System.

Agency staff

Sometimes agency staff are used to replace support workers and other staff as necessary to ensure ongoing service delivery. The Team Leader orientates the agency staff person prior to consumer allocation. The relevant team member ensures that the agency staff person is familiar with Open Arms Care's processes and approaches to service delivery relevant to the support they are required to deliver including:

- Providing them with the contact number and details of the supervisor they should contact for support.
- A handover of the consumers they are supporting, ensuring the staff member has the opportunity to ask questions regarding the care and the supervisor is clear on the staff member's skills are appropriate to the scheduled care.
- Work health and safety guidelines, including infection prevention and control requirements (and the provision of appropriate personal protective equipment).

Staff access to support

All support workers have access to support, information and advice via telephone to our office or face to face as required. Team leaders and other office staff can provide support as necessary.

6.9.3 STUDENTS

All students over 18 years of age will be required to undertake a working with children check and national criminal records check. Students do not make up part of the staff to child ratio and cannot be used to fill the place of an employee.

School pupils must supply written confirmation from their school to allow them to come to the service during school time and provide contact details of their teacher.

Child care students must be confirmed by their tutors as being in an appropriate childcare course, which provides necessary background understanding of children's development and learning.

Childcare students who may be required to conduct child studies will obtain written permission from the parents/guardians of the child to be studies and work with the guidance of the educator.

Any information gained by students about the children, families or other adults must remain confidential.

Students will be made aware of appropriate policies and procedures and of the general health and safety requirements of the service. Students will be required to:

- Sign an agreement to adhere to the Code of Conduct, Confidentiality, Health and Safety and Child Protection Policies.
- Complete the necessary documents that will be kept on file with staff records.
- Not have unrestricted access to children or left in sole charge of any children.
- Must be aware of how to comply with all child protection law and obligations held under them.
- To be adequately supervised at all times to ensure the health, safety and wellbeing of children is protected and is to follow the directions of the educator at all times.

Regular contact /liaison with course tutors and/or school teachers will be maintained as part of the monitoring and assessment process for all students.

Where students are under the age of 18 years and staff has any concerns about a student's welfare, the service will follow our *Child Protection Policy* as we would normally for any child who attends our service.

All students must have their own personal liability insurance, this may be provided by their school or registered training organisation.

CONTENTS

7.1 Organisational Governance Guide	1
7.1.1 Consumer Outcome	1
7.1.2 Open Arms Care Statement	1
7.1.3 Our Policy	1
7.1.4 Responsibilities	2
7.1.5 Monitoring Open Arms Care Governance	2
7.1.6 References	2
7.1.7 Definitions.....	3
Term	3
Meaning.....	3
7.2 About Us	6
7.2.1 Overview	6
7.2.2 Our Vision	6
7.2.3 Our Mission	6
7.2.4 Our Values	6
7.2.5 Our Philosophies	6
7.2.6 Partnering with Consumers.....	7
7.2.7 Statement of Principles	8
7.2.8 Target Group	8
7.2.9 Services Provided.....	8
7.2.10 Our Staff	8
7.2.11 Incorporation Requirements.....	9
Key requirements of incorporated groups.....	9
The constitution.....	9
Familiarity with constitution	9
Review of constitution.....	9
General meetings.....	9
Board	9
Role of the Board	10
Working with the CEO	10
Involvement in Day to Day Management.....	10
Responsibilities of the Board	10
Legal Responsibilities.....	10
Policy and Planning	11
Financial	11
Staff Management Responsibilities	11
Other Board Responsibilities	12
Responsibilities of Board Members.....	12
Attendance at Meetings.....	12
Responsibilities of the President	12
Responsibilities of the Vice-President	12

Responsibilities of the Treasurer.....	12
Responsibilities of the Secretary.....	13
Responsibilities of other Board Members	13
Code of conduct for Board members.....	13
Conflict of interest	13
Leaving the Board	13
Resignation of Member	13
Expulsion of Member	13
Board meetings.....	14
Orientation for Board members.....	14
7.2.12 Approved Provider Responsibilities Child Care	14
Persons with Management or Control.....	14
Persons in day-to-day charge	15
Applications and Notifications	15
Financial disclosure obligations	15
Pricing review.....	15
Department monitoring of compliance and other access.....	15
7.2.13 CHSP Provider Responsibilities	16
Key personnel	16
Disqualified individuals	16
Financial disclosure obligations	17
7.3 Management Structure and Governance Processes	17
7.3.1 Management Structure	17
7.3.2 Governance Processes	17
Governance structure	17
7.3.3 Performance Reports	17
7.3.4 Whistle Blowers	17
Overview	17
Purpose of our whistle blower policy.....	18
Who the policy applies to	18
Matters the policy applies to.....	18
Exclusions	19
Who can receive a disclosure.....	19
Internal eligible recipients	19
External eligible recipients.....	19
How to make a disclosure	20
Anonymous disclosures	20
Legal protections for disclosers	20
Identity protection.....	21
Protection from detrimental acts or omissions.....	21
Compensation and other remedies.....	22
Civil, criminal and administrative liability protection.....	22
Support and practical protection for disclosers.....	22
Identity protection (confidentiality).....	22
Protection from detrimental acts or omissions	23
Handling and investigating a disclosure	23
Handling a disclosure	23
Investigating a disclosure.....	24
Keeping a discloser informed	25
How the investigation findings will be documented, reported internally and communicated to the discloser.....	25

Review of Findings	25
Ensuring fair treatment of individuals mentioned in a disclosure	25
Ensuring the policy is easily accessible to all stakeholders	26
Disclosers within Open Arms Care	26
Upfront and ongoing education and training	26
Monitoring and reporting on the effectiveness of the policy	27
7.4 Financial Management	28
7.4.1 Roles and Tasks	28
Board	28
Treasurer.....	28
CEO	28
Team leaders	28
Finance team	28
General.....	28
7.4.2 Financial Management Practices	28
Bank accounts	29
Signatories.....	29
Budget	29
Reports	29
Supplier accounts	29
Audit.....	29
7.4.3 Delegations of Financial Authority	29
7.4.4 Applying for Funds	29
7.5 Consumer Fees.....	30
7.5.1 Commonwealth Home Support Program.....	30
CHSP fees policy	30
Overview.....	30
Exclusions from fees	31
Fee schedule.....	31
Fee reductions	31
7.5.2 Child Care	31
Out of school hours care fees policy	31
Overview.....	31
Child Care Subsidy	31
Payment of Fees	32
Bookings and Marking Children Absent.....	32
Fee Schedule and Hours of Operation.....	33
Out of school hours care debt collection policy.....	33
Aim	33
Practice.....	33
7.6 Funding Reports and Monitoring	35
7.6.1 Funding Provider Accountability Reports.....	35
7.6.2 Monitoring Funding Requirements and Service Delivery.....	35
7.6.3 CHSP - Responsibilities during a national or state emergency	35
7.6.4 Funding Provider Acknowledgement	35
7.7 Planning.....	36
7.7.1 Consumers as Partners	36
7.7.2 Annual Report.....	36

CHSP	36
General	36
7.7.3 Improvement Plan and Strategic Plan	36
7.7.4 The Planning Process	36
Table 7.7.1 Open Arms Care Planning Process.....	36
7.7.6 Annual Planning Day.....	37
Planning day process.....	37
7.7.7 Implementing the Plans	38
7.8 Regulatory Compliance	39
7.8.1 Identify Relevant Requirements	39
Legislation and Regulations	39
7.8.2 Monitoring Changes to Legislation	40
7.8.3 Implement Changes	41
7.8.4 Application of Regulatory Compliance Processes.....	41
7.8.5 Monitor and Evaluate Changes	42
7.8.6 Work Health and Safety	42
Work health and safety obligations.....	42
Employers	42
Employees.....	42
Safe work Australia	43
7.9 Privacy and Confidentiality	44
7.9.1 Principles for the Collection of Consumer Information	44
7.9.2 Privacy plan.....	44
7.9.3 Confidentiality of Complaints and Disputes	45
7.9.4 Consumers Right to Access Information	45
7.10 Continuous Improvement.....	47
7.10.1 Overview.....	47
7.10.2 The Leadership Team.....	47
Role of Leadership Team.....	47
Leadership Team membership	47
Leadership Team meetings.....	47
Leadership Team agenda	47
Figure 7.10.1: Continuous Improvement Information Management Process	48
7.10.3 Continuous Improvement and Risk Management	48
7.10.4 Improvement Plan	49
7.10.5 Improvement Process	49
Figure 7.10.2: Plan Do Check Act Improvement Cycle.....	49
Plan	49
Do	50
Check.....	50
Act.....	50
7.10.6 Continuous Improvement Forms	50
Tell us what you think form.....	50
Consumer complaint form.....	51

Staff accident incident report.....	51
Adverse event report.....	51
Hazard report.....	51
Maintenance request	52
Survey audit report.....	52
7.10.7 Other Continuous Improvement Information Sources.....	52
Informal consumer feedback	52
Consumer meetings	52
Open Arms Care management meetings	52
Safety audits.....	52
Responsive audits.....	52
Policies and procedures reviews.....	52
7.11 Risk Management.....	54
7.11.1 Overview.....	54
7.11.2 Risk Management and Continuous Improvement	54
7.11.3 Risk Management Plans.....	54
Risk management plans.....	54
Risk management plan information	55
7.11.4 Identifying Risks	56
7.11.5 Identifying Controls	56
Recording improvements	57
7.11.6 Risk Rating Matrix	57
Figure 8.10.1: Risk Management Rating Matrix	57
7.11.7 Consumer Choice and Risk	57
7.10.8 Abuse and Neglect.....	58
Strategies to minimise the risk of abuse and neglect	58
Abuse and neglect of consumers.....	58
Contacts for elder abuse.....	59
Minimising the use of restraint.....	60
Workplace bullying.....	60
7.11.9 Business Continuity Plan	60
Risks from natural events	60
7.12 Information Management Systems	62
7.12.1 Communication Strategies.....	62
7.12.2 Policies and Procedures.....	62
Structure of the policies and procedures	62
Figure 7.11.1: Policies and Procedures Schema.....	62
Forms.....	63
Access to policies and procedures	63
Updating the policies and procedures	63
Review minutes of management meetings	64
Control of the policies and procedures	64
Review of policies and procedures.....	64
7.12.3 Consumer Information	64
Management of consumer information aged care	64
Management of consumer information child care.....	65
Paper records	66

Office Files	66
In-home Files	66
Electronic Records	66
7.12.4 Recording Service Delivery Information.....	66
7.12.5 General Information	66
Staff records	66
Staff access to staff files	66
Minutes of meetings	66
Other administrative information	67
7.12.6 Archiving	67
Archive management	67
Aged care act responsibilities	67
Timelines for maintaining records	67
Table 7.11.1 Timelines for Maintaining Records	67
Archiving consumer records	68
Consumer paper records	68
Consumer management system records.....	68
Managing superseded policies and procedures	68
7.12.7 Information Technology and Cyber Security	69
Cyber security	69
Email	70
Internet access	70
MyGovID	70
Getting help and reporting problems	70
Social media	70
Responding to data breaches.....	70
Data breach.....	70
Notifiable data breaches.....	71
Data Breach Response Plan	71
Key Roles.....	71
Data Breach Report	72
Procedure for Dealing with a Data Breach.....	72
Figure 7.12.2: OAIC Data Breach Action Plan for Health Service Providers	74
Testing of the Data Breach Response Plan	76
Training	76

RECORD OF REVISIONS: SECTION 8: ORGANISATIONAL GOVERNANCE

[illegible]

7.1 ORGANISATIONAL GOVERNANCE GUIDE

7.1.1 CONSUMER OUTCOME

Home Care;

*"I am confident Open Arms Care is well run. I can partner in improving the delivery of care and services."*¹

Child Care;

*"Effective leadership and governance of the service contributes to quality environments for children's learning and development. Effective leaders establish shared values for the service and set clear direction for the service's continuous improvement."*²

7.1.2 OPEN ARMS CARE STATEMENT³

The Open Arms Care Board is accountable for the provision of safe and quality care and services.

7.1.3 OUR POLICY⁴

Open Arms Care is committed to:

- Engaging consumers children and families in the development, delivery and evaluation of programing, care and services (including supporting consumers to do so)
- Promoting a culture of safe, inclusive and quality care and services and being accountable for their delivery
- Ensuring effective Open Arms Care-wide governance systems relating to:
 - Information management
 - Continuous improvement
 - Financial governance
 - Workforce governance, including to assign clear responsibilities and accountabilities
 - Regulatory compliance
 - Risk management, including but not limited to:
 - Managing high impact or high prevalence risks associated with the care of consumers
 - Identifying and responding to abuse and neglect of consumers
 - Supporting consumers to live the best life they can
 - Feedback and complaints
 - A clinical governance framework (where clinical care is provided) including but not limited to:
 - Practising open disclosure.

¹ Australian Government Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards April 2019

² Australian Children's Education & Care Quality Authority National Quality Standards.

³ Ibid., p.132. Note that Ibid means 'in the same source last referenced in the footnote above.'

⁴ Ibid., p.132.

7.1.4 RESPONSIBILITIES

- Management, with input from relevant stakeholders, develops, maintains, promotes and monitors processes and procedures that ensure the provision of safe and quality care and services.
- Staff follow policies and procedures, participate in development opportunities, promote a culture of safe, inclusive and quality care and services and support consumers in the planning, delivery and evaluation of care and services.
- Consumers and/or their representatives, children and families participate in the planning, delivery and evaluation of programing, care and services and if they feel hindered or unsupported to do so provide feedback to management.

7.1.5 MONITORING OPEN ARMS CARE GOVERNANCE

Open Arms Care governance processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) in Forms/Governance Documents and 8.9 Continuous Improvement).

7.1.6 REFERENCES

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- Australian Government [Aged Care Act 1997 and Principles](#)
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- Government of New South Wales [NSW Elder Abuse Toolkit](#)
- Government of New South Wales SafeWork NSW [Electrical inspection and testing](#)
- Government of New South Wales [Work Health and Safety Act 2011](#)
- [Guide to the Child Safe Standards](#)
- [My Time, Our Place: Framework for School Aged Care in Australia](#)
- Office of the Children's Guardian [Reporting Obligations and Processes A handbook for child-related organisations](#)
- [Staying Healthy - Preventing infectious diseases in early childhood education and care services. \(5th Edition\). National Health and Medical Research Council \(NH&MRC\)](#)
- [Your Call](#) website accessed April 2019 [Whistleblowing Program Checklist](#)

7.1.7 DEFINITIONS

Term	Meaning
Antimicrobial stewardship	Antimicrobial stewardship is when organisations take ongoing actions to reduce the risks related to increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It can include a broad range of strategies, such as monitoring and reviewing how they use antimicrobials.
Belonging, being and becoming	Australia's first national Early Years Learning Framework for early childhood educators. The aim of this document is to extend and enrich children's learning from birth to five years and through the transition to school.
Carer	A person who provides personal care, support and help to a consumer. This doesn't include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the <i>Carer Recognition Act 2010</i> .
Children	A child/children attending out of school hours care operated by Open Arms Care, including before school hours care, after school hours care and vacation care.
Child over preschool age	A child enrolled or registered at a school and attends, or in the current calendar year will attend, school in the year before grade 1 or in grade 1 or a higher grade. child preschool age or under means a child under the age of 7 years who is not a child over preschool age.

Term	Meaning
Clinical governance	<p>The set of relationships and responsibilities established by our organisation between its governing body, executive, clinicians, consumers and other stakeholders to ensure good clinical outcomes.⁵</p> <p>An integrated set of leadership, behaviours, policies, procedures, responsibilities, relationships and monitoring and improvement mechanisms that are directed towards ensuring good clinical outcomes. Effective clinical governance systems ensure that everyone – from unregulated care providers, to employed or external regulated health practitioners, to managers and members of governing bodies such as boards – is accountable to consumers and the community for the delivery of clinical care that is safe, effective, integrated, high quality and continuously improving.</p>
Consumer	A person we provide or intend to provide services for including aged care clients, children's parents, guardian and/or their nominated representatives.
Consumer-centred care	Consumer-centred care is health care that is designed around an individual's needs, preferences and background. It includes a partnership between consumers and health care providers.
Cultural safety	Culturally safe care and services are those that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe for consumers. It's also how a person's identity is respected so that who they are and what they need, isn't questioned or denied.
Dignity of risk	Dignity of risk is the concept that all adults have right to make decisions that affect their lives and to have those decisions respected, even if there is some risk to themselves. Dignity of risk means respecting this right. Care and services need to strike a balance between respect for the individual's autonomy and the protection of their other rights (such as safety, shelter), unless it is unlawful or unreasonably impinges on the rights of others.
Diversity	Diversity refers to consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI).
Educators	Educators care for infants and young children in a range of settings to help meet their social, emotional, physical and educational needs.
Educational Leader	The role of the educational leader is primarily to collaborate with educators and provide curriculum direction and guidance.
Educational Program	Means a program referred to in section 168 of the Law.
Infection prevention and control	Strategies to support the goal to create safe care environments through the implementation of practices that minimise the risk of transmission of infectious agents.
MYTOP	My Time, Our Place framework for school aged care in Australia.
Preschool	Educational establishment or learning space offering early childhood education to children before they begin compulsory education at primary school.
Respectful	Being respectful includes understanding a person's culture, acknowledging differences, and being actively aware of these differences. It is about

⁵ Australian Commission on Safety and Quality in Health Care 2017 National Model Clinical Governance Framework

Term	Meaning
	understanding that each consumer is unique and has a right to be treated in an inclusive and respectful way.
Responsible Person	Means person referred to in section 162 (1)(a) to (c) of the Law.
Special needs groups	<p>People with special needs, defined at section 11-3 of the <i>Aged Care Act 1997</i>, are listed below:</p> <ul style="list-style-type: none"> • People from Aboriginal and Torres Strait Islander communities • People from culturally and linguistically diverse backgrounds (CALD) • People who live in rural or remote areas • People who are financially or socially disadvantaged • Veterans • People who are homeless or at risk of becoming homeless • Care leavers • Parents separated from their children by forced adoption or removal • Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
Support staff	All staff involved in delivering services and care to consumers.
Support worker	Unregulated healthcare workers.
The Law	Means the Education and Care Services National Law.

7.2 ABOUT US

7.2.1 OVERVIEW

Open Arms Care is a non-profit incorporated organisation that provides:

- Commonwealth Home Support Programme (CHSP) services
- Brokered Support Services
- Out of School Hours Care

7.2.2 OUR VISION

A Caring Community

7.2.3 OUR MISSION

Provide Quality Care Valued by Our Community

7.2.4 OUR VALUES

- **I**nclusive
- **N**urturing
- **S**upportive
- **P**rofessional
- **I**nnovative
- **R**espectful
- **E**thical

7.2.5 OUR PHILOSOPHIES

Home Care

Open Arms Care believe in the right of people to:

- Be valued as individuals and make informed choices about their life, where they live and their care
- Maintain their independence
- Be treated with dignity and respect, and to have their privacy and confidentiality respected
- Access services on a non-discriminatory basis, and
- Receive accountable and responsive services.

Out of School Hours Care

"Children learn to know, to do, to be, to live together and to transform oneself and society"
(United Nations Educational, Scientific and Cultural Organization, UNESCO).

- We believe in acknowledging the traditional custodians of this land, the Gumbaynggirr people and their *Elders, past and present, on which we learn and work together, and commit to building relationships, respect and opportunities for all Aboriginal people in our region.*
- We believe that our philosophy reflects the school age educational framework, My Time, Our Place, National Quality Standards, Australia Code of Ethics and United Nations Rights of the Child.

- We believe to provide school age care learning environment, where educators are able to collaborate with children to provide play and leisure opportunities that are meaningful to children and support their wellbeing, learning and development.
- *We believe children should be encouraged and supported to make their own decisions and choices to enhance their problem solving skills and to extend their life skills and develop dispositions towards citizenship.*
- *We believe that each child and their family's values, culture, abilities and language should be acknowledged and accepted and be reflected in the educational environment.*
- We believe in open communication, inclusive practices and diversity through programs and attitudes will contribute to the development of the whole child.
- We believe that school age children encounter learning in a wide range of settings. Their family, school and the community environments provide diverse opportunities for children to explore relationships and concepts, and to foster competence and skills.
- We believe that children need appropriate adult role models who will have a positive influence on their self-esteem, promote the rights and responsibilities of children, and exemplify fairness and honesty.
- We believe that we create a welcoming environment where all children and families are respected and actively encouraged to collaborate with educators about program decisions in order to ensure that experiences are meaningful. We believe that Families and Community members are more likely to be engaged in and cooperate with service providers when they have a sense of belonging and respect for one another.
- We believe that our program uses reflective practices as it is a form of ongoing learning that involves engaging with questions of philosophy, ethics and practice. Its intention is to gather information and gain insights that support, inform and enrich decision making about children's wellbeing and development.
- We believe that children's developmental experiences are enhanced by the provision of opportunities for fun, freedom, choice, individuality, new experiences, challenges and happy memories.
- We believe in the value of friendships, the child, individuals, the importance of play the family unit, and community based educational services.
- *Community involvement is supported and encouraged through networking with other community organisations and utilising community resources in programs for children, families and staff.*
- *We believe that we have a responsibility to implement sustainable practices in every aspect of our organisation and to teach children about sustainable practices. Children have a right to have a sustainable future. Children will be the policy makers and leaders of the future, so what we teach them today about the environment will directly influence the long term health of the planet.*

7.2.6 PARTNERING WITH CONSUMERS

Consumers are partners with Open Arms Care in pursuing the delivery of high-quality care and services that meet their needs throughout their time with us. (Home Care - see 2.3.2 Partnering with Consumers. Children's Services – see Collaborative Partnerships with Families and Communities Policy)

7.2.7 STATEMENT OF PRINCIPLES

Aged Care Sector⁶

In working to achieve our vision and objectives Open Arms Care remain aware of the Aged Care Sector Statement of Principles and its guiding themes of:

- Consumer choice is at the centre of quality aged care
- Support for informal carers remains a major part of aged care delivery
- The provision of formal aged care is contestable, innovative and responsive
- The system is both affordable for all and sustainable.

Child Care⁷

In working to achieve our vision and objectives Open Arms Care remain aware of the framework for learning and its guiding themes of:

- Secure, respectful and reciprocal relationships
- Partnerships with families
- High expectations and equality
- Respect for diversity
- Ongoing learning and reflective practice.

7.2.8 TARGET GROUP

Our target group is children aged 5-13 years of age and their families who require access to child care⁸, and older people assessed as eligible by My Aged Care (through a Regional Assessment Service (RAS) or an Aged Care Assessment Team (ACAT)) for the services we provide (See [Directory of Funded Programs](#).⁹)

7.2.9 SERVICES PROVIDED

Details of the services provided by Open Arms Care are included in the [Directory of Funded Programs](#).

7.2.10 OUR STAFF

The following staff are employed in Open Arms Care:

Corporate Office

- CEO
- Administration/Finance Coordinator
- Administration Assistants

⁶ Australian Government Department of Health [Aged Care Sector Statement of Principles 2015](#)

⁷ Australian Government Department of Education My Time, Our Place framework for school age care in Australia

⁸ Australian Government Department of Education, Skills and Employment [Priority of Access Guidelines for child care services](#)

⁹ All Directories are located in Forms/Governance Documents

<p>Home Care</p> <ul style="list-style-type: none"> • Home Care Coordinators • Team Leaders • Client Support Officers 	<p>Children's Services</p> <ul style="list-style-type: none"> • Children's Services Manager • Responsible Person in Day-to-Day Charge • Educators
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The management structure is described in 7.3 Management Structure and Governance Processes. (see also [Open Arms Care Management Structure](#).¹⁰)

7.2.11 INCORPORATION REQUIREMENTS

Key requirements of incorporated groups

The key requirements of the New South Wales Associations Incorporation Act 2009¹¹ are:

- Maintain proper records of accounts showing the financial position of the group and present these at the AGM.
- Maintain an up-to-date Register of Members and Register of Board Members and make it available to members.
- Maintain the constitution up-to-date and make it available to members.
- Hold an AGM within six months after the end of the financial year.
- Advise the Department of Fair Trading and Australian Not-for-Profits Commission of any changes to the constitution or rules of the association.
- Ensure all other rules in the constitution are followed.

The constitution

The constitution underpins all of Open Arms Care's operations and services and specifies the legal framework in which Open Arms Care operate.

Familiarity with constitution

The Board and the CEO are familiar with the details of the constitution, and make sure that all of Open Arms Care's policies and practices are consistent with the constitution. In particular, the Board makes sure that the legal requirements specified in the constitution and the Associations Incorporation Act 2009 are met.

Review of constitution

The constitution is reviewed by the Board every three years to ensure that it is up-to-date and relevant to the changing environment in which Open Arms Care operates. Any changes are made as per the requirements of the Associations Incorporation Act.

General meetings

(See [Directory of Management Meetings](#).)

Board

Open Arms Care is managed by a Board of seven people comprising:

- President

¹⁰ The Open Arms Care Management Structure diagram is located in Forms/Governance Documents

¹¹ New South Wales Government Associations Incorporation Act 2009

- Vice President
- Treasurer
- Secretary
- 3 other Board Members.

Role of the Board

The Board provides strategic direction to and monitors the operations of Open Arms Care to ensure that it:

- Meets its objectives as specified in the constitution.
- Remains a viable organisation, and
- Meets legal requirements including those related to incorporation, funding, contractual arrangements, the employment of staff and the provision of services.

The Board is responsible for ensuring Open Arms Care operates within its approved budget and in accordance with the policies and procedures set down by the Board and is accountable for the provision of safe and quality care and services^{12,13}.

Working with the CEO

The Board works in partnership with the CEO who is responsible for implementing the directions and decisions of the Board and for providing the Board with the information necessary to effectively monitor the operations of the service. Information includes input from staff and consumers.

The CEO implements the directions and decisions of the Board by ensuring day to day operations of the service are managed in accordance with the policies and procedures.

Issues that are not covered by established policies and procedures are referred to the Board for consideration and direction.

Involvement in Day to Day Management

The Board is not involved in the day to day management of Open Arms Care and Board members cannot direct the staff or volunteers of the service unless authorised by a meeting of the Board to do so. The Board may nominate a member to liaise with the CEO on an ongoing basis.

Responsibilities of the Board

All Board members accept responsibility for:

Legal Responsibilities

Ensure that Open Arms Care operates within relevant Federal, State and Local Government laws and funding provider requirements including:

- Operates in line with:
 - The constitution
 - The *Associations Incorporation Act*
 - Funding/grant agreements

¹² Accountable for the provision of safe and quality care and services is a requirement of Standard 8 of the Aged Care Quality Standards

¹³ Accountable for the operation of a quality service is a requirement of Standard 7 of the National Quality Standards

- Aged Care Act
- Aged Care Quality Standards
- Family Assistance Law
- Education and Care National Law
- Education and Care National Regulations
- Education and Care National Quality Framework
- Child Safe Standards
- Complies with all legislation in relation to the employment of staff and volunteers including:
 - Minimum conditions of employment and any awards that may apply
 - Income tax requirements
 - Work health and safety requirements
 - Equal employment opportunity legislation
 - Workers compensation and
 - Superannuation
- Has adequate insurance cover.
- Complies with the Privacy Act and regulations, the Aged Care Act, the Education and Care Services National Law and Regulations and any other relevant legislation or regulations.

Policy and Planning

Ensure that:

- Open Arms Care has clear and relevant objectives that guide the operations of Open Arms Care
- A strategic plan and Improvement Plan are developed and reviewed each year and identified priorities are implemented.
- Safe and quality care and services are delivered to consumers in line with the Aged Care Quality Standards and Education and Care National Quality Standards and relevant funding program guidelines and are monitored through management reports.
- The policies and procedures and related documents are kept up-to-date and are adhered to.

Financial

Ensure that:

- Open Arms Care has an annual budget that is approved by the Board, and that expenditure is within the budget.
- Open Arms Care have sufficient income to meet the budget requirements.
- The conditions of funding agreements guidelines are met.
- Funds are properly accounted for and an audit is completed as required.

Staff Management Responsibilities

Ensure management:

- Recruits the best possible staff.
- Provides staff with support, direction and supervision.
- Effectively recruits volunteers and they are provided with training, support, direction and supervision.

Other Board Responsibilities

- Ensure that Open Arms Care maintains a strong membership base and community support and remains a viable organisation.
- Represent Open Arms Care to the public.

Responsibilities of Board Members

The responsibilities of Board Members are clearly communicated to our members at the AGM prior to the election of Board members to ensure prospective members understand their responsibilities. By accepting a position on the Board, members agree to carry out the following responsibilities:

Attendance at Meetings

Board members agree to attend all scheduled and extraordinary Board meetings. If unable to attend a meeting, members agree to give the maximum notice possible. Notice should be given to the administration staff or the CEO to ensure that a quorum for the meeting is met.

Responsibilities of the President

The responsibilities of the President include:

- Make sure regular Board meetings are held and are run in accordance with the constitution.
- Encourage members of the Board to attend meetings and to contribute to the meeting.
- Lead the meeting through the agenda, keeping discussion relevant, decision making clear and encouraging broad participation.
- Sign letters or documents on behalf of Open Arms Care as required.
- Act as a spokesperson for Open Arms Care.

Responsibilities of the Vice-President

The responsibilities of the Vice President include:

- Take on the role of Chairperson when he/she is absent from any meetings.
- Assist the Chairperson in their duties.
- Act as a spokesperson for Open Arms Care.
- Be a member of and/or chair sub-committees/task groups as required.
- Sign letters or documents on behalf of Open Arms Care as required.
- Undertake any other tasks as needed.

Responsibilities of the Treasurer

The responsibilities of the Treasurer include ensuring:

- Books of account are properly maintained and kept safe.
- Monthly financial reports are prepared and present these at bi-monthly Board meetings.
- Financial/accountability requirements of funding bodies are met.
- Board members understand the financial position of Open Arms Care.
- Funds are not being mismanaged.
- An annual audit of the books of account is conducted and the audited financial statements are presented to the Board and to the Annual General Meeting.

Responsibilities of the Secretary

The responsibilities of the Secretary include ensuring:

- Accurate minutes of all meetings are taken and are properly filed.
- Copies of the minutes of Board meetings are distributed to Board members prior to the next Board meeting.
- A Register of Board Members and Association Members is maintained.
- Any reporting under the Associations Incorporation Act is completed.

Responsibilities of other Board Members

The responsibilities of other Board members include:

- Assisting the President, Secretary or Treasurer to undertake their duties.
- Acting as a spokesperson when requested by the Board.
- Manage and support staff when requested by the Board.
- Be a member of and/or chair sub-committees/task groups as required.
- Sign letters or documents on behalf of Open Arms Care as required.
- Assist with any other tasks that may arise.

Code of conduct for Board members

Boards of Management operate most effectively if all members are aware of the expectations of them. To clarify expectations, a Code of Conduct for Board Members has been developed and is agreed to by Board Members on appointment to the Board.

Failure to abide by the Code of Conduct may result in the expulsion of a Board Member from the Board.

Conflict of interest

Members and staff act in the best interests of Open Arms Care. If business or personal interests or affiliations of members conflict with (or may be perceived to conflict with) the interests of Open Arms Care the following procedures apply:

- If a member of the Board has any direct or indirect pecuniary interest in any contract being considered by the Board as soon as they become aware of their interest, disclose it to the Board. This excludes an interest resulting entirely from a Board member also being an employee or member of Open Arms Care.
- An interest disclosed by a Board member is recorded in the minutes of the Board meeting at which it was disclosed.
- A Board member with any direct or indirect pecuniary interest in any contract being considered by the Board will not take part in any deliberations or decision of the Board with respect to that contract.

Leaving the Board

Resignation of Member

In the event that a Board Member resigns they agree to give at least one month's notice in writing.

Expulsion of Member

A Board Member can be expelled from the Board as per the procedures specified in the Constitution.

Board meetings

(See [Directory of Management Meetings](#).)

Orientation for Board members

The first meeting following the AGM includes a short orientation session for all members, and particularly new members. This covers the following information:

- The vision, mission and values of Open Arms Care.
- Board and Board member roles and responsibilities.
- Information on funding.
- Information on the services delivered including a review of the Consumer Handbooks.
- Information on staff.
- Information about Board meetings.
- The Code of Conduct for Board Members.
- Continuous improvement and risk management processes.
- The whistle blower policy including the role of the Board and the whistle blower processes.

New Board Members are given a copy of the above information, the Constitution and the Consumer Handbooks.

The CEO is responsible for ensuring the preparation and distribution of this information for new Board Members.

7.2.12 APPROVED PROVIDER RESPONSIBILITIES CHILD CARE**Persons with Management or Control¹⁴**

Open Arms Care is an Approved Provider under Section 15, Children (Education and Care Services) National Law (NSW), and the persons with management or control are:

- A member of the group that makes executive or legal decisions on behalf of the provider.
- Have authority, responsibility, or significant influence over planning, directing or controlling the provider.
- Are in charge of the day-to-day operations of the provider.
- Are in charge of the day-to-day operations of a service.

Specific roles include:

- The executive members of the Board. (Minimum requirements for Approved Providers see [Education and Care Services National Regulations](#))
- The Nominated Supervisor/s are employee/s of Open Arms Care appointed by the Board. (Minimum requirements for Nominated Supervisors see [Education and Care Services National Regulations](#))

¹⁴ New South Wales Government [Education and Care Services National Law \(NSW\)](#)

Each person with management or control must:

- Have an individual PRODA account.
- Be linked to the provider in CCSS.
- Keep their information up to date and correct in CCSS.
- Notify the department when they join or leave an approved provider or service.
- Be considered as a fit and proper person by the regulator.
- Have all necessary background checks.
- Provide evidence of background checks to the department when asked.

Persons in day-to-day charge

Person in day-to-day charge are employees who have accepted the appointment in writing and are appointed by the Approved Provider or Nominated Supervisor.

Applications and Notifications

The National Quality Agenda IT System (NQA ITS) is an online tool that offers providers a secure and direct way of communicating with regulatory authorities aiming to reduce paperwork and duplication.

Registered users can:

- View and update their provider and service details.
- Lodge applications and notifications.
- Pay invoices.

Providers are issued with a reference number for all actions performed in the NQA IT System which can be used when liaising with their regulatory authority.

NQA IT resources:

- [Getting Started Online](#)
- [Comprehensive User Guide](#)
- [Submitting additional documentation using the NQA ITS public portal](#)

Financial disclosure obligations

(See [Directory of Funding Provider Accountability Reports](#) in Forms/Corporate Governance Documents.)

Pricing review

(See Out of school hours care fees policy.)

Department monitoring of compliance and other access

The NSW Department of Education is the Regulatory Authority in NSW responsible for regulating early childhood education and care services in NSW. This regulatory responsibility includes monitoring, assessment and rating, and the provision of regular feedback, review, and enforcement of compliance and approval processes for all services and providers.

The three primary goals of the regulatory activity are to:

- Raise quality and drive continuous improvement and consistency in NSW early education and care services.
- Ensure the safety, health and wellbeing of children attending education and care services.
- Improve the educational and developmental outcomes for children attending education and care services.

Open Arms Care cooperates fully with any person who is conducting regulatory activities on behalf of the NSW Department of Education.

7.2.13 CHSP PROVIDER RESPONSIBILITIES

Key personnel

Open Arms Care aims to ensure that requirements related to key personnel are met. This responsibility falls to the Board.

Key personnel are defined as:

- People responsible for the executive decisions of the applicant [for approved provider] (this includes directors and board members)
- People having authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the applicant
- Any person responsible for nursing services provided, or to be provided, by the applicant, whether or not the person is employed by the applicant and
- Any person who is, or likely to be, responsible for the day-to-day operation of an aged care service conducted, or proposed to be conducted, by the applicant, whether or not the person is employed by the applicant.

(See also 6.3.10 Employment Checks/Police check/Key personnel.)

Disqualified individuals

Open Arms Care takes the following steps to ensure none of our key personnel are a disqualified individual:

- We ensure that each person understands the obligations of key personnel and of approved providers in relation to disqualified individuals.
- If we reasonably believe that a person may be mentally incapable of performing his or her duties as one of our key personnel, we make arrangements for the person to be examined by a registered medical practitioner.
- If we reasonably believe that a person may be a disqualified individual, we take the steps outlined below.
- If we ascertain that the person is a disqualified individual, we ensure that the person ceases to be one of our key personnel.

For any person who proposes to become, or becomes, one of our key personnel we:

- Obtain a police certificate for the person (this requires their written consent)
- Conduct a search of bankruptcy records and
- Conduct previous employment and referee checks.

The Board requires key personnel to advise them if they become a disqualified individual. In addition, we require all key personnel to renew their documentation every three years.

Financial disclosure obligations

(See [Directory of Funding Provider Accountability Reports](#) in Forms/Corporate Governance Documents.)

7.3 MANAGEMENT STRUCTURE AND GOVERNANCE PROCESSES

7.3.1 MANAGEMENT STRUCTURE

The management structure of Open Arms Care is shown diagrammatically in [Management Structure](#).)

All reporting and supervision is based on the diagram. These lines of reporting are not varied except where expressly stated in these policies and procedures or with the agreement of the CEO.

7.3.2 GOVERNANCE PROCESSES

Governance structure

The organisation's corporate governance responsibilities are made up of financial governance, risk governance and other governance (e.g. human resources and legal). The CEO is responsible for managing the governance systems and ensuring appropriate reporting to the Board.

The governance structure is shown in the [Governance Structure](#) diagram.

7.3.3 PERFORMANCE REPORTS

(See [Directory of Performance Reports](#)).

7.3.4 WHISTLE BLOWERS¹⁵

Overview¹⁶

Open Arms Care is committed to enabling the reporting of wrongdoing within the organisation and supports this through the promotion of a workplace free of unacceptable behaviour and serious misconduct. We are committed to addressing and investigating reported misconduct and rectifying proven wrongdoing.

This policy is endorsed by the Leadership Team and the Board following consultation with an employee forum to ensure it supports simple and clear reporting and resolution processes in response to the identification of illegal, inappropriate or unethical conduct.

¹⁵ Australian Government ASIC Media Release [19-308MR ASIC gives guidance on companies' whistleblower policies and relief to small not-for-profits](#) Accessed 1 March 2020. ASIC is providing relief to not for profits or charities with annual revenue of less than \$1 million from the requirement to have a written whistleblower policy. They are, however; still bound by the whistleblower protections legislation (see above link to 19-308 Media Release). GGJ Consultants recommend that all organisations have a written policy as it clarifies responsibilities and processes for whistle blowers and other people involved in whistle blower disclosures

¹⁶ Information on whistle blowers is taken from: Australian Government Australian Securities and Investment Commission (ASIC) [Regulatory Guide 270: Whistle Blower Policies](#) (A copy is included in Forms/Resources)

Purpose of our whistle blower policy¹⁷

The purpose of our whistle blower policy is to:

- Encourage more disclosures of wrongdoing.
- Help deter wrongdoing, in line with our risk management and governance framework.
- Ensure individuals who disclose wrongdoing (disclosers) can do so safely, securely and with confidence that they will be protected and supported.
- Ensure discloser's reports (disclosures) are dealt with appropriately and on a timely basis.
- Provide transparency around our process for receiving, handling and investigating disclosures.
- Support our values and code of conduct.
- Support our long-term sustainability and reputation and
- Meet our legal and regulatory obligations.

If we are to achieve this purpose it is important that all employees (and non-employees) who are aware of possible wrongdoing have the confidence to speak up knowing that they are fully supported by Open Arms Care and the whistle blower legislation.

Who the policy applies to¹⁸

This policy applies to individuals who are or have been any of the following in Open Arms Care:

- An officer or employee (e.g. current and former employees who are permanent, part-time, fixed-term or temporary, interns, managers, and board members/directors)
- A supplier of services or goods (whether paid or unpaid), including their employees (e.g. current and former contractors, consultants, service providers and business partners)
- An associate of Open Arms Care and
- A relative, dependent or spouse of an individual (e.g. relatives, dependents or spouse of current and former employees, contractors, associates)

A discloser qualifies for protection as a whistle blower under the Corporations Act if they are an eligible whistle blower, as per the above, and:

- They have made a disclosure of information relating to a 'disclosable matter' directly to an 'eligible recipient' (see below, Who can receive a disclosure) or to ASIC, APRA or another Commonwealth body prescribed by regulation;
- They have made a disclosure to a legal practitioner for the purposes of obtaining legal advice or legal representation about the operation of the whistle blower provisions in the Corporations Act or
- They have made an 'emergency disclosure' or 'public interest disclosure' (see below, Matters the policy applies to).

Matters the policy applies to¹⁹

Open Arms Care's whistle blower policy covers the following types of wrongdoing:

- Physical, psychological, or other abuse of a consumer of our service.
- Receiving gifts or monies from a consumer of our service without the permission of a senior manager.

¹⁷ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.39 to 270.40

¹⁸ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.41 to RG270.46

¹⁹ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.47 to RG270.63

- Illegal conduct, such as theft, dealing in, or use of illicit drugs, violence or threatened violence, and criminal damage against property.
- Fraud, money laundering or misappropriation of funds.
- Offering or accepting a bribe.
- Financial irregularities.
- Failure to comply with, or breach of, legal or regulatory requirements.
- Engaging in or threatening to engage in detrimental conduct against a person who has made a disclosure or is believed or suspected to have made, or be planning to make, a disclosure.

Disclosable matters include conduct that may not involve a contravention of a particular law. Information that indicates a significant risk to public safety or the stability of, or confidence in, the financial system is also a disclosable matter, even if it does not involve a breach of a particular law.

A discloser can still qualify for protection even if their disclosure turns out to be incorrect, with the exception of deliberate false reporting.

Exclusions

Staff grievances are not included as part of the whistle blower procedure as these are managed through the grievance procedure (see 6.5.1 Staff Under Performance/ Process for dealing with underperformance).

Consumer complaints about service delivery are also excluded and are managed through the consumer complaints process (see 5 Complaints and Feedback Guide).

Who can receive a disclosure²⁰

Open Arms Care has identified below the 'eligible recipients' who can receive disclosures that qualify for protection of the whistle blower. A whistle blower needs to make a disclosure directly to one of the below eligible recipients to be able to qualify for protection as a whistle blower under the Corporations Act (or the Taxation Administration Act, where relevant).

If a person wishing to make a disclosure would like to access some advice before lodging a disclosure, they can seek advice from any of the internal or external eligible recipients.

Internal eligible recipients

Open Arms Care would like to identify and address wrongdoing as early as possible and encourages whistle blowers to make a report to senior management in the first instance.

Board members and members of the Management Team (CEO and Managers) are nominated officers of Open Arms Care to receive disclosures.

Additionally, our Employee Assistance Program (EAP) have the appropriate skills and knowledge to receive the information and are nominated by Open Arms Care to receive disclosures.

Any eligible recipient who is implicated in a disclosure is not involved in any aspect of receiving, handling or investigating the disclosure except as per the below section, Ensuring fair treatment of individuals mentioned in a disclosure.

External eligible recipients

Whistle blowers can also report a disclosure to:

²⁰ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.64 to 270.78

- Regulatory bodies or law enforcers relevant to the report. For example, breaches of company law can be reported to ASIC (Australian Securities and Investment Commission), breaches of tax law can be reported to the ATO (Australian Taxation Office) and breaches of financial requirements can be reported to APRA (Australian Prudential Regulation Authority).
- Legal practitioners.
- Journalists or members of Commonwealth, state or territory parliaments (parliamentarians), for public interest or emergency disclosures.

The criteria for making a public interest or emergency disclosure are specified in the ASIC Regulatory Guide 270: Whistle Blower Policies²¹. Note that a disclosure must have previously been made to ASIC, APRA or a prescribed body and written notice provided to the body to which the disclosure was made. In the case of a public interest disclosure, at least 90 days must have passed since the previous disclosure. A discloser should contact an independent legal adviser before making a public interest disclosure or an emergency disclosure.

Whistle blowers can also report other misconduct to ASIC and if not in their remit, ASIC may refer the discloser to another regulator or law enforcer.

In all cases the whistle blower is still able to access the whistle blower protections available under the whistle blower legislation if the discloser is deemed a whistle blower.

How to make a disclosure²²

A discloser can report a disclosure to any eligible recipient in person, by telephone, email or letter at any time.

Contact details of eligible recipients in Open Arms Care can be obtained from the Internal Telephone Directory or from reception. The contact details for the EAP are: Telephone, Email, Address.

Anonymous disclosures

If a discloser wishes to notify an issue anonymously, they can advise the EAP who will advise a nominated person within Open Arms Care agreed to by the staff person without identifying the discloser. (See 6.5.4 Employee Assistance Program.) Persons making anonymous disclosures are still protected by the whistle blower legislation.

A discloser can choose to remain anonymous while; making a disclosure, over the course of the investigation and after the investigation is finalised. A discloser can refuse to answer questions that they feel could reveal their identity, including during follow-up conversations.

Where a person wishes to remain anonymous, Open Arms Care would appreciate it if they maintain ongoing two-way anonymous communication so we can ask follow-up questions or provide feedback. At no time will we pressure an anonymous discloser to reveal their identity.

Communication with disclosers can be through anonymous telephone hotlines and anonymised email addresses; and a discloser may adopt a pseudonym for the purpose of their disclosure if their identity is known to their supervisor, the eligible recipient in Open Arms Care or the EAP.

Legal protections for disclosers²³

Legal protections for disclosers are described below. These protections apply to internal disclosures, disclosures to legal practitioners, regulatory and other external bodies, and public interest and emergency disclosures that are made in accordance with the Corporations Act.

²¹ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.79 to 270.86

²² ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.79 to 270.86

²³ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.87 to 270.105

Identity protection

Open Arms Care cannot disclose the identity of a discloser or information that is likely to lead to the identification of a discloser which we have obtained directly or indirectly because the discloser made a disclosure that qualifies for protection.

The exception is if a person discloses the identity of the discloser:

- To ASIC, APRA, or a member of the Australian Federal Police (within the meaning of the Australian Federal Police Act 1979)
- To a legal practitioner (for the purposes of obtaining legal advice or legal representation about the whistle blower provisions in the Corporations Act)
- To a person or body prescribed by regulations or
- With the consent of the discloser.

Open Arms Care can disclose the information contained in a disclosure with or without the discloser's consent if:

- The information does not include the discloser's identity.
- We have taken all reasonable steps to reduce the risk that the discloser will be identified from the information and
- It is reasonably necessary for investigating the issues raised in the disclosure.

It is illegal for a person to identify a discloser or disclose information that is likely to lead to the identification of the discloser, outside the exceptions noted above. If the identity of a discloser is disclosed the discloser can lodge a complaint with Open Arms Care about the breach of confidentiality. The discloser can also lodge a complaint with a regulator, such as ASIC, APRA or the ATO, for investigation.

Protection from detrimental acts or omissions

Disclosers are protected from detriment in relation to a disclosure. This means no person can engage in actions or make a threat towards you because of your disclosure or planned disclosure.

The following are prohibited under law:

- Dismissal of an employee.
- Injury of an employee in his or her employment.
- Alteration of an employee's position or duties to his or her disadvantage.
- Discrimination between an employee and other employees of the same employer.
- Harassment or intimidation of a person.
- Harm or injury to a person, including psychological harm.
- Damage to a person's property.
- Damage to a person's reputation.
- Damage to a person's business or financial position or
- Any other damage to a person.

Actions that are not considered detriment include:

- Moving a person to a different workspace to prevent detriment to them and
- Managing unsatisfactory work performance, if the action is in line with our performance management framework (see 6.5.1 Staff Underperformance/Process for dealing with underperformance).

Compensation and other remedies

A discloser (or any other employee or person) can seek compensation and other remedies through the courts if:

- They suffer loss, damage or injury because of a disclosure and
- Open Arms Care failed to take reasonable precautions and exercise due diligence to prevent the detrimental conduct.

Civil, criminal and administrative liability protection

A discloser is protected from any of the following in relation to their disclosure:

- Civil liability (e.g. any legal action against the discloser for breach of an employment contract, duty of confidentiality or another contractual obligation)
- Criminal liability (e.g. attempted prosecution of the discloser for unlawfully releasing information, or other use of the disclosure against the discloser in a prosecution, other than for making a false disclosure) and
- Administrative liability (e.g. disciplinary action for making the disclosure). Note that the protections do not grant immunity for any misconduct a discloser has engaged in that is revealed in their disclosure.

Support and practical protection for disclosers²⁴

Identity protection (confidentiality)

Open Arms Care has the following measures and/or mechanisms for protecting the confidentiality of a discloser's identity (where applicable).

- To reduce the risk that the discloser will be identified from the information contained in a disclosure, we:
 - Redact all personal information or reference to the discloser witnessing an event.
 - The discloser is referred to in a gender-neutral context.
 - Where possible, the discloser will be contacted to help identify certain aspects of their disclosure that could inadvertently identify them and
 - Disclosures are handled and investigated by qualified staff.
- Securing record-keeping and information-sharing processes
 - All paper and electronic documents and other materials relating to disclosures will be stored securely.
 - Access to all information relating to a disclosure will be limited to those directly involved in managing and investigating the disclosure.
 - Only a restricted number of people who are directly involved in handling and investigating a disclosure will be made aware of a discloser's identity (subject to the discloser's consent) or information that is likely to lead to the identification of the discloser.
 - Communications and documents relating to the investigation of a disclosure will not be sent to an email address or to a printer that can be accessed by other staff and
 - Each person who is involved in handling and investigating a disclosure will be reminded about the confidentiality requirements, including that an unauthorised disclosure of a discloser's identity may be a criminal offence.

²⁴ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.106 to 207.110

Whilst Open Arms Care does endeavour to protect the confidentiality of a discloser's identity, in practice, people may be able to guess the discloser's identity if:

- The discloser has previously mentioned to other people that they are considering making a disclosure.
- The discloser is one of a very small number of people with access to the information or
- The disclosure relates to information that a discloser has previously been told privately and in confidence.

Protection from detrimental acts or omissions

Open Arms Care will work closely with a discloser to protect them from detriment. This includes:

- Assessing the risk of detriment through our risk management process (see 7.10 Risk management)
- Linking the discloser to available support services that they may wish to access including services provide by our EAP (See 6.5.4 Employee Assistance Program)
- Identifying strategies to help a discloser minimise and manage stress, time or performance impacts, or other challenges resulting from the disclosure or its investigation.
- Taking action to protect a discloser from risk of detriment—for example, allowing the discloser to perform their duties from another location, reassign the discloser to another role at the same level, make other modifications to the discloser's workplace or the way they perform their work duties, or reassign or relocate other staff involved in the disclosable matter.
- Ensuring that the Board and senior management are aware of their responsibilities to maintain the confidentiality of a disclosure, address the risks of isolation or harassment, manage conflicts, and ensure fairness when managing the performance of, or taking other management action relating to, a discloser.
- A complaint from a discloser that they have suffered detriment will be investigated as a separate matter by an officer who is not involved in dealing with disclosures and the investigation findings will be provided to the Senior Management Team and the Board informed of any action to be taken. Action could include taking disciplinary action, allowing the discloser to take extended leave, developing a career development plan for the discloser that includes new training and career opportunities, or offering compensation or other remedies.

Handling and investigating a disclosure²⁵

Handling a disclosure

When Open Arms Care receives a disclosure either from the discloser, the EAP or a regulatory body the following key steps apply. When handling a disclosure, the above points related to legal protections for disclosers and support and practical protection for disclosers are meticulously adhered to.

- A sub-committee of the Leadership Team (the subcommittee) comprising two to three members is formed within one week to receive, review and act on the disclosure. Leadership Team members are trained in the process of managing disclosures.
- Leadership Team members potentially implicated in the perceived unacceptable behaviour/misconduct will be excluded from the management and investigation of the disclosure and, if necessary, an impartial person from outside the organisation will be appointed.
- The subcommittee will be convened within two weeks to review and assess the disclosure to determine whether:
 - it qualifies for protection and
 - if a formal, in-depth investigation is required.

²⁵ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.111 to 207.124

- If the disclosure qualifies (not an anonymous disclosure) an invitation is made to the discloser to discuss the disclosure in person with the subcommittee at a time and place that they feel comfortable with.
- The focus of the discussion is on the substance of a disclosure, rather than what the subcommittee believe to be the discloser's motive for reporting. It is also important for the subcommittee not to assume that disclosures about conduct or behaviour that appear to have had a personal impact on a discloser are somehow less serious. The discloser's experience may indicate a larger or systemic issue.
- Where there is uncertainty around the status of the disclosure specialist advice may be sought.
- The discloser is advised within two weeks after the review/meeting whether the disclosure:
 - qualifies for protection and
 - if a formal, in-depth investigation is required.

Investigating a disclosure

When investigating a disclosure, the subcommittee endeavours to complete the investigation as quickly as possible and within one month of commencing the investigation, while acknowledging that the process may vary depending on the nature of the disclosure.

The subcommittee will not disclose information that is likely to lead to the identification of the discloser as part of its investigation process, unless:

- The information does not include the discloser's identity.
- We remove information relating to the discloser's identity or other information that is likely to lead to the identification of the discloser (e.g. the discloser's name, position title and other identifying details) and
- It is reasonably necessary for investigating the issues raised in the disclosure.

The subcommittee may not be able to undertake an investigation if it is not able to contact the discloser (e.g. if a disclosure is made anonymously and the discloser has refused to provide, or has not provided, a means of contacting them). In this case we may investigate a disclosure by endeavouring to contact the discloser to obtain consent to a limited disclosure to the subcommittee.

The subcommittee may also investigate a disclosure by conducting a broad review on the subject matter or the work area disclosed. In addition, we may investigate an anonymous disclosure, even if we cannot get in contact with the discloser, if the discloser has provided sufficient information to us and we remove information that is likely to lead to the identification of the discloser.

In investigating a disclosure, the subcommittee will determine:

- The nature and scope of the investigation.
- The person(s) within and/or outside the entity that should lead the investigation.
- The nature of any technical, financial or legal advice that may be required to support the investigation and
- The timeframe for the investigation.

The subcommittee will also make sure that investigations are objective, fair and independent, while preserving the confidentiality of the investigation, through:

- Being independent of the discloser, the individuals who are the subject of the disclosure, and the business unit involved and
- Undertaking investigations jointly with professional assistance, if required.

Keeping a discloser informed

The subcommittee will provide regular updates to a discloser during the key stages, including:

- When the investigation process has begun.
- While the investigation is in progress and
- After the investigation has been finalised.

How the investigation findings will be documented, reported internally and communicated to the discloser

The method for documenting and reporting the findings will depend on the nature of the disclosure noting that there may be circumstances where it may not be appropriate to provide details of the outcome to the discloser.

Generally, the findings will be documented by the subcommittee and forwarded to the CEO or other relevant senior staff person who will review them and the processes to ensure Open Arms Care processes and procedures had been adhered to. If necessary, additional actions may be taken.

Once the findings are confirmed they are forwarded to the Board for review.

The findings are then provided to the discloser and any other people involved in the report.

Review of Findings

The discloser can request a review of the findings and/or the process. If the review proceeds it will be conducted by an officer who is not involved in handling and investigating the disclosure. The review findings are provided to the subcommittee, the CEO and the Board.

Open Arms Care is not obliged to reopen an investigation and it can conclude a review, if it finds that the investigation was conducted properly, or new information is either not available or would not change the findings of the investigation.

The discloser is advised that they may lodge a complaint with a regulator, such as ASIC, APRA or the ATO, if they are not satisfied with the outcome of the investigation.

Ensuring fair treatment of individuals mentioned in a disclosure²⁶

Open Arms Care ensures the fair treatment of its employees who are mentioned in a disclosure that qualifies for protection, including those who are the subject of a disclosure.

Measures and/or mechanisms for ensuring fair treatment of individuals mentioned in a disclosure include the following as applicable:

- Disclosures will be handled confidentially, when it is practical and appropriate in the circumstances.
- Each disclosure will be assessed and may be the subject of an investigation.
- The objective of an investigation is to determine whether there is enough evidence to substantiate or refute the matters reported.
- When an investigation needs to be undertaken, the process will be objective, fair and independent.
- An employee who is the subject of a disclosure:

²⁶ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.125 to 207.127

- is entitled to the presumption of innocence until proven otherwise and is offered support by an EAP representative (the EAP representative is not the same person supporting the discloser)
- will be advised about the subject matter of the disclosure as and when required by principles of natural justice and procedural fairness and prior to any actions being taken, for example, if the disclosure will be the subject of an investigation.
- may contact other available support services (e.g. counselling).

The subcommittee will determine the most appropriate time to inform the individual who is the subject of a disclosure about the investigation, provided they inform the individual before making any adverse finding against them. In some circumstances, informing the individual at an early stage of an investigation may compromise the effectiveness of the investigation, such as when there may be concerns that the individual may destroy information or the disclosure needs to be referred to ASIC, APRA, the ATO or the Federal Police.

Ensuring the policy is easily accessible to all stakeholders²⁷

Disclosers within Open Arms Care

Open Arms Care strives to ensure all staff and other stakeholders are aware of and have access to our whistle blower policy through:

- Holding staff briefing sessions
- Discussing the policy in staff team meetings
- Posting the policy on the staff intranet
- Making a copy available in the staff lunchroom
- Providing a printout through reception on request from staff
- Posting information on staff noticeboards
- Including the policy as mandatory training
- Including the policy in the employee handbook and
- Incorporating the policy in employee orientation information and training for new staff
- Providing staff with a copy of the completed and signed Staff/Volunteer Orientation Checklist, which includes references to ASIC information on whistle blowing and advising of the availability of printed copies on request
- Promotion of the policy by senior management in meetings with staff and communications to staff.

Upfront and ongoing education and training

Open Arms Care provides the following education and training to all staff and senior management to ensure they are aware of our whistle blower policy and that all levels of management, particularly line managers, receive appropriate training in how to effectively deal with disclosures.

Staff training includes:

- Key arrangements of the entity's whistle blower policy, processes and procedures, including:
 - practical examples of disclosable matters
 - practical information on how to make a disclosure and
 - advice on how disclosers can seek further information about the policy if required
- Information related to protecting and supporting disclosers, including:

²⁷ ASIC [Regulatory Guide 270: Whistle Blower Policies](#) 2019 RG 270.128 to 207.139

- the measures the entity has in place for protecting and supporting disclosers
- practical working examples of conduct that may cause detriment to a discloser and
- the consequences for engaging in detrimental conduct
- Information about matters that are not covered by the entity's policy, including
 - practical examples of personal work-related grievances
 - information on the entity's other policies (e.g. on bullying and – harassment, workplace health and safety, grievance and code of conduct matters)
 - information on how and where employees can report general employee feedback or personal work-related grievances and
 - practical examples of circumstances where disclosure has led to positive outcomes for the Open Arms Care and the discloser.

The management team from which our whistle blower subcommittee is selected, receive training in the processes and procedures for receiving and handling disclosures, including training relating to confidentiality and the prohibitions against detrimental conduct. This training is provided by our EAP who specialise in whistle blower processes and support.

Board members also receive training in Open Arms Care's commitment and obligations to protecting disclosers of wrongdoing and their role in supporting and protecting whistle blowers and the processes to be followed. It also covers how the whistle blower policy fits in with other policies such as bullying and harassment. Again, this training is provided by the EAP as part of the orientation training for Board members after each AGM.

Disclosers outside of Open Arms Care can access our whistle blower policy (minus names and positions) through our website.

Monitoring and reporting on the effectiveness of the policy

A report is provided to the Board on every disclosure and includes:

- The subject matter of the disclosure
- The status
- The type of person who made the disclosure (e.g. employee or supplier) and their status (e.g. whether they are still employed or contracted)
- The action taken
- How the disclosure was finalised
- The timeframe for finalising the disclosure and
- The outcome of the disclosure.

The Whistle Blower policy is reviewed and updated (if necessary) following completion of a disclosure and when there are legislative changes related to whistle blower requirements to ensure it remains adequate.

Reviews and updates are conducted through our continuous improvement process (see 7.9 Continuous Improvement).

Changes to legislative requirements are managed through our regulatory compliance process (see 7.8 Regulatory Compliance).

7.4 FINANCIAL MANAGEMENT

7.4.1 ROLES AND TASKS

Board

The Board is responsible for the financial management of Open Arms Care including the establishment of financial policy and procedures and monitoring the financial management of Open Arms Care.

Treasurer

The Treasurer is responsible for ensuring that the financial policy and procedures set down by the Board are followed and for monitoring our financial operations. This includes ascertaining on behalf of the Board that financial reports and other information reflect the actual financial situation of Open Arms Care. To assist in this an external accountant is contracted to review and report to the Treasurer on the financial reports each quarter.

CEO

The CEO is responsible for ensuring that the financial policy and procedures set down by the Board are followed and that accurate monitoring information is provided to the Board as required.

Team leaders

The Team Leaders are responsible for:

- Developing an annual program budget prior to June 30 each year
- Monitoring the budget on a monthly basis
- Identifying financial program issues
- Making recommendations on program growth.

Finance team

The Finance Team is responsible for:

General

- Providing financial information and support to the Board, CEO, Managers and Team Leaders.
- The management of consumer fees including the preparation of invoices, entry of payments and follow up on unpaid fees.
- The books of accounts.
- The preparation of financial reports.
- Meeting ATO and other legislative and regulatory financial accountability requirements.
- Monitoring income and expenditure against the budgets and contracts and advising the program managers of issues.
- Monitoring investments.
- Preparation of accountability reports for the program managers as per the [Directory of Funding Provider Accountability Reports](#)
- Assisting the program managers with funding applications.

7.4.2 FINANCIAL MANAGEMENT PRACTICES

The following practices apply to financial management in Open Arms Care:

Bank accounts

- A Board approval is required to establish new bank accounts.
- Separate bank accounts are maintained for each major funding source.

Signatories

Up to four Board members are authorised signatories to the accounts. The CEO, the Finance Officer, and one other Manager are authorised to access the accounts with 2 to approve transactions.

Transactions over \$10,000.00 not within the budgets require approval by a Board member and one other authorised person.

Budget

An annual budget is developed by the program managers and the Administration Team and presented to the Managers and CEO for review. The CEO and/or Treasurer present the budgets to the Board for endorsement prior to or in the first month of the financial year.

Reports

The Administration Team in liaison with the program managers prepare reports. See [Directory of Performance Reports](#) and [Directory of Funding Provider Accountability Reports](#).

Reports are presented to the Team Meetings for review and forwarded as per 7.3.2 Governance processes.

Supplier accounts

Wherever possible, accounts are established with suppliers and purchases charged to the accounts. Accounts are paid in full on receipt of the statement or invoice.

Audit

- An annual audit is undertaken each year by a qualified Auditor approved at the AGM and appointed by the Board. The auditor reports to the Board.
- The Treasurer presents the audited report for the previous financial year to the AGM.
- A copy of the audit is forwarded to funding providers who may require it by their specified dates.

7.4.3 DELEGATIONS OF FINANCIAL AUTHORITY

The financial authority of key personnel in Open Arms Care is clarified in the [Delegations of Financial Authority](#)²⁸

7.4.4 APPLYING FOR FUNDS

The following applies to all applications for funding:

1. Applications are only made for programs or projects that are in line with Open Arms Care's objectives and current Strategic Plan and priorities.
2. All contact with the funding body is through the CEO, Managers or program managers as determined by the CEO.
3. All applications are approved by the Board and signed by the CEO before submission.

²⁸ See Forms/Governance Documents/Directory of Management Meetings

7.5 CONSUMER FEES

7.5.1 COMMONWEALTH HOME SUPPORT PROGRAM

CHSP fees policy²⁹

Overview

The following Fees Policy principles address the issues of access, equity, affordability, user rights and privacy and ensure that fees generated by the CHSP Programme are used efficiently and for the benefit of CHSP consumers:

1. Inability to pay is not used as a basis for refusing a service to people who are assessed as requiring a service.
2. Where consumers are receiving, or have received, compensation payments the full cost of the service is charged.
3. Consumers with similar levels of income and service usage patterns are charged equivalent fees for equivalent services.
4. Consumers with high and/or multiple service needs are not charged more than a specified maximum amount of fees in a given period, irrespective of actual amounts of services used.
5. For purposes of this policy, solicited donations for services are equivalent to fees and are subject to all provisions of this policy.
6. Fees charged do not exceed the actual cost of service provision.
7. The fee charged for a service is all-inclusive and covers all material used in the delivery of the service.
8. Fee collection is administered efficiently, and the cost of administration is less than the income received from fees.
9. The revenue from fees is used to enhance and/or expand CHSP services.
10. Procedures for the determination of fees, including assessment criteria, are clearly documented (in these policies and procedures) and publicly available (on our website and in the Consumer Handbook).
11. Procedures for the determination and collection of fees consider the situation of special needs groups.
12. The Open Arms Care Fees Policy is provided to potential consumers on request and to current consumers on request and in the Consumer Handbook. The Schedule of Fees is also available on request and is provided to consumers at their commencement meeting and whenever fees are changed.
13. Assessment of a person's capacity to pay fees is as simple and unobtrusive as possible, with any information obtained treated confidentially.
14. We recognise that some consumers have a limited capacity to pay for support; however, the payment of a fee for service by consumers who have the capacity to pay is endorsed. People who are assessed as needing support are eligible to receive support, regardless of their capacity to pay. Consumers are informed of the fee reduction process in the Consumer Handbook.
15. Consumers and their advocates have the right of appeal against a given fee determination.

The relevant team members are responsible for monitoring fee and fee policy changes from CHSP, advising consumers of the revisions and for revising the information in this section of the Policies and Procedures as per our procedures. (See 7.11.2 Policies and Procedures/Updating policies and procedures)

²⁹ Based on the Australian Government Department of Health National Guide to the CHSP Consumer Contribution Framework Last updated 30 January 2018

Exclusions from fees

Fees are not charged for information, advisory and advocacy services, carer support, assessment/review services and friendly visiting.

Fee schedule

Fees charged for support services are set in accordance with the CHSP fees policy above and are revised annually in March/April for the next financial year. Current fee levels are shown in our Fee Schedule (which is based on the Department of Health information).

Fee reductions

In assessing consumers' ability to pay for support the following applies:

- Consumers can nominate whether they wish to be considered for a fee reduction. Clear guidelines are included with the Fee Reduction Form to indicate the circumstances where a fee reduction might be appropriate.
- To assist consumers, their general household circumstances are determined (whether they live alone, are part of a couple or family living together, live in a household of unrelated people or are in some other circumstance) and the consumer is given clear instructions about whose income is to be assessed (single, or couple)
- The relevant team member considers any exceptional and unavoidable expenses the consumer may have, such as high pharmaceutical expenses.
- Income is assessed at service commencement to determine the consumer's ability to pay based on their individual circumstances.
- Consumers are asked to advise us within 30 days of any significant changes in circumstances which may alter their status in relation to the payment/non-payment of fees.
- In cases of hardship or where consumers request assistance, the fee can be waived. Consumers are advised and reassured that support will not be refused or withdrawn if they are unable to pay the fee.
- Consumers are advised of the result of their application for a fee reduction within 15 working days from the date of lodgment and the relevant team member makes the decision.

7.5.2 CHILD CARE**Out of school hours care fees policy****Overview**

Open Arms Care Inc Children's Services, is committed to ensuring our fees are set at a level which reflects quality care and that all families have access to any subsidies that are available to reduce these fees. The setting and payment of fees takes into account all requirements of the *Education and Care Services National regulations* and the guidelines contained within the *Australian Government Child Care Provider Handbook*. Families will be provided with accurate fees statements and clear information regarding fee payment processes.

Child Care Subsidy

Fees will be charged as per the *fee schedule* and in accordance with the Child Care Subsidy System (CCSS) reporting requirements. Families will be given 14 days notice prior to any increase in fees.

It is the enrolling parent/guardian's responsibility to complete and lodge their Child Care Subsidy (CCS) application with Centrelink Human Services to gain access to fee reductions provided by the government. Families will be assessed through an activity test to determine their eligibility for

CCS. This can be completed through the Centrelink portal in the parent/guardian's My Gov account.

Families will only be eligible for CCS if child care attendance records are accurately completed and signed by the parent/guardian or other authorised personnel.

Fees will be charged at the full rate until the service receives the rebate amount directly from Centrelink. It is the parent/guardian's responsibility to notify Centrelink of any change of circumstance relating to CCS eligibility, failure to do so may result in cancellation of CCS fee reductions.

Families are entitled to 42 absence days for each registered child in each financial year. CCS is paid for these days provided that the child would normally have attended on that day and fees have been charged.

Additional absences can be claimed when the first 42 days have been used. Supporting documentation may be required for approval of additional absences.

Payment of Fees

Fees are payable weekly. Attendances are finalised and submitted on a weekly basis. Families will be sent account statements, via email in the week following the attendance, which will show the amount payable by the parent/guardian after CCS fee reduction. Fees are to be paid within 7 days of account statements being issued.

A weekly late payment fee of \$5 may be applied to the account at management's discretion.

Continued late payment of fees may result in immediate discontinuation of care for your child. If you are experiencing financial difficulty, contact our office immediately. Failure to address overdue fees will result in debt collection (refer *Debt Collection Policy*).

Fees must be paid by Electronic Funds Transfer only.
Options are:

- Direct Deposit: Open Arms Care Inc.
- Bank: Banana Coast Credit Union
- BSB: 533 000
- Account No: 32860196
- Reference: Child's Name and Centre
- Direct Debit: The service uses a debit service called Direct Debit which is set up via the Xplor Home App. Direct Debit is designed to debit the balance of fees owing on a weekly or fortnightly basis. Parents/ Guardians of children using the service are encouraged to set up this service through Xplor Home App.
- Pay now: Pay now is a direct payment found in the finance tab of the Xplor Home app.

Bookings and Marking Children Absent

Bookings and marking children absent are accessed via Xplor Home APP which is directly linked to our service. Parents can manage ongoing bookings, request changes to booked days and manage casual bookings. Booking via Xplor Home is the preferred booking method.

Where online bookings are not possible, bookings can be made via the office and must be provided in writing.

There is no charge for care if notice is given (before school, after school and vacation care):
24 Hours before the session of booked care.

Cancellation: removal of children for the roll before the 24 hour period of care.

Absence: Last minute cancellation made within the 24 hour period (the morning of etc).

Any cancellations within the 24 hour period will be charged as an absence at the usual session rate. The centres MUST be notified in the event of any and all cancellations and/or absences via email, phone call or via the app.

Fee Schedule and Hours of Operation

Before school care:	7:00am – 9:00am	\$18.00
After school care:	3:00pm – 6:00pm	\$25.00
Vacation care Urunga:	7:00am – 6:00pm	\$65.00

A late fee of \$5 per 5 minutes may be charged to parents who collect their children after 6.00pm. No show fee: If children do not present at the Centre on a day in which a booking has not been cancelled or fail to give due notice (refer *Cancellations*), the standard charge for the session will apply. If an excursion is planned and the booking has not been cancelled within the required timeframe, a 'No Show' fee of \$10 will apply in addition to the standard charge for the session.

Out of school hours care debt collection policy

Aim

Open Arms Care Inc Children's Services supports families to pay and maintain their fees as and when they fall due. Accounts are managed to ensure families are able to meet their obligations before a debt is incurred and provision of care is jeopardised. When credit terms are breached, our service will endeavour to recovery monies owing in a timely manner, for the benefit of stakeholders and families using the service.

Practice

Information regarding bookings and fees will be provided in the Parent Information Handbook and parents/guardians will be provided with a copy of the fee policy upon enrolment at the service. The coordinator will discuss fee obligations with families to ensure they have a comprehensive understanding of their financial obligations to the service.

For information regarding fee payment practices and Invoicing of Family Statements, refer to *Fee Policy*.

Parents with overdue fees will be encouraged to discuss any difficulties they may have with meeting payments with the Children's Services Manager make suitable arrangements to pay.

When fees are overdue, the following process will be undertaken:

- 1st week post due date: send a reminder via email, mail, phone call or notification via software system
- 2nd week post due date: send notification via software system and a reminder letter stating –
 - The overdue amount
 - The possibility of an administration fee being applied to the account for each week overdue

- Reminding of the option to discuss any problems with making timely payment in order that alternative payment arrangements can be made
- Informing that the child's place in care may be cancelled if suitable arrangements cannot be made within 14 days to pay the fees
- 3rd week post due date: Phone the customer and make an appointment to discuss the outstanding amounts, identifying the same issues as listed above. If unable to reach the customer by phone, try all other methods of contact.
- 4th week post due date: If no arrangements have been made to pay the fees or the agreement has not been kept, the provision of care will be cancelled and the Service Coordinator will need to authorise a Formal Letter of Demand, to be sent via registered post.

Fees still overdue after this process:

- If the customer fails reply to the Letter of Demand, or does not adhere to the payment arrangement plan, without further notice, cancel the agreement and legally pursue the debt. Consider use of a debt collection agency.
- Any costs associated with recovery of debts will be passed on to the debtor
- When debt collection attempts are futile, bad debts will be written off in accordance to the correct process of accounting.

At all steps, record of attempts to contact, and any agreements reached regarding payment, including verbal agreement, will be recorded and stored confidentially.

All records will be kept and used in accordance to the organisations *Confidentiality Policy* and *The Privacy Act 1988*.

Debts will be pursued in accordance to The Commonwealth Consumer Protection Laws

7.6 FUNDING REPORTS AND MONITORING

7.6.1 FUNDING PROVIDER ACCOUNTABILITY REPORTS

The funding reports to be completed as a condition of funding grants are shown in the [Directory of Funding Provider Accountability Reports](#).

The Administration Team are responsible for ensuring the reports are prepared as required and are reviewed and signed off by the designated positions prior to forwarding to the funding provider.

7.6.2 MONITORING FUNDING REQUIREMENTS AND SERVICE DELIVERY

In addition to the provision of reports required by funding providers, Open Arms Care ensure that the contractual requirements of funding/grant agreements are being met through a range of meetings and reports (see [Directory of Management Meetings](#) and [Directory of Performance Reports](#)).

7.6.3 CHSP - RESPONSIBILITIES DURING A NATIONAL OR STATE EMERGENCY³⁰

The Department of Health reserves the right to enact temporary changes to program guidelines in the event of a national or state emergency. This may include relaxing flexibility provisions, waiving or extending reporting deadlines and performance milestones or modifying service type descriptions in accordance with the nature, severity, duration and geographic scale of the emergency.

Any changes to the program are communicated to providers via the Department's regular newsletters and announcements.

7.6.4 FUNDING PROVIDER ACKNOWLEDGEMENT

Open Arms Care acknowledges the support of the Department of Health in all material published in connection with the Grant Agreement.³¹

³⁰ Australian Government Department of Health [Commonwealth Home Support Programme \(CHSP\) Manual 2020-2022](#) 6.1.11 Responsibilities During a National or State Emergency p 87

³¹ Australian Government Department of Health Commonwealth Home Support Programme (CHSP) Manual 2020-2022 6.1.9 Acknowledging the funding p 86

7.7 PLANNING

7.7.1 CONSUMERS AS PARTNERS

The focus of service planning is to develop and deliver the very best services that meet the needs and preferences of consumers whilst being efficient and effective. To achieve this, consumers are welcomed as partners and are encouraged and supported to express their views and opinions about Open Arms Care and the care and services we provide.

Consumers are involved in the planning process directly through a consumer input meeting and indirectly through ongoing consultation and input through assessment and support planning processes and through Continuous Improvement activities (see 7.9 Continuous Improvement).

7.7.2 ANNUAL REPORT

The CEO is responsible for compiling an Annual Report in August/September of each year in consultation with the Managers, Team Leaders and the Administration Team. In addition to general information about Open Arms Care, and financial information for all program areas, the report includes the following key data items:

CHSP

- The services delivered for the year.
- The number of individual consumers who received services.

General

- Service delivery issues in the last year.
- Major improvements implemented in the last year.
- Planned improvements for the coming year.

The Annual Report is reviewed by the CEO and forwarded to the Board for approval. The report is also presented at our Planning Day (see 7.7.6 Annual Planning Day).

7.7.3 IMPROVEMENT PLAN AND STRATEGIC PLAN

Open Arms Care maintains an Improvement Plan that details all significant improvements in its operations and a Strategic Plan covering major longer-term directions and changes. Open Arms Care incorporates processes into these plans to ensure service continuity in line with the Aged Care Funding Agreement and the Commonwealth Home Support Programme. Further details are provided in the table below.

7.7.4 THE PLANNING PROCESS

The planning process involves:

Table 7.7.1 Open Arms Care Planning Process

Planning Activity	Notes	When
Continuous Improvement activities	See 7.9: Continuous Improvement. These activities assist in identifying improvements and feed into the Improvement Plan	Ongoing
Risk management activities	See 7.10: Risk Management. These activities assist in identifying	Ongoing

Planning Activity	Notes	When
	improvements and feed into the Improvement Plan	
Annual planning day with staff, management and input from consumers through representative/s and/or information from the annual planning meeting with consumers and their continuous improvement input	See 7.7.6 Annual Planning Day. Outcomes from the planning day feed into the Improvement Plan and the Strategic Plan	September
Review and development of the Improvement Plan	The Improvement Plan includes strategies for improving Open Arms Care for the next 12 months and is updated on an ongoing basis. The Improvement Plan feeds into the Strategic Plan	September and Ongoing
Review and development of the Strategic Plan	Includes high level plans for the next 3 years or longer. As plans are implemented, they are recorded in the Improvement Plan	September
Aged Care Quality Standards Quality Review process	The Quality Review identifies improvements required to meet the Standards and opportunities for improvement. These feed into the Improvement Plan	Between 1 and 3 yearly
Ongoing implementation and monitoring of progress in implementing Improvement Plan	Reported in Monthly relevant team member Reports (See Directory of Performance Reports)	Monthly
Submission of Improvement Plan to the Quality Review Team	The Improvement Plan is submitted as required depending on the outcome of the 3 yearly Quality Review	As required

7.7.6 ANNUAL PLANNING DAY

The purpose of the planning day is to bring key stakeholders together to review operations in the light of consumer data, financial data, continuous improvement information, risk management information and issues facing the service.

Ideas from staff, management and consumers (through representation and/or their Annual Planning Meeting) and from the review of continuous improvement information are used to identify longer term goals for inclusion in the Strategic Plan. The Strategic Plan is the longer-term direction for Open Arms Care and spans the next three years or longer.

Planning day process

The CEO in consultation with senior staff and the Administration Team prepare the information presented at the planning day. The agenda for the planning day includes the following:

16. Review service data.

Service data for the previous 12 months is reviewed to check the delivery of services against the contracted outputs. Service data is taken from the Annual Report (see 7.7.2 Annual Report)

17. Review demographic data.

Review community demographic data to identify if all groups in the community are accessing services and if not, explore why not.

18. Review future needs.

Review demographic data on the age of the population and on future projections to see if key age groups are likely to increase or decrease over the next few years.

19. Review Continuous Improvement data.

Review feedback from staff, volunteers, consumers including from their Annual Planning Meeting, and any other stakeholders to identify improvements.

20. Review risk management information.

Feedback from risk management activities is reviewed to identify areas where improvements can be made.

21. Review previous plans.

Explore plans not yet implemented from the previous year to identify which of these remain a priority.

22. From the information presented, strategies and priorities for the year ahead are identified along with barriers to implementing plans.

23. Longer term major plans are included in the Strategic Plan and shorter-term improvements (within the next year) are included in the Improvement Plan.

24. Items in the Strategic Plan and the Improvement Plan are reviewed - what can be combined; what can be removed; what are the most important priorities?

25. Identify a start and finish date against each priority.

26. The Strategic Plan and Improvement Plan are presented to the next Board meeting for review, revision and endorsement.

7.7.7 IMPLEMENTING THE PLANS

The Leadership Team is responsible for developing detailed action plans for each of the priorities in the Improvement Plan. The CEO, Managers and Team Leaders are responsible for developing broad strategies for the implementation of the Strategic Plan. When strategic plans are being implemented, they are recorded in the Improvement Plan.

The CEO ensures plans are implemented and monitors the progress of tasks. The CEO reports on progress to the Board at monthly Board meetings.

7.8 REGULATORY COMPLIANCE

7.8.1 IDENTIFY RELEVANT REQUIREMENTS

The CEO is responsible for ensuring that all operations of Open Arms Care, including services for consumers, comply with funded program guidelines, legislation, regulatory requirements and professional standards.

Relevant requirements are identified through:

- The internet
- Membership of ACCPA
- GGJ Consultants
- Subscription to the Chamber of Commerce and Industry (CCI)
- Notices and advice from the Department of Health, The Aged Care Quality and Safety Commission, My Aged Care, Services Australia, The Office of the Information Commissioner, ASIC and other relevant government departments
- Networking with other providers

Key legislation, regulations and other requirements from the following sources (but not limited to) are included in these policies and procedures:

Legislation and Regulations

- Education and Care Services National Law
- Education and Care Services National Regulations
- The Care Act
- Child Protection (Offender Registration) Act 2000
- Child Protection (Working with Children) Act 2012
- Children's Guardian Act 2019
- Family Assistance Law
- The Commonwealth Home Support Programme Guidelines July 2018
- The Commonwealth Home Support Programme – Program Manual 2023-2024
- The Commonwealth Home Support Programme Living Well at Home CHSP Good Practice Guide 2015 (Minor update 2020)
- The CHSP Grant Agreements
- Aged Care Quality Standards 2018
- Aged Care Quality and Safety Commission Guidance and Resources for Providers to Support the Aged Care Quality Standards September 2019
- Aged Care Quality and Safety Commission Act 2018
- Aged Care Quality and Safety Commission Rules 2018
- Aged Care Sector Statement of Principles 2015
- Australian Government Department of Health Charter of Rights (effective from 1 July 2019)
- Carers Recognition Act 2004
- Aged Care Act 1997 and Principles including³²:

³² Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 2.5 What governs the Home Care Packages Program? P 12

- Accountability Principles 2014
- Approval of Care Recipients Principles 2014
- Approved Provider Principles 2014
- Committee Principles 2014
- Information Principles 2014
- Quality of Care Principles 2014 (Containing the Aged Care Quality Standards)
- Records Principles 2014
- Sanctions Principles 2014
- Subsidy Principles 2014
- User Rights Principles 2014 (Containing the Charter of Aged Care Rights).
- Aged Care (Subsidy, Fees and Payments) Determination 2014
- Specific funding requirements detailed in contracts with funders
- Health Practitioner Regulation National Law (2009)
- Competition and Consumer Act 2010
- Privacy Act 1988 and Australian Privacy Principles
- Fire and Emergency Regulations
- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019
- Food Standards Australia New Zealand Food Standards Code Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons
- Fair Work Act 2009 including relevant staff awards
- Income Tax Assessment Act 1997
- Superannuation Guarantee (Administration) Act 1992
- Model Work Health and Safety (WHS) Act 2019
- Equal Employment Opportunity including: Age Discrimination Act 2004, Australian Human Rights Commission Act 1986, Disability Discrimination Act 1992, Racial Discrimination Act 1975, Sex Discrimination Act 1984.

7.8.2 MONITORING CHANGES TO LEGISLATION

The Coordinators are responsible for identifying any changes in legislative and regulatory requirements and advising the Managers of any required changes. Changes are monitored through:

- Review of newsletters and notices from our subscription services
- Advice from Board members
- Noting changes advised by any other government or statutory authorities such as the Department of Health and the Department of Human Services and Therapeutic Goods Administration
- Accessing relevant information on the Internet.

When information advising of legislative changes is received, it is reviewed by the CEO to identify if there are any implications for Open Arms Care. If any immediate action is required, the following process then applies:

(Click on link for latest version). Note: Information regarding pre-1 July 2014 provisions are in Appendix A of this reference

- Information on required changes, the implications for Open Arms Care and draft changes to the Policies and Procedures are documented by the CEO in consultation with the relevant team members
- The Team Leaders forward information on changes to their Manager
- The CEO reviews the changes and decides if the changes can be made or if they require approval of the Board. Changes requiring Board approval include:
 - Changes with budget/staffing implications
 - Changes affecting other programs
 - Changes to policies and procedures
- If Board approval is required the CEO submits, the proposal to the next Board meeting
- The Board decides on the action to be taken
- The CEO ensures implementation of the required changes.

7.8.3 IMPLEMENT CHANGES

The following steps apply, as necessary, in implementing regulatory/legislative changes in Open Arms Care:

- The Policies and Procedures and other documents such as the Consumer Handbook are updated (see 7.11.2 Policies and Procedures/ Updating the Policies and Procedures)
- Forms are updated as required
- Staff are notified of relevant changes through:
 - Staff meetings
 - Notices, memos/emails and/or
 - Education and training (and recorded in the training system)
- Other stakeholders such as consumers, referrers or suppliers are informed through a range of strategies including (as relevant):
 - Discussions/meetings
 - Newsletters and/or
 - Notices, memos/emails
- Changes are recorded as an improvement on the Improvement Plan (see 8.9 Continuous Improvement)
- Changes are recorded in the Regulatory Compliance Register.

7.8.4 APPLICATION OF REGULATORY COMPLIANCE PROCESSES

Appropriate policies and procedures to reflect legislative requirements (e.g. Work Health & Safety, Equal Employment Opportunity, Superannuation, Privacy, Insurances, Food Safety, police checks etc) are included in relevant sections of this Policies and Procedures.

Processes are developed to support the implementation of requirements and are reflected in the Policies and Procedures. Examples of processes include:

- All staff and volunteers have a current National Police Certificate that is updated every three years (see 6.3.11 Employment Checks/ Police check)
- Work health and safety considerations are part of our risk management strategies for staff and include annual (and as required) assessments and re-assessments of staff work environments (see 7.10 Risk Management)

- Privacy and confidentiality is maintained through processes described in policies and procedures (see Privacy and Confidentiality and 7.11.7 Information Technology and Cyber Security)
- We have a maintenance program that ensures that all electrical equipment (including items such as Residual Current Devices³³ and hoists) is checked and tagged by a qualified electrician annually.
- Food safety requirements (Food Standards Code Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons) are adhered to when food is being prepared for more than six people.
- As sharps (e.g. needles) are required to be handled by staff, a sharps container is used in the consumer's home, in our centre's and our residences, as required.

7.8.5 MONITOR AND EVALUATE CHANGES

When changes to practices and processes are implemented in response to legislative and regulatory requirements, the CEO (in consultation with the Managers and Team Leaders) monitors and evaluates them to ensure that the requirements have been implemented and that there are no unintended consequences.

The Improvement Plan is updated with the implementation of changes and details the results of the evaluation following the implementation of changes (see 7.9 Continuous Improvement).

7.8.6 WORK HEALTH AND SAFETY

Work health and safety obligations³⁴

Employers

Open Arms Care recognises its responsibilities under Australian WHS/OHS laws to:

- Provide safe work premises.
- Assess risks and implement appropriate measures for controlling them.
- Ensure safe use and handling of goods and substances.
- Provide and maintain safe machinery and materials.
- Assess workplace layout and provide safe systems of work.
- Provide a suitable working environment and facilities.
- have insurance and workers' compensation insurance for your employees.

Employees

Open Arms Care staff and volunteers have the following obligations:

- Comply with instructions given for work health and safety.
- Use any provided personal protective equipment (PPE) and be properly trained in how to use it.
- Not wilfully or recklessly interfere with or misuse anything provided for work health and safety at the workplace.
- Not wilfully place others at risk.
- Not wilfully injure themselves.

³³ The Government of Western Australia Department of Consumer and Employment Protection 2008 Guide to testing and tagging portable electrical equipment and residual current devices at workplaces. Regulation 3.60 of the OSH regulations require that all RCDs be kept in a safe working condition and tested regularly:

³⁴ Australian Government Business [Health and Safety](#) website Accessed September 2019

Safe work Australia³⁵

Open Arms Care utilises the resources available from Safe Work Australia and adopts processes as required where they do not conflict with State laws.

The following points under the Model WHS laws are important for management and staff to note:

- The duties of care are not defined by the nature of the employment relationship. This means that the term 'employer' currently applied in most work health and safety laws is replaced with the term 'person conducting a business or undertaking' (PCBU) and 'employee' is replaced with a broadly defined term of 'worker'.
- The term 'worker' includes employees, volunteers, contractors, sub-contractors, apprentices, work experience students and outworkers.
- The term 'workplace' in most jurisdictions includes any place where a worker goes or is likely to go while at work.
- There are positive duties for 'officers' to exercise 'due diligence' to ensure the person conducting a business or undertaking complies with its duty of care. This is a new way of expressing officers' responsibilities under current law. Currently some Work Health and Safety Acts attribute liability to officers where a corporation is in breach of a duty and they have a reverse onus of proof to show that they did what was reasonably practicable or that they had no influence in relation to the breach. Under the new work health and safety laws there is no attributed liability.
- A new duty to consult, co-operate and co-ordinate activities with other duty holders has been introduced – this duty aims to address situations where more than one duty holder is responsible for the same work health and safety matter to ensure that duty holders work together to control work health and safety risk.

³⁵ Safe Work Australia website Accessed September 2019

7.9 PRIVACY AND CONFIDENTIALITY

7.9.1 PRINCIPLES FOR THE COLLECTION OF CONSUMER INFORMATION

Open Arms Care is committed to the principles outlined in the Privacy Act 1988 and the Privacy Amendment (Enhancing Privacy Protection) Act 2012³⁶. We have in place procedures that ensure compliance with the legislation including the protection of sensitive information including health information. We use the OAIC documents, Protecting Customer's Personal Information³⁷ and the Guide to Health Privacy³⁸, as guides to our privacy plan and processes.

7.9.2 PRIVACY PLAN

The Open Arms Care Privacy Plan and policies, processes and procedures to ensure the privacy of our consumers is shown below. The key guidelines for respecting consumer privacy and confidentiality in Open Arms Care are:

- We have clear lines of accountability for privacy management. The Board has approved the Privacy Plan and has delegated day to day responsibility to the CEO. The CEO is directly responsible for privacy and for reporting to the Board on any issues including breaches. The Managers and coordinators are responsible for ensuring our policies, processes and procedures are implemented and followed and report on any issues in their reports to the CEO. Staff with any privacy issues or queries can approach their immediate supervisor or the relevant Manager
- Management, staff and volunteers are provided with annual training and information and periodic reviews of the information on the rights of consumers to privacy and confidentiality and the processes to support this. Training is provided to staff and volunteers as needed and when new staff/volunteers commence employment. The OAIC Guide to Health Privacy is available to all staff and Board members and is utilised as a reference for senior management in the management of privacy³⁹
- We only collect information about consumers that is relevant to the provision of support and we explain to consumers why we collect the information and what we use it for. Information collected can include contact details, family details, authorised nominee details, dates of birth, medical history, health care provider details, financial information, assessments, clinical notes, medications, Medicare/healthcare fund details, specialist reports, test results, Centrelink Customer Reference Number and referral information
- We ensure a three-point identification check is conducted when making face to face and telephone contact with new aged care consumers including validating their name, address and date of birth. We seek support from carers and family (who are also identified) if the consumer cannot self-identify. We use other identifying information (e.g. from referral information, such as Medicare number, pension and other documentation) to validate identification
- We take steps to correct information where appropriate and regularly review consumer information with the consumer or their representative to ensure it is accurate and up to date
- Consumers can ask to see the information that we keep about them and are supported to access this information (see 7.9.4 Consumers Right to Access Information) subject to the Grounds for Refusing Access specified in the Privacy Act 1988
- Consumers are supported by us should they have a complaint or dispute regarding our privacy policy or the management of their personal information

³⁶ Australian Government Privacy Act 1988 and Privacy Amendment (Enhancing Privacy Protection) Act 2012

³⁷ Australian Government Office of the Australian Information Commissioner [Protecting Customers Personal Information](#) Accessed 8 August 2019

³⁸ Australian Government Office of the Australian Information Commissioner (OAIC) Guide to Health Privacy September 2019 Accessed February 2020

³⁹ A copy of the OAIC Guide to Health Privacy is maintained in our Resources folder

- All information relating to consumers is confidential and is not disclosed to any other person or organisation without the consumer's consent except in cases of serious threat to the consumer where they are not able to consent
- Except with the written consent of the person, personal information is not disclosed to any other person other than:
 - for a purpose connected with the provision of aged care or child care to the consumer by us; or
 - for a purpose connected with the provision of aged care or child care to the consumer by another approved provider; or
 - for a purpose for which the personal information was given by or on behalf of the consumer; or
 - for the purpose of complying with an obligation under the Aged Care Act 1997, the Aged Care (Transitional Provisions) Act 1997 or any of the principles⁴⁰
 - for the purpose of complying with the Education and Care National Law or Education and Care National Regulations.
- The provision of information to people outside the service is authorised by the relevant manager
- We do not discuss consumers or their support with people not directly involved in supporting them
- Reviews are always conducted in private with the consumer and the relevant team member unless the consumer consents to their carer, advocate or another person being present
- During consumer assessments and reviews the relevant team member asks the consumer about any privacy requirements they have such as their preference for a male or female support worker. These are noted on their assessment form and on the care plan
- Any discussions between staff about consumers are held in a private space
- Any references to individual consumers in meeting minutes refer to the consumer by initials only or another unique identifier, such as their consumer number
- We confidentially destroy any personal information held about our consumers when it is no longer necessary to provide support (see 7.12.6 Archiving)
- We have a comprehensive data breach response plan to be implemented in the event of a data breach (see 7.12.7 Information Technology and Cyber Security)
- Our Privacy Plan and policies, processes and procedures are reviewed and updated through our regulatory compliance and continuous improvement processes including the review of Policies and Procedures over a three-year period and ongoing audits of all processes. (See 7.8 Regulatory Compliance and 7.10 Continuous Improvement.)

7.9.3 CONFIDENTIALITY OF COMPLAINTS AND DISPUTES

As far as possible, the fact that a consumer has lodged a complaint and the details of that complaint are kept confidential amongst staff directly concerned with its resolution. Similarly, information on disputes between a consumer and a staff member or a consumer and a carer is kept confidential. The consumer's permission is obtained prior to any information being given to other parties whom it may be desirable to involve in the resolution of the complaint or dispute.

7.9.4 CONSUMERS RIGHT TO ACCESS INFORMATION

Consumers of Open Arms Care have a right to read any personal information kept about them. A request from a consumer (or their advocate) to access information is referred to the relevant team

⁴⁰ Australian Government Aged Care Quality and Safety Commission [Charter of Aged Care Rights](#) webpage accessed May 2020

member who confirms the request with the Manager and then arranges for the consumer to view their information within 30 days of the request.

Information is provided in a format accessible by the consumer. The consumer can nominate a representative to access their records held by us.

The team member is available to assist the consumer in understanding the information and to explain terminology or other assistance.

On advice from our legal representative, access to a consumer's record may be denied subject to the Grounds for Refusing Access specified in the Privacy Act 1988. This is discussed with the consumer/advocate should this situation arise.

7.10 CONTINUOUS IMPROVEMENT

7.10.1 OVERVIEW

Open Arms Care is committed to continuously improving all aspects of its operations with the aim of delivering high quality care and services to consumers, that is reviewed and improved on an ongoing basis in order to meet the outcomes for consumers specified in the Aged Care Quality Standards.

Our Improvement process is based on partnerships with, and ongoing feedback from:

- Consumers (and representatives)
- Staff
- Management and
- Other stakeholders include funders, other service providers and community Open Arms Cares.

The Improvement process, the roles of the Board and key staff and the range of information sources is shown in Figure 7.9.1 Continuous Improvement Information Management Process.

7.10.2 THE LEADERSHIP TEAM

Role of Leadership Team

We have established a Leadership Team to oversee the Continuous Improvement process. The Leadership Team is responsible for:

- Implementing the Continuous Improvement processes.
- The review of data to identify improvements.
- The implementation of improvements.
- Maintaining the Improvement Plan up to date (see 7.9.4 Improvement Plan)
- The evaluation of improvements.
- Informing key stakeholders of improvements.
- Identifying improvements to the Continuous Improvement processes.

Leadership Team membership

The Committee includes:

- The CEO
- The Managers
- Coordinators
- Team Leaders

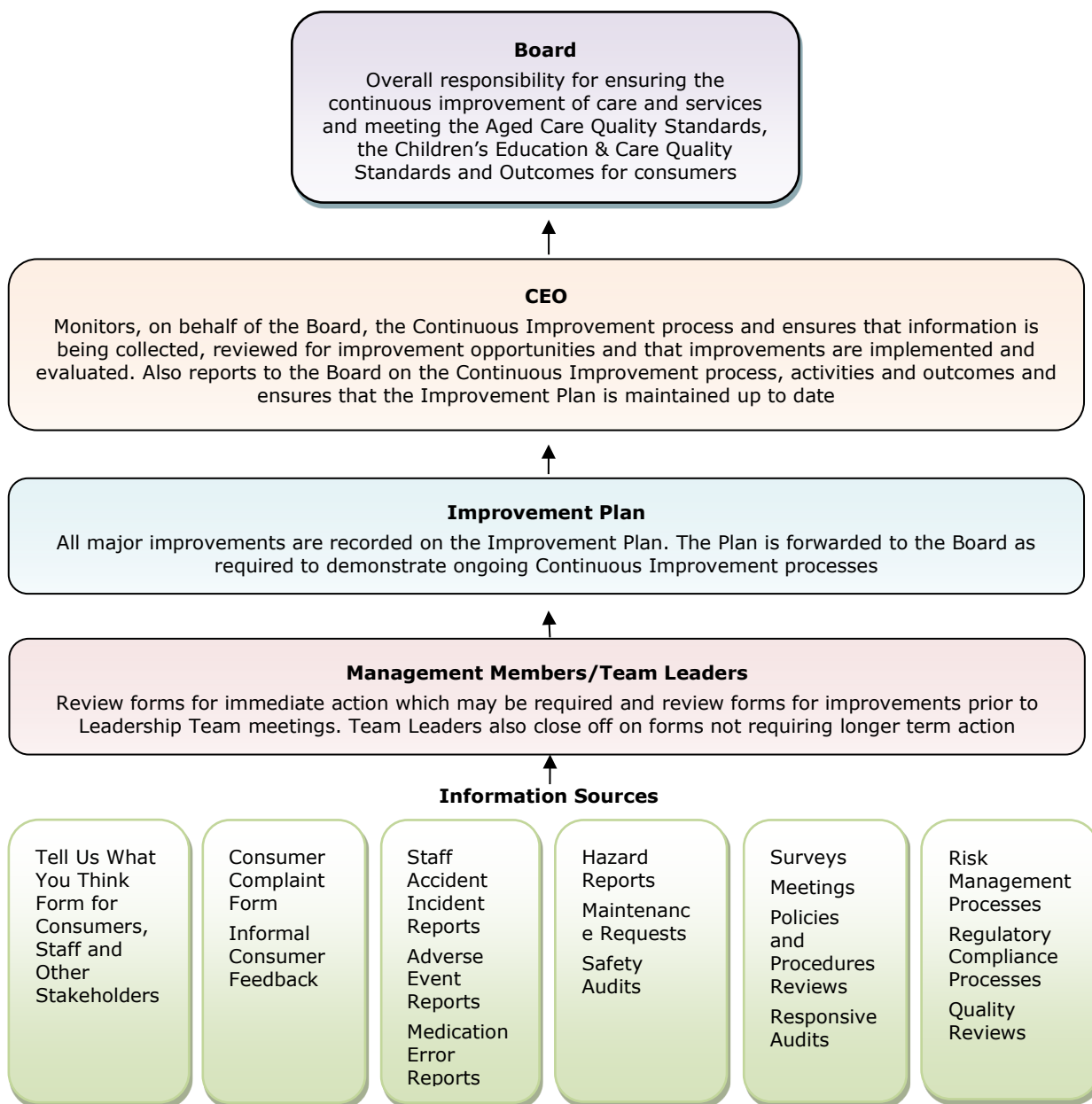
Leadership Team meetings

(See [Directory of Management Meetings.](#))

Leadership Team agenda

(See [Directory of Management Meetings.](#))

Figure 7.10.1: Continuous Improvement Information Management Process



7.10.3 CONTINUOUS IMPROVEMENT AND RISK MANAGEMENT

Open Arms Care has integrated risk management into the Continuous Improvement process by:

- Delegating responsibility for risk management oversight to the Leadership Team.
- Including the identification and discussion of risks on the agenda for the Leadership Team.
- Delegating responsibility to the Leadership Team for developing, maintaining and reviewing the Risk Management Plans.
- Including improvements to reduce or control risks in the improvement process and in the Improvement Plan.

Our risk management processes are described in detail in 7.10 Risk Management.

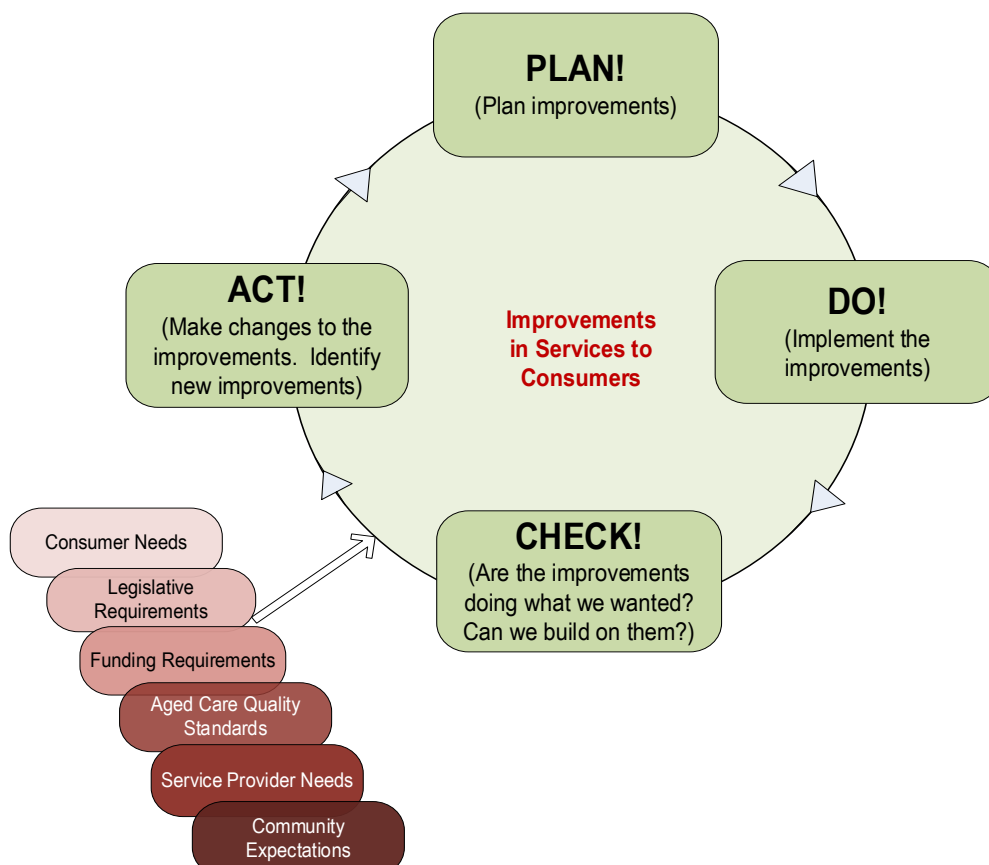
7.10.4 IMPROVEMENT PLAN

See 7.7.3 Improvement Plan and Strategic Plan.

7.10.5 IMPROVEMENT PROCESS

The improvement process used by Open Arms Care reflects the Plan, Do, Check, Act model shown in Figure 7.10.2: Plan Do Check Act Improvement Cycle.

Figure 7.10.2: Plan Do Check Act Improvement Cycle



These steps are further described below.

Plan

- Clarify issues or problems.
- Collect and review data or other information related to the issues or problems.
- Identify the causes of the issue or problem.
- Clearly identify improvements that can be made.
- Clarify the outcomes for improvements.
- Develop strategies to implement improvements – consider stakeholders – consider strategies to get management support.
- Identify how to measure the success of the improvement and identify how to collect the data
- Identify key tasks.

Do

- Gain approval for improvements.
- Implement the improvements – assign key tasks.
- Monitor the implementation – make sure key tasks are completed.
- Collect data on improvements.

Check

- Did the improvement work? If not, why not?
- Were there any unintended consequences?
- Collect ongoing data on the operations of Open Arms Care - e.g. consumer feedback, staff feedback, staff accident/incident reports, adverse event reports, hazard reports, audits, etc. – what does this tell us about the improvements?

Act

- Consider improvements – do they suggest other improvements – e.g. staff training, review of procedures, changes to Open Arms Care operations?
- Share evaluation feedback with relevant stakeholders.
- If improvements did not work what do we need to do?
- If there were unintended consequences to improvements - do we need to do anything about them?
- Consider new data – e.g. consumer feedback, staff feedback, staff accident/incident reports, adverse event reports, hazard reports, audits, etc. – does it suggest improvements?
- Look for things to improve – look at problems and consider solutions.

We are committed to ongoing improvement and it is built into Open Arms Care's culture and practices. This ensures Open Arms Care continues to change and adapt to the needs of its consumers, funders and the wider community.

7.10.6 CONTINUOUS IMPROVEMENT FORMS

The Continuous Improvement forms are described below. The Quality Coordinator manages the forms and their distribution and ensures forms are completed when necessary. The Quality Coordinator also manages completed forms ensuring they are completed properly, appropriate immediate action is taken, they are presented to the Leadership Team, are actioned and are appropriately filed.

Tell us what you think form

Feedback, both positive and negative, is actively sought from consumers, staff, management and other people using a Tell Us What You Think form. Staff and consumers are encouraged to provide feedback through meetings, newsletters and day to day contact.

Forms are provided to consumers on the commencement of services, during meetings and monitoring visits, at the centre and their use is promoted in our Newsletter. Forms are also included in the facility, support plan home folder and staff also have forms that they can provide to consumers (see also 7.10.7 Other Continuous Improvement Information Sources/Informal consumer feedback).

Tell Us What You Think forms are also used by staff to record consumer informal feedback or comments regarding service delivery. Consumer names are not reported.

Completed forms are forwarded to the appropriate Team Leader for any immediate action required and are then forwarded to the Quality Coordinator for review and further distribution as necessary. The relevant team member's advice regarding appropriate actions is sought.

Consumer complaint form

The Consumer Complaint Form is used for more formal complaints or when negative feedback involves a significant issue that requires detailed documentation and action. Staff may complete the form for the consumer or may provide a form to them or their representative. If consumers write a letter or telephone their complaint, staff complete a Consumer Complaint Form on their behalf.

Completed Consumer Complaint Forms are forwarded to the appropriate Team Leader who reviews and investigates the complaint in line with the procedures specified in Section 6 Feedback and Complaints. The Manager/s, Director of Care (as applicable to the care division) and CEO are informed of all complaints.

The confidentiality of complaints is maintained as per the principles of the Privacy Act. (See 5.2.8 Confidentiality of Complaints and Disputes.)

Staff accident incident report

The Staff Accident Incident Report is used to report accidents or incidents that affect staff or volunteers. Forms are completed immediately after the accident or incident and are forwarded to the appropriate Team Leader or relevant team member as soon as possible.

The Team Leader or relevant team member reviews the form making sure it is correctly completed and that any immediately required action is taken, including medical attention, control of hazards and the completion of a Workers Compensation report. The Team Leader or relevant team member investigates the accident/incident as per the form. The Human Resources and OSH Coordinator are consulted in planning and implementing actions to support staff following a staff accident/incident.

Adverse event report

The Adverse Event Report is used to report accidents or incidents that affect consumers or visitors.

Forms are filled out immediately after the adverse event and are forwarded to the appropriate Team Leader or relevant team member as soon as possible.

The Team Leader or relevant team member reviews the form making sure it is correctly completed and that any required action is taken, including medical attention or the control of hazards, and investigates the adverse event as per the form. There is referral to the Registered Nurse if the issue is clinical in nature. The RN may seek the advice of the consumer's GP in investigating and seeking solutions or improvements. If there has been an error in care or services, the consumer, their family and carers are provided with information about what happened in a timely, open and honest manner as per the open disclosure principles in Section 6 Feedback and Complaints.

Hazard report

Hazard Reports are used to report areas of risk or potential risk to consumers, staff or other people in our work places, consumer's homes and external venues.

Completed Hazard Reports are forwarded to the relevant Team Leader who arranges for immediate control of the hazard and for any further action such as repairs and maintenance, new equipment etc.

Maintenance request

Maintenance Request forms are used to report items requiring maintenance that are not an immediate hazard.

Completed Reports are forwarded to the Team Leader Administration who arranges the maintenance.

Survey audit report

A Survey Audit Report is completed by the individual conducting the survey/audit or delegate for every survey or audit and records a summary of the results and any action required or improvements that can be made.

7.10.7 OTHER CONTINUOUS IMPROVEMENT INFORMATION SOURCES

Informal consumer feedback

In addition to Tell Us What You Think forms and consumer surveys staff record consumer informal feedback or comments regarding service delivery. These are recorded on a Tell Us What You Think form and processed as per the procedures (see 7.9.6 Continuous Improvement Forms/ Tell Us What You Think Form). Consumer names are not reported.

Consumer meetings

A member of the Board is selected at each Board Meeting to participate in visiting a service/client and report the outcome of meeting to the Board.

Open Arms Care management meetings

Minutes of meetings may be completed where there are items of significant importance identified. Where meetings relate to general operations, minutes of meetings are not required.

Safety audits

Safety audits are regularly conducted in consumer homes, using the following forms:

- Home Safety Checklist (see 5.3.10 A Safe Environment in the Consumer's Home/ Home safety audits)

Responsive audits

Responsive audits are conducted if it is identified through consumer, staff or other stakeholder feedback, review of policies and procedures or other activities that a process may not be working effectively or require improvement.

The review process described above is used to conduct responsive audits; they are used to ascertain what is happening and to identify improvements and solutions. Responsive audits are usually of a narrow scope.

A Survey Audit Report is completed and attached to the copy of the policies and procedures used during the review and forwarded to the Quality Coordinator.

Policies and procedures reviews

Each section of the Policies and Procedures is audited over a three-year period to:

- Check what is written is what occurs in practice.
- Identify improvements to practice.

- Improve the documented procedures.
- Improve any forms or other documents that support the procedures and practices.

Care procedures are reviewed with consideration to changes in practice based on evidence-based information. Updates can be informed by the Australian Commission on Safety and Quality in Health Care, the Aged Care Quality and Safety Commission, Department of Health and other sources as relevant.

7.11 RISK MANAGEMENT

7.11.1 OVERVIEW

Open Arms Care identifies and manages risks appropriate to Open Arms Care based on a simplified application of the AS/NZS 31000:2009 Risk Management Standards. Our risk management process is an ongoing process based on:

- Regular six monthly (or more often if required) reviews of previously identified risks to improve the strategies to minimise the risk and plans for responding to the risk if it occurs and
- The continuous identification of new risks and strategies to control the risks
- Involvement of consumers, staff and management in the risk management process.

7.11.2 RISK MANAGEMENT AND CONTINUOUS IMPROVEMENT

Open Arms Care has integrated the risk management process into the Continuous Improvement process and organisation governance processes by:

- Delegating responsibility for risk management oversight to the Leadership Team with reporting to the Board
- Inclusion on the Leadership Team: the CEO, the Managers
- Including the identification and discussion of risks on the agenda for the Leadership Team including child safety, governance risks such as the availability of suitably qualified staff, suitable policies and procedures to guide staff, oversight of care and support, open and accessible communication with consumer's GP's to source advice and decision making related to care, review of adverse events and networking and education opportunities for Educators and staff to ensure currency of practice and support.
- Delegating responsibility to the Leadership Team for developing, maintaining and reviewing the Risk Management Plans with reporting to the Board.
- Including improvements to reduce or control risks in the improvement process and in the Improvement Plan.

7.11.3 RISK MANAGEMENT PLANS

Risk management plans

Open Arms Care maintains the following risk management plans:

- Open Arms Care organisational risks including:
 - loss of funding
 - inability to deliver funded outcomes within budget
 - Board dysfunction
 - embezzlement of funds
 - extended staff illness
 - loss of data
 - poor care outcomes

(See also below 7.11.9 Business Continuity Plan.)

- Staff/workforce risks including:
 - staff injury - manual handling risks, workplace accidents and incidents
 - infection control risks
 - environment risks

- risk of abuse (see 7.11.8 Abuse and Neglect/Staff)
- lack of suitably qualified staff.
- high staff turnover (see 6.2.3 Retaining Staff)
- inadequate staff numbers to meet consumer needs.
- staff industrial action.
- extensive staff absence.

(See also 6.2.4 Workforce Risk Management.)

- Consumer risks including:
 - environment risks including falls and accidents.
 - transport risks.
 - risks from staff such as theft or abuse.
 - poor care outcomes resulting from a lack of suitably qualified staff, a lack of clinical oversight, inappropriate care processes, inadequate child protection processes.
 - risk of pressure injury due to lack of assessment, support or provision of equipment.
 - risks from infections and anti-microbial resistance.
 - risk of abuse and neglect (see below 7.11.8 Abuse and Neglect/Abuse and neglect of consumers)
- Activity continuity risks including:
 - interruptions to or cessation of service delivery from natural disasters or other unanticipated events
 - Transitioning out of service such as transferring services to another service provider or where funding has discontinued (see 7.11.9 Business Continuity Plan)⁴¹.

(See 7.11.9 Business Continuity Plan for more details.)

Risk management plan information

The **Risk Management Plans** include the following information:

- Date identified: date the risk was identified
- The specific risk identified: these are the risks identified by Open Arms Care
- What can go wrong: details of what can go wrong in relation to the risk
- Consequence: the consequence of the risk using the risk rating matrix in Figure 8.11.1 Risk Rating Matrix and below:
 - 1= Insignificant
 - 2= Minor
 - 3= Moderate
 - 4= Major
 - 5= Catastrophic
- Likelihood: the likelihood of the risk occurring using the risk rating matrix in Figure 8.11.1 Risk Rating Matrix and below:
 - A: Almost Certain

⁴¹ CHSP providers see: Australian Government Department of Health [Commonwealth Home Support Programme \(CHSP\) Manual 2020-2022](#) 6.1.8 Service Continuity p 85

- B: Likely
- C: Possible
- D: Unlikely
- E: Rare
- Risk Rating: the rating for each identified risk using the risk rating matrix in Figure 8.11.1 Risk Rating Matrix and below:
 - L = Low
 - M = Moderate
 - H = High
 - E = Extreme
- Current controls to reduce risk: the controls or strategies in place to control or reduce the risk.
- Date reviewed: Date the risk and controls were reviewed to identify improvements.
- New controls: Additional controls necessary to control or reduce risk or changes to existing controls.

7.11.4 IDENTIFYING RISKS

In identifying risks, the Leadership Team considers:

- Consumer and staff feedback forms
- Input from the annual planning day (see 7.7.6 Annual Planning Day)
- Staff Accident Incident Reports
- Consumer Adverse Event Reports and the identification of high impact or high prevalence risks associated with the care of consumers.
- Hazards and maintenance information.
- Review of policies and procedures and processes.
- Management knowledge and understanding of service delivery and work processes.

Where appropriate, different staff groups are involved directly in the risk management process either through risk workshops, attendance at part of the Leadership Team meeting or through a Leadership Team member consulting directly with staff on specific areas such as risks associated with the care environment, transport or in-home services. These are the reported back to the Leadership Team.

7.11.5 IDENTIFYING CONTROLS

Controls are strategies to manage risk balanced against the cost and inconvenience of the control. Common controls include:

- Staff training.
- Provision of information and guidance for consumers.
- Changes in procedures or practices.
- Personnel, checks including referee checks, driver's licenses, motor vehicle registrations, professional registrations, criminal history checks, working with children checks.
- The development of plans for dealing with risks that occur.

Recording improvements

Improvements implemented as a result of risk management reviews and planning are recorded in the Improvement Plan, as well as in the Risk Management Plan, to ensure that they are implemented, monitored and evaluated (see 7.9 Continuous Improvement).

7.11.6 RISK RATING MATRIX

The following Risk Rating Matrix is used to determine the status of each risk based on the likelihood, and consequences of the risk. The Leadership Team judges the likelihood and consequences of the risk to identify the rating. The risks are rated without controls in the first instance, controls are identified and then the risk is re-rated with the controls in place. This allows Open Arms Care to gauge the success of our risk mitigation strategies. The Risk Rating Matrix is also included at the bottom of the Risk Management Plan.

Figure 8.10.1: Risk Management Rating Matrix

LIKELIHOOD	CONSEQUENCES					
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
	Almost Certain A	Moderate	High	High	Extreme	Extreme
	Likely B	Moderate	Moderate	High	Extreme	Extreme
	Possible C	Low	Moderate	High	High	Extreme
	Unlikely D	Low	Low	Moderate	High	High
	Rare E	Low	Low	Low	Moderate	High

7.11.7 CONSUMER CHOICE AND RISK

Open Arms Care recognises that consumers have right to make choices that involve risk under the Charter of Aged Care Rights and supports “the dignity of risk” where consumers “do the things they want to do”.⁴²

To this end we encourage and support consumers to make choices that may involve a risk to their health and/or safety. When this occurs, we inform the consumer about the risks, the potential consequences to themselves and others and discuss with them, ways in which the risks can be managed to support their choice. We use a process for mitigating risk and honouring consumer choice⁴³ outlined in the Assessment and Support Planning Practice using the Consumer Choice Risk Assessment Form.

⁴² Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) 3.1 Charter of Aged Care Rights p 14 and 2.2 What is the intent of the Home Care Packages Program? P 9 (Click on link for latest version)

⁴³ Adapted from: The Hulda B and Maurice L Rothschild Foundation *A Process for Care Planning for Resident Choice* February 2015

If the choice presents an unacceptable risk to others including our staff and the consumer will not modify their choice to mitigate the risk, we may modify or decline to provide any related services until the risk is mitigated.

7.11.8 ABUSE AND NEGLECT

Open Arms Care recognises its responsibilities to provide a care environment, care and supports for consumers, staff and others that is free from abuse and neglect. To ensure that a priority focus is given to this, planning and oversight is included as a responsibility of the Leadership Team which reports to the Board and works closely with all staff.

Strategies to minimise the risk of abuse and neglect

Open Arms Care has processes in place to minimise the risk of abuse or harm to consumers and staff including:

- Establishing systems and strategies to:
 - identify abuse and neglect.
 - respond to abuse and neglect when it occurs, and
 - promote awareness amongst the workforce and the service's child care and aged care community to reduce the risks of abuse and neglect.
- Monitoring that the system for identifying and responding to abuse and neglect supports consumers and staff effectively and in line with good practice.
- Complying with relevant state, territory and federal government laws, including to meet mandatory reporting requirements.
- Integrating systems for identifying and responding to abuse with our clinical governance, child safe and child protection framework.
- Aligning Open Arms Care systems for identifying and responding to elder abuse and child abuse with government frameworks and guidelines.
- Evaluating and continuously improving the effectiveness of the systems in line with good practice.
- A code of behaviour for staff and volunteers.
- Application of the consumer rights and responsibilities in the provision of services.
- Appropriate selection and screening of staff, students, contractors and volunteers.
- Staff training in safe and respectful interaction with staff and consumers.
- Access to policies and procedures outlining responsibilities.
- Provision of a safe environment (including consideration to the consumer's home environment)
- Access to supervision and support for staff from management.
- An adverse event reporting system.

Abuse and neglect of consumers

For Child Care see Child Protection Policy, Child Safe Environment Policy

All consumers are entitled to feel safe and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. Abuse can be in the form of:

- Financial or material abuse
- Neglect
- Emotional or psychological abuse
- Social abuse

- Physical abuse
- Sexual abuse.

Consumers can be at risk of abuse from family, friends, our staff, other consumers or other people. Whilst we aware that we cannot control all risks to consumers we do endeavour to ensure their safety in our service and, where possible, outside of our service. Consumers have a right to film/photograph care within their own home.

Open Arms Care is committed to the Prevention of Elder Abuse. The key points of this policy are:

- Open Arms Care endeavors to prevent abuse in the first instance, through staff recruitment screening, and the employment of staff who respect the rights of consumers and who can support consumers in reporting abuse and other concerns.
- Staff are trained in identifying abuse indicators – whether from within the service or outside.
- All members of staff are encouraged and supported to report abuse or suspected abuse to their immediate supervisor or, where the supervisor is the abuser, to the next in line supervisor. Abuse is to be reported in writing on an adverse event report. If a person is unsure that they have witnessed abuse they may discuss the incident with their supervisor prior to making a written report.
- All abuse must be reported to the relevant manager.
- Managers receiving a report of abuse must act immediately.
- The response to reported abuse includes, as appropriate, discussion with the Elder Abuse Hotline, reporting to the Police, the provision of medical care, including transfer to hospital by an ambulance, and referral to a Sexual Assault Service if the assault is of a sexual nature.
- Where a staff member is involved the victim of abuse is removed from contact with the staff member while the abuse is investigated.
- Where a consumer abuses another consumer, protection strategies are implemented immediately, and the event is investigated as soon as possible. If behaviour strategies are implemented they are safe, respectful of the person and non-abusive. (see 1.7.1 Home Care Packages/ Factors affecting security of tenure in home care/Inappropriate consumer behaviour)
- If it is appropriate and the victim of abuse has given consent, the family or guardian of the victim, or other support person, are informed of the allegation of abuse as soon as possible after the report is made.
- When the victim is unable to give consent, the family, guardian or other support person are notified of the incident as soon as possible.
- Where the Manager is unsure of the best course of action to take in an abuse situation or in a dispute between a consumer and a carer, one or more of the specialist agencies is contacted for advice (see below Contacts for elder abuse). If the consumer has not consented to this contact it must be made without disclosing the consumer's details.
- If there are fears for the well-being of the consumer due to suspected abuse the Manager follows the advice of a specialist agency. In this case the specialist agency may request direct involvement.
- All aspects of the abuse incidents are accurately documented and include any follow up actions and are reported to the CEO.

Contacts for elder abuse

If staff would like to talk to someone about potential or actual elder abuse they can call the national 1800 ELDERHelp (1800 353 374) line. This service provides information on how to get help, support and referrals to assist with potential or actual elder abuse.

Where appropriate and with their consent, consumers may be referred the National 1800 ELDERHelp (1800 353 374) line to talk to someone about potential or actual elder abuse and where they can go for assistance.

Minimising the use of restraint

We do not use any type of restraint in the care of consumers. Safety devices, such as seat belts on wheelchairs, prams and highchairs are not considered a restraint and are in place to ensure consumer safety, not to impinge on their ability to be self-determining in their mobility.

Workplace bullying⁴⁴

Open Arms Care recognises that workplace bullying is a risk to health and safety and that it can occur wherever people work together in all types of workplaces. We take steps to prevent it from occurring and respond quickly if it does occur as we recognise that the longer the bullying behaviour continues, the more difficult it is to address and the harder it becomes to repair working relationships

We follow the Safe Work Australia Guide for Preventing and Responding to Workplace Bullying for staff training around recognising and reporting bullying and in dealing with the bullying.

(See 6.5.4 Employee Assistance Program (EAP).)

7.11.9 BUSINESS CONTINUITY PLAN ⁴⁵

Open Arms Care has developed a Business Continuity Plan that addresses:

- Risks from natural events and
- Transitioning out of service.

Risks from natural events

We recognise that vulnerable consumers' services and welfare are at risk from events such as bush fire, heat, cold, flood or other natural disasters (see Monitoring Consumer Health and Wellbeing in Severe Weather and Natural Disasters Practice).⁴⁶ To minimise these risks we undertake the following:

Prior to an event we:

- Identify and assess local risks.
- Ensure we are aware of local emergency plans through liaising with local authorities and collaborating with other providers.
- Identify and collaborate with other providers who can accept our consumers in the event of an emergency.
- Encourage and support consumers to make an emergency plan with their families and significant others.
- Maintain a Business Continuity Plan for Risks from Emergency Events and trial it (See Business Continuity Plan in Risk Management Plan in Forms/Governance Documents.)
- Identify vulnerable consumers, record the following and ensure it is kept up to date:

⁴⁴ Taken from: Safe Work Australia [Guide for preventing and responding to workplace bullying](#) Website accessed October 2019

⁴⁵ The Business Continuity Plan is included in the Risk Management Plan in Forms/Governance Documents.

⁴⁶ Australian Government Department of Health website [Preparing for an Emergency Event – Home Care](#) Accessed July 2020. (Note: Whilst this guidance addresses home care providers, it is applicable to all service provision).

- the best ways to contact consumers in an emergency.
- information about high risk or high need, CALD, Indigenous or other clients.
- specific services being delivered including cultural or spiritual requirements and any other consumer specific requirements.
- any subcontracting arrangements.
- Let consumers know about our plans in the case of an event.

During an event we:

- Monitor emergency broadcasts for local warnings.
- Liaise with emergency agencies to assess the risk and determine appropriate actions.
- Refer vulnerable consumers to emergency agencies or other identified providers if necessary.
- Keep all stakeholders informed.
- Support vulnerable consumers if safe to do so.
- Report to the Department of Health regarding the impact to our service and consumers if alternate arrangements are required.

Following an event we:

- Assess the impact of the event and take steps to commence services as soon as practicable.
- Liaise with local authorities as necessary.
- Review and update risk plans in consultation with staff and other stakeholders.

7.12 INFORMATION MANAGEMENT SYSTEMS

7.12.1 COMMUNICATION STRATEGIES

Underpinning the management of information in Open Arms Care are the following communication strategies:

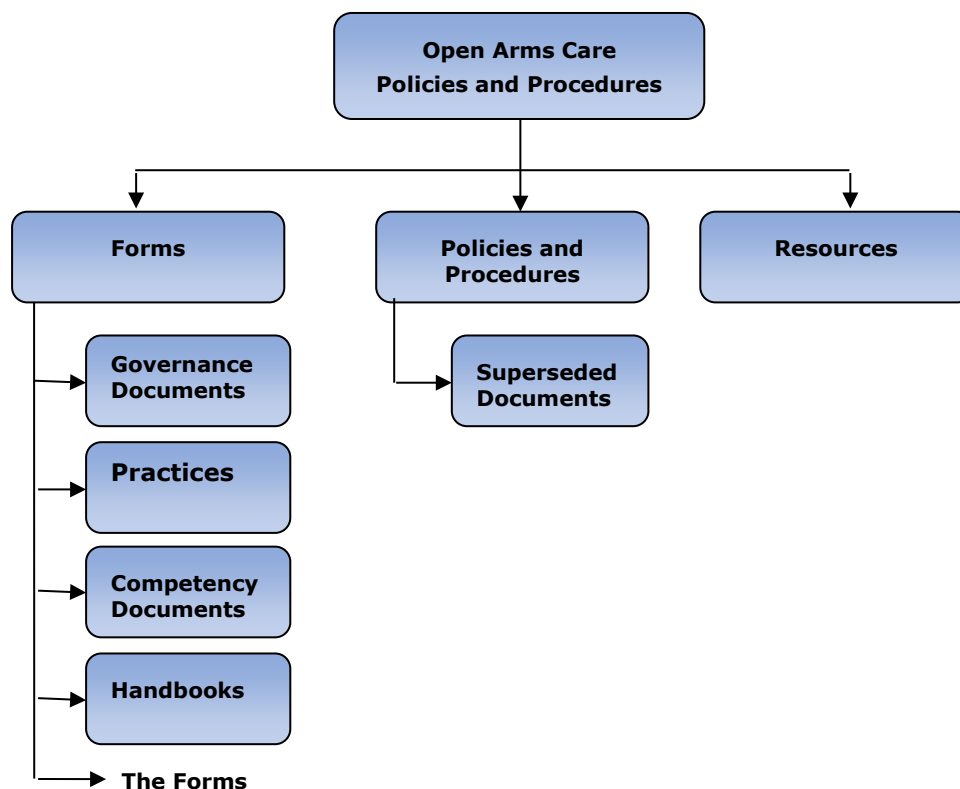
- Regular and structured meetings that involve all staff (see 7.3.2 Governance Processes/ Management meetings)
- Regular reporting (see 7.3.3 Performance Reports)
- Training for staff in relevant policies and procedures.
- Involvement of staff and consumers in the Continuous Improvement process (see 7.9: Continuous Improvement)
- Involvement of staff in the planning process (see 7.7 Planning)
- A two-monthly newsletter for staff and consumers prepared by the relevant team members.
- Emails and memos to staff as required.
- Letters and notices to consumers as required.

7.12.2 POLICIES AND PROCEDURES

Structure of the policies and procedures

Our Policies and Procedures include the components shown in Figure 8.11.1: Policies and Procedures Schema.

Figure 7.12.1: Policies and Procedures Schema



The Policies and Procedures are maintained as read-only documents in the Policies and Procedures folder on the shared drive. The CEO is responsible for ensuring the information is up-to-date with assistance from the Managers and Team Leaders and other staff as required. The involvement of all staff is encouraged to ensure policies and procedures reflect practice and to foster ownership and familiarity with the material.

The Policies and Procedures includes the following sections:

Overall Table of Contents

Home Care

1. Consumer Dignity and Choice
2. Ongoing Assessment and Planning
3. Personal Care and Clinical Care
4. Services and Supports for Daily Living
5. Open Arms Care's Service Environment
6. Feedback and Complaints
7. Human Resources
8. Organisational Governance.

Child Care

1. Educational Program and Practice
2. Children's Health & Safety
3. Relationships with Children
4. Collaborative Partnerships with Families & Community
5. Feedback and Complaints
6. Human Resources
7. Organisational Governance.

Forms

A copy of each form used by Open Arms Care is maintained on the shared drive in the subfolder Forms and is referred to in the Policies and Procedures.

Access to policies and procedures

All staff can access the Policies and Procedures either through their own computer terminal or through the shared terminals available to Support Workers and volunteers. If staff require a paper copy of procedures these can be requested from their supervisor. (see 7.11.2 Policies and Procedures/Control of the policies and procedures).

Updating the policies and procedures

The need to update the Policies and Procedures, forms or other material may occur through:

- Changes in legislation or regulations
- Changes in funding or funding guidelines and requirements
- Feedback
- Management decisions
- Adverse Event Reports
- Audits and
- Reviews.

The process for updating the Policies and Procedures, forms etc. is:

- When the need for changes is identified these are discussed with the relevant Manager.

- The Manager delegates an appropriate person/s to draft changes.
- Draft changes are reviewed by the Manager:
 - If the changes relate to a policy and procedures or practice, these are submitted to the Clinical Care Committee (clinical) or Leadership Team (corporate). Once the Clinical Care Committee has approved the change, the Leadership Team endorses the change. A list of all Leadership Team endorsed policy and procedures and practice documents is provided to the Leadership Team meeting for noting.
 - The Manager may approve form and other document changes.
- When changes have been approved by Leadership Team and noted by the Leadership Meeting the Team Leader Administration is advised to update the Policies and Procedures and relevant documents.
- The Policy and Procedures are updated including forms and the table of contents. Old versions are archived.
- Note that any new form is referenced in the Policies and Procedures.
- Staff are advised of changes to the Policies and Procedures either through a staff meeting, an email, a memo or a training session. Consumers are advised, as appropriate and necessary, through staff, the newsletters, letters or flyers.
- Major changes to the Policies and procedures are recorded as an improvement in the Improvement Plan (see 7.10 Continuous Improvement).
- Major changes are reviewed after an appropriate time to ensure they have achieved the required outcome.

Review minutes of management meetings

A delegated staff member reviews the minutes of all staff and management meetings for decisions that need to be reflected in the Policies and Procedures.

Control of the policies and procedures

- Electronic read-only copies of the Policies and Procedures material are accessible to staff
- Only the CEO, Managers and Team Leader Administration can initiate changes to the original files and only within the specified process (see 7.12.2 Policies and Procedures/ Updating the Policies and Procedures).
- Printed pages of the Policies and Procedures can be made for staff to refer to but are uncontrolled documents once printed (other than the authorised printed copy/copies). These must be kept to a minimum. The Team Leader Administration is responsible for recording the location of any full copies of the Policies and Procedures and for ensuring that they are updated when the originals are updated.

Review of policies and procedures

Policies and procedures including forms are reviewed over a three-year period as documented in the [Corporate Calendar](#). This is described in detail in 7.9 Continuous Improvement.

7.12.3 CONSUMER INFORMATION

Management of consumer information aged care

The Aged Care Act⁴⁷ specifies the kinds of records that must be kept by aged care providers. These include:

⁴⁷ Sections 63-1(1)(a) and 87-2 of the *Aged Care Act 1997* and Part 7B of the *Aged Care Quality and Safety Commission Act 2018* cited in Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix D: Responsibilities of

- Assessments of consumers
- Individual support/care plans
- Medical records, progress notes and other clinical records
- Schedules of fees and charges
- Agreements
- Accounts of consumers
- Records relating to consumers' entry, discharge and leave arrangements, including death certificates where appropriate
- Records relating to a determination that a consumer is a consumer with financial hardship
- In relation to a continuing home care consumer to whom we start to provide home care through a home care service on or after 1 July 2014—a record of whether the consumer made a written choice regarding whether they would be covered by the pre or post-1 July 2014 arrangements
- Up-to-date records of: the name and contact details of at least one representative of each consumer; and the name and contact details of any other representative of a consumer;
- Copies of unspent funds notices
- Records relating to the payment of the consumer portion or transfer portion of consumers' unspent home care amounts
- Copies of notices of published exit amounts
- Records required to be kept by the National Aged Care Mandatory Quality Indicator Program Manual.

Records are required to be kept for three years after the 30 June of the year in which we ceased to provide care to the consumer.

Management of consumer information child care

For the purposes of section 175(1) of the Law, the following documents are prescribed in relation to each education and care service operated by the approved provider—

- The documentation of child assessments or evaluations for delivery of the educational program.
- An incident, injury, trauma and illness record.
- A medication record.
- A record of volunteers and students.
- The records of the responsible person at the service.
- A children's attendance record.
- Child enrolment records.
- A record of the service's compliance with the Law.
- A record of each nominated supervisor and any person in day-to-day charge of the education and care service under section 162 of the Law.
- Evidence of current insurance at the education and care service premises and in the case of the Family Day Care Educator at the principal office. This evidence is usually in the form of a 'certificate of currency'.

approved providers Accountability – Part 4.3 in the Aged Care Act 1997p 121 (Click on link for latest version)

Paper records

Generally, all consumer information is recorded on the Consumer Management System, however a paper file is required for some documentation. All consumers have an office-based paper file that includes assessment information, correspondence, financial information and any other relevant information as well as an in-home notes file.

Office Files

Office files are created as required by the Administration Team and stored in lockable filing cabinets. The Administration Team are also responsible for filing and for securing the files. Staff taking files out enter the file details in the Consumer File Movements Register.

In-home Files

Consumers who have in-home services also have a home file that includes information required by Support Workers.

Electronic Records

Consumer information is also stored electronically on the Consumer Management System. The Administration Team are responsible for ensuring that data entry is completed (including entering a new consumer, amending data, exiting consumers, setting up invoices and rostering consumers with Support Workers).

Staff record all consumer services and case notes in the Consumer Management System as well as in the consumer's home notes as necessary. Financial records for Home Care Package Consumers including an individualised budget are maintained for each HCP consumer on the Consumer Management System.

Information is restricted by passwords to relevant staff.

7.12.4 RECORDING SERVICE DELIVERY INFORMATION

Information on the support services delivered to consumers is recorded on the Consumer Management System from recording sheets completed by the service delivery staff. The Administration Team are responsible for the entry of information and for the preparation of reports.

7.12.5 GENERAL INFORMATION

The Administration Team are responsible for organising and maintaining the filing of general information up to date.

Staff records

Staff files are kept electronically and is only accessible to staff with relevant authorisation.

Staff access to staff files

(See 6.3.10 Staff Files.)

Minutes of meetings

Minutes of meetings are maintained on the shared drive.

Other administrative information

All other administrative information including funding information, financial information and general filing is maintained in the filing cabinets in the relevant team member's office. The cabinets are locked out of hours or when the office is unattended for a lengthy period of time.

7.12.6 ARCHIVING

Archive management

The Administration Team is responsible for archive management. Archived files are stored electronically and are only accessible to staff with relevant authorisation.

Aged care act responsibilities⁴⁸

We ensure that we keep records (in written or electronic form) that enable proper assessments to be made of whether we have complied, or are complying, with our responsibilities under the Act. These records are required to be kept for a minimum of three years after the 30 June of the year in which the record was made. We keep the records for seven years.

Timelines for maintaining records

Records are securely destroyed after the time periods shown in Table 7.12.1 Timelines for Maintaining Records

Table 7.11.1 Timelines for Maintaining Records

Aged Care	
Employment applications unsuccessful	6 months
Staff records	7 years after the staff person ceases employment
Consumer records	7 years after the consumer ceases receiving services
Financial records including claims for payments	7 years
Records relating to compliance with program requirements	7 years
General administrative records	7 years
Policies and procedures	7 years

Child Care	
Staff records	Until the end of 7 years after the Employee left the service – Regulation 183
Record of educators working directly with children	Until the end of 3 years after the staff member works for the service – Regulations 151, 183 (2) (f)
Record of volunteers and students, contact details and days in attendance	Until the end of 3 years after the volunteer or student attended the service – Regulations 149, 183 (2) (f)
Record of responsible person in day-to-day charge including nominated supervisors placed in day-to-day charge	Until the end of 3 years after the staff member works for the service – National Law Section 162 Regulations 145, 150, 177

⁴⁸ Australian Government Department of Health [Home Care Packages Program Operational Manual A Guide for Home Care Providers Version 1 March 2020](#) Appendix D: Responsibilities of approved providers Accountability – Part 4.3 in the Aged Care Act 1997 Record keeping p 121 (Click on link for latest version)

Evidence of current public liability insurance	Available for inspection at service premises or Open Arms Care Office - Regulations 29, 30,180
Quality Improvement Plan	Current plan is to be kept - Regulations 31,55
Child Assessments	Until the end of 3 years of the child's last attendance - Regulations 74,183
Incident, injury, trauma and illness record	Until the child is 25 years old - Regulations 87,183
Medication record	Until the end of 3 years after the child's last attendance - Regulations 92,183
Child attendance	Until the end of 3 years after the child's last attendance - Regulations 158-159,183
Child enrolment	Until the end of 3 years after the child's last attendance - Regulations 160,183
Death of a child while being educated and cared	Until the end of 7 years after the death - Regulations 12,183
Record of service's compliance history	Until the end of 3 years after the Approved Provider operated the service - Regulations 167
Taxation Laws	Until the end of 5years after the Employee left the service - Regulation 183

Archiving consumer records

Consumer paper records

When a consumer leaves the service, their paper file if any, is scanned and filed electronically for the required time period.

Consumer records are destroyed as per specified timelines (see Table 8.12.1 Timelines for Maintaining Records).

Consumer management system records

Exited consumers are de-activated on the Consumer Management System and re-activated if they return to the service (see Table 7.12.1 Timelines for Maintaining Records).

Managing superseded policies and procedures

Whenever changes are to be made to the policies and procedures or a form the following procedure applies:

- Before making changes copy the existing file into the Superseded folder
- Watermark the document 'Superseded'
- Add 'today's date' to the end of the file name – e.g. Corporate Governance 030311
- You can now make your changes to the original document.

Superseded policies and procedures and forms are destroyed as per the timelines specified in Table 7.12.1 Timelines for Maintaining Records.

7.12.7 INFORMATION TECHNOLOGY AND CYBER SECURITY⁴⁹

Our information technology systems ensure we can meet the needs of Open Arms Care, ensure the protection of consumer, staff and organisation information and support the collection of service delivery data and reporting obligations outlined in our Grant Agreements.

Cyber security

Strategies to ensure the safety of Open Arms Care data include:

- We only utilise cloud storage physically based in Australia (data sovereignty).
- All data is synchronised to the cloud and is only accessible to the system administrators and consultants that we engage.
- Cameras, alarms and other Internet-of-Things devices are not connected to our data server.
- We utilise a Unified Threat Management firewall (UTM)
- All computers are password protected and set to lock after 30 minutes of non-use to prevent unauthorised access.
- We employ a user access policy where users are only granted access to data that they need to do their job. Access to data is further restricted by the assignment of usage levels including administrator, user and read only.
- Service delivery staff only have access to the data of consumers they are working with or likely to work with. Access is limited to information directly related to their work such as the support plan and notes.
- A backup cycle to removable disk, with an off-site copy, is maintained as another level of safety in the event of data loss on the server and the cloud.
- All server equipment is maintained in a secure room that is locked when physical access to equipment is not required.
- A mobile device manager is utilised to manage all access to data by Home Care Workers and other staff using mobile phones. This includes remote wipe and remote delete functions for use in the event of loss of the device.
- Data cannot be copied to a laptop without the permission of the IT and Data Support Coordinator. Preferred access is remote login to the server as this is controlled.
- Complex passwords are created randomly by the system administrators only and are changed yearly or whenever a staff person leaves Open Arms Care. Under no circumstances are staff permitted to disclose their password to any other person.
- Two factor authentication is utilised wherever feasible.
- Only the IT and Data Support Coordinator or designated system administrators can add new data folders to the shared drive of the server.
- An anti-virus program including anti anti-ransom-ware is maintained on every device connected to the server.
- All internet access is logged and is auditable.
- No programs, external data or utilities can be installed onto any workstation or other device without the permission of the system administrators.
- All systems software is maintained up to date.
- Our IT Consultant reviews our system and our data breach procedures at least annually and whenever a data breach related to IT occurs.

⁴⁹ Please note: This Section will vary greatly depending on the size of your organisation. The processes will be much simpler for smaller organisations. We recommend all providers consult with their IT specialist in customising this Section

- All staff receive information on our IT system requirements and training on responding to data breaches on commencement with the service.

Email

Staff may send and receive minimal personal emails.

All emails are filed in the appropriate folders set up by the system administrators. Emails documenting service feedback and information relevant to the operation of Open Arms Care are forwarded to the relevant staff person.

Pornographic, sex related, or other junk email is deleted without viewing it. Under no circumstances are staff to respond to it.

Internet access

Internet access is restricted to work related purposes and is monitored and audited.

MyGovID

MyGovID is required for access to the My Aged Care portal. The Client Care Coordinators are authorised to access My Aged Care, on behalf of Open Arms Care. The IT and Data Support Coordinator is the Relationship Authorisation Administrator. All authorisations must be approved by the relevant Manager.

Getting help and reporting problems

If a staff person experiences any problems with a program or computer or other piece of equipment, they can in the first instance contact the Administration Team. If necessary, the Administration Team arranges for the IT and Data Support Coordinator to assist.

Social media

We are aware that social media (social networking sites (Facebook, Twitter etc.), video and photo sharing sites, blogs, forums, discussion boards and websites) promote communication and information sharing. Staff who work in Open Arms Care are required to ensure the privacy and confidentiality of the organisation's information and the privacy and confidentiality of consumer information and must not access inappropriate information or share any information related to their work through social media sites.

Staff are required to seek clarification from their supervisor if in doubt about what is information related to their work.

Consumer consent is required before any photographs, names or other information are published to social media.

Responding to data breaches**Data breach**

A data breach occurs when personal information that an entity holds is subject to unauthorised access or disclosure or is lost. Data breaches include:

- Loss or theft of physical devices (such as laptops and storage devices) or paper records that contain personal information
- Unauthorised access to personal information by an employee
- Inadvertent disclosure of personal information due to 'human error', for example an email sent to the wrong person

- Disclosure of an individual's personal information to a scammer, as a result of inadequate identity verification procedures.⁵⁰

Notifiable data breaches

Under the Notifiable Data Breaches (NDB) scheme Open Arms Care is required to notify any individual whose data is breached and the Australian Information Commissioner of data breaches where:

- There is unauthorised access to or disclosure of personal information held by Open Arms Care (or information is lost in circumstances where unauthorised access or disclosure is likely to occur).
- This is likely to result in serious harm to any of the individuals to whom the information relates.
- Open Arms Care has been unable to prevent the likely risk of serious harm with remedial action.

(See Figure: 8.12.2: OAIC Data Breach Action Plan for Health Service Providers)⁵¹

Open Arms Care also reports the breach, when it is relevant to do so, to other organisations such as:

- Police or law enforcement bodies
- The Australian Securities & Investments Commission (ASIC)
- The Australian Prudential Regulation Authority (APRA)
- The Australian Taxation Office (ATO)
- The Australian Transaction Reports and Analysis Centre (AUSTRAC)
- The Australian Cyber Security Centre (ACSC)
- The Australian Digital Health Agency (ADHA)
- The Department of Health
- State or Territory Privacy and Information Commissioners
- Professional associations and regulatory bodies
- Insurance providers.

Data Breach Response Plan

Key Roles

- Board
 - Responsible for ensuring the security of Open Arms Care data
 - Are advised of all data breaches and actions taken to resolve and to prevent future breaches
 - Approve the procedures for security of data and responding to data breaches.
- Staff
 - All staff are responsible for minimising the chances of a data breach occurring

⁵⁰ Australian Government Office of the Australian Information Commissioner Data Breach Preparation and Response (A Guide to Managing Data Breaches in Accordance with the Privacy Act 1988 (Cth) p 8

⁵¹ Australian Government Office of the Australian Information Commissioner [Action plan for health service providers](#) 11 February 2020

- Staff are required to take particular care of any documents or devices, such as phones or laptops, that connect to or contain information related to consumers or Open Arms Care
- In the event that a device or document is lost it must be reported immediately it is known to be lost, to a supervisor or IT and Data Support Coordinator
- In the event of, or threat of (phishing or a virus) unlawful access to data on the computer system the IT and Data Support Coordinator or designated system administrator is advised immediately, the system is immediately isolated and our computer consultant is requested to immediately attend, deal with the access or threat, identify the extent of the breach, how it occurred and how to prevent it in the future.
- IT and Data Support Coordinator
 - Receives reports of data breaches
 - Takes any immediate necessary action to contain or resolve the breach
 - Investigates the breach if appropriate
 - Refers the breach to the Senior Management Team.
- Leadership Team
 - Action significant data breaches referred to it by a IT and Data Support Coordinator or designated system administrator
 - Review all data breaches
 - Review any immediate action taken
 - Identify and implement additional action required
 - Determine if the breach must be reported to the Commissioner under the Notifiable Data Breaches (NDB) scheme
 - Determine if it is likely that any person's data is at risk of being viewed or utilised by others and advising the affected persons
 - Consider on an ongoing basis how to improve the protection of data
 - Testing of the data breach response plan.

Data Breach Report

Data breaches are reported using an Adverse Event Report with a Data Breach Report attached.

Procedure for Dealing with a Data Breach

In the event of a data breach or suspected breach the steps below apply as appropriate to the breach and to Figure: 8.12.2: OAIC Data Breach Action Plan for Health Service Providers.

- Immediately advise a supervisor of the breach and complete an Adverse Event Report with an attached Data Breach Report.
- The supervisor determines if any immediate action can be taken to contain or resolve the data breach (e.g. delete mobile phone, advise Police) and implements the action. The Adverse Event Report is updated.
- The supervisor advises the IT and Data Support Coordinator or designated system administrator of the breach and of any action taken. The Adverse Event Report is updated.
- The IT and Data Support Coordinator or designated system administrator considers whether any other immediate action should be taken. The IT and Data Support Coordinator or designated system administrator also considers whether the breach must be reported to the Leadership Team to action. This is determined on:
 - The number of people affected by the breach or suspected breach
 - Whether there is a risk of serious harm to affected individuals now or in the future

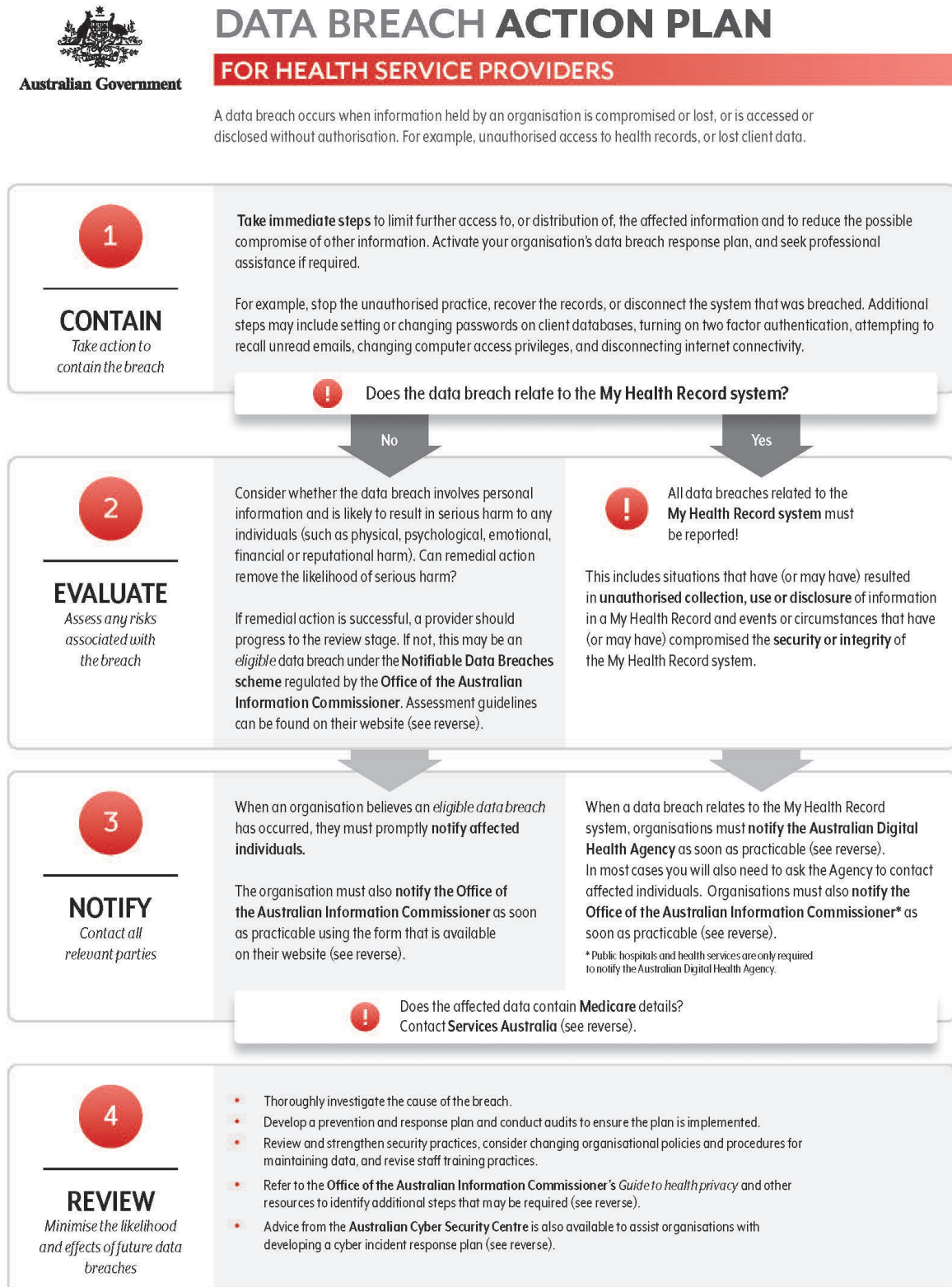
- Whether the data breach or suspected data breach may indicate a systemic problem with our practices or procedures
- Other issues relevant to the circumstances, such as the value of the data or issues of reputational risk.⁵²
- If the breach does not need to be reported to the Leadership Team to action the IT and Data Support Coordinator investigates fully how the breach occurred, what information was breached, how the breach can be ameliorated and how to prevent future breaches. The Adverse Event Report is updated.
- The IT and Data Support Coordinator forwards the Adverse Event Report to the Leadership Team for review.
- The Leadership Team determines if the breach must be reported to the Commissioner under the Notifiable Data Breaches (NDB) scheme. This is determined on the factors noted above in Notifiable Data Breaches⁵³ and in consideration of Figure: 8.11.2: OAIC Data Breach Action Plan for Health Service Providers. The Senior Management Team lodges the report and updates the Adverse Event Report.
- The Leadership Team determines if the breach must be reported to any other authorities and lodges the report/s. (See Notifiable Data Breaches above for a list of possible agencies to be notified⁵⁴.) The Leadership Team updates the Adverse Event Report.
- If the Leadership Team determines that it is likely that any person's data is at risk of being viewed or utilised by others, a member of the Team ensures that the person/s are advised of the type of data breached, action taken, potential consequences and what we have done to ensure it does not occur again. Advice may be written, verbal or face to face or a combination, depending on the breach and consequences.
- In the event of unlawful access to data on the IT system the system is immediately isolated and the IT and Data Support Coordinator and/or IT consultant is requested to immediately attend and identify the extent of the breach, recover lost information if possible, secure the system, determine how the breach occurred and how to prevent it in the future.
- The Data Breach Report is updated by the IT and Data Support Coordinator Team and processed and closed out by the Leadership Team as per 8.9.8 Processing Continuous Improvement Forms and Other Improvement Information. The Leadership Team reviews the data breach and the appropriateness of the response and considers if any improvements can be made to the data breach process.
- The CEO reports all data breaches to the next Board Meeting. (See Table 7.3.1: Management Meetings/Board Meetings.)

⁵² These items are included on the Data Breach Report

⁵³ These items are included on the Data Breach Report

⁵⁴ These agencies are included on the Data Breach Report

Figure 7.12.2: OAIC Data Breach Action Plan for Health Service Providers





CONTACT INFORMATION

Office of the Australian Information Commissioner (OAIC)

The OAIC oversees the Notifiable Data Breaches scheme and privacy aspects of the My Health Record system. For more information on notifiable data breaches:

Web: oaic.gov.au/data-breach-preparation-and-response

Assessing an eligible data breach

Web: oaic.gov.au/data-breach-response-steps

Report a notifiable data breach

Web: oaic.gov.au/report-a-data-breach

Report a My Health Record data breach

Web: oaic.gov.au/my-health-record-data-breach

Guide to health privacy

Web: oaic.gov.au/guide-to-health-privacy

Enquiries

Web: oaic.gov.au/contact-us

Phone: 1300 363 992

Services Australia (Medicare)

Services Australia can assist breached organisations by placing impacted customers on a watch list to monitor for any compromise or misuse of customers' Medicare records.

Email: protectyouridentity@servicesaustralia.gov.au

Phone: 1800 941 126

Australian Digital Health Agency (My Health Record system)

All data breaches related to the My Health Record system must be reported to the Australian Digital Health Agency. The Agency will contact affected healthcare recipients, when this is required under the *My Health Records Act 2012*. Where a significant number of people are affected, the general public will be notified.

Web:

myhealthrecord.gov.au/for-healthcare-professionals/howtos/manage-data-breach

Email: MyHealthRecord.Compliance@digitalhealth.gov.au

Phone: 1800 723 471

Australian Cyber Security Centre (ACSC)

The ACSC leads the Australian Government's efforts to improve cyber security, with the role of helping to make Australia the safest place to connect online. For advice on what to consider in developing an incident response plan:

Web: cyber.gov.au/advice/developing-an-incident-response-plan

Report a cyber security incident

Web: cyber.gov.au/report

Alert service: Sign up to the ACSC's Stay Smart Online free alert service on the latest online threats and how to respond at staysmartonline.gov.au

*You can also seek support from Australia's national identity and cyber support service, **IDCARE** by calling **1300 432 273***

Testing of the Data Breach Response Plan

Ongoing testing of different scenarios of data breaches is carried out regularly as part of our risk management process. This may involve staff and our IT Consultant.

(See 7.11.3 Risk Management Plans.)

Training

All staff and Board Members receive training on our data breach response plan in their initial orientation and through ongoing updates on breaches and how to respond to them.

The Leadership Team are trained in how to isolate the IT system from the internet and from all users in the event of unlawful access or threats.