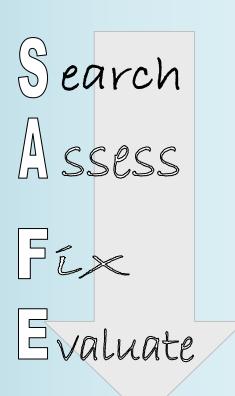
SafeCare

Service

Safe provision of care in Early Childhood Services





Version 7





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Document Control

Version	Date	Amendments						
1	15/07/09	Graphics amended Icons added Cross references to SafeCareService added						
2	17/08/09	Case study amended SAFESearch Questions amended More cross references added SAFEGuard infection diseases added						
3	28/02/10	Glossary amended Completed SAFEGuard example added SAFESearch format amended						
4	20/05/10	Standards in SAFESearch documents Single side format for SafeCare forms Differential color for SafeCareService and SafeCareCluster						
4.1	20/06/10	SAFEInduct, SAFEAid, SAFEBee, SAFERecord & SAFEExcursion checklists amended SAFECentreVisit form added						
5	25/04/11	SAFERecord, SAFEMove signoffs and escalation process added SAFEFood and SAFEChem sections added References to OHS consultation and purchasing added SafetyTrain resources added						
5.1	7/08/12	Minor amendments to SAFESearch Daily and Monthly Emergencies section added Environment section added						
6	15/11/12	Minor amendments to Sustainability and Emergencies section Risk Management proforma added to SafeExcursion Amendments to SafeTraining and training description throughout						
7	17/02/13	Reference key for National Quality Standards and National Regulations added at front of document References to UnitingCare OH&S Policies added throughout Managing documents section added References to Early Years Services Policies added throughout						

How does SafeCareCluster relate to the ACECQA National Quality Standards?

Quality Standard Section Number	Quality Standard Section Title	Relevant SafeCare Section Name				
QA1	Educational program and practice					
1.1	An approved learning framework informs the development of a curriculum and development.	that enhances each child's learning				
1.1.1	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.	Not relevant				
1.1.2	Each child's current knowledge, ideas, culture, abilities and interests are the foundation of the program.	Not relevant				
1.1.3	The program, including routines, is organised in ways that maximise opportunities for each child's learning.	Outside Activity Areas Sustainability				
1.1.4	The documentation about each child's program and progress is available to families.	Not relevant				
1.1.5	Every child is supported to participate in the program.	Not relevant				
1.1.6	Each child's agency is promoted, enabling them to make choices and decisions and influence events and their world.	Sustainability				
1.2	Educators and co-ordinators are focused, active and reflective in designing child.	and delivering the program for each				
1.2.1	Each child's learning and development is assessed as part of an ongoing cycle of planning, documenting and evaluation.	Not relevant				
1.2.2	Educators respond to children's ideas and play and use intentional teaching to scaffold and extend each child's learning.	Not relevant				
1.2.3	Critical reflection on children's learning and development, both as individuals and in groups, is regularly used to implement the program.	Not relevant				
QA2	Children's health and safety					
2.1	Each child's health is promoted.					
2.1.1	Each child's health needs are supported.	Food Safety				
		First Aid				
		Indoor Activities				
2.1.2	Each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation.	Inside Activity Areas				
2.1.3	Effective hygiene practices are promoted and implemented.	Infectious Diseases				
		Food Safety				
		First Aid				
2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.	Infectious Diseases SafeRecord				
2.2	Healthy eating and physical activity are embedded in the program for child	ren.				
2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.	Food Safety				
2.2.2	Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child.	Outdoor Activities Sustainability				
2.3	Each child is protected.	Sustainasing				
2.3.1	Children are adequately supervised at all times.	Indoor Activities				
4. €. 1	Contains are adequatery supervised at an times.	SafeExcursion				
2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.	The SAFE System Vehicles at work Stress SafeExcursion				
2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.	SafeExcursion A Major Incident Emergencies				

Quality Standard Section Number	Quality Standard Section Title	Relevant SafeCare Section Name								
2.3.4	Educators, co-ordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect.	Planning								
QA3	Physical environment									
3.1	The design and location of the premises is appropriate for the operation of a service.									
3.1.1	Outdoor and indoor spaces, buildings, furniture, equipment, facilities and resources are suitable for their purpose.	Indoor Activity Areas Outdoor Activity Areas								
3.1.2	Premises, furniture and equipment are safe, clean and well maintained.	The Office Inside Activity Areas Outside Activity Areas								
3.1.3	Facilities are designed or adapted to ensure access and participation by every child in the service and to allow flexible use, and interaction between indoor and outdoor space.	Inside Activity Areas Outdoor Activity Areas Sustainability								
3.2	The environment is inclusive, promotes competence, independent exploration	,								
3.2.1	Outdoor and indoor spaces are designed and organised to engage every child in quality experiences in both built and natural environments.	Outdoor Activity Areas Inside Activity Areas Sustainability								
3.2.2	Resources, materials and equipment are sufficient in number, organised in ways that ensure appropriate and effective implementation of the program and allow for multiple uses.	Outdoor Activity Areas Inside Activity Areas Sustainability								
3.3	The service takes an active role in caring for its environment and contribute	es to a sustainable future.								
3.3.1	Sustainable practices are embedded in service operations.	Sustainability								
3.3.2	Children are supported to become environmentally responsible and show respect for the environment.	Sustainability								
QA4	Staffing arrangements									
4.1	Staffing arrangements enhance children's learning and development and en	nsure their safety and wellbeing.								
4.1.1	Educator-to-child ratios and qualification requirements are maintained at all times.	How will this work? SafeExcursion								
4.2	Educators, co-ordinators and staff members are respectful and ethical.									
4.2.1	Professional standards guide practice, interactions and relationships.	Planning Stress								
4.2.2	Educators, co-ordinators and staff members work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships.	Planning Stress								
4.2.3	Interactions convey mutual respect, equity and recognition of each other's strengths and skills.	Planning Stress								
QA5	Relationships with children									
5.1	Respectful and equitable relationships are developed and maintained with o	each child.								
5.1.1	Interactions with each child are warm, responsive and build trusting relationships.	Not relevant								
5.1.2	Every child is able to engage with educators in meaningful, open interactions that support the acquisition of skills for life and learning.	Not relevant								
5.1.3	Each child is supported to feel secure, confident and included.	Not relevant								
5.2	Each child is supported to build and maintain sensitive and responsive related adults.	tionships with other children and								
5.2.1	Each child is supported to work with, learn from and help others through collaborative learning opportunities.	Not relevant								
5.2.2	Each child is supported to manage their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.	Not relevant								
5.2.3	The dignity and rights of every child are maintained at all times.	Not relevant								
QA6	Collaborative partnerships with families and communities									
6.1 6.1.1	Respectful supportive relationships with families are developed and mainta	Not relevant								
6.1.2	There is an effective enrolment and orientation process for families. Families have opportunities to be involved in the service and contribute to service decisions.	SafeExcursion								
6.1.3	Current information about the service is available to families.	Not relevant								
6.2	Families are supported in their parenting role and their values and beliefs a									

Quality Standard Section Number	Quality Standard Section Title	Relevant SafeCare Section Name			
6.2.1	The expertise of families is recognised and they share in decision making about their child's learning and wellbeing.	Not relevant			
6.2.2	Current information is available to families about community services and resources to support parenting and family wellbeing.	Not relevant			
6.3	The service collaborates with other organisations and service providers to ewellbeing.	enhance children's learning and			
6.3.1	Links with relevant community and support agencies are established and maintained.	Not relevant			
6.3.2	Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.	How is this going to work?			
6.3.3	Access to inclusion and support assistance is facilitated.	Not relevant			
6.3.4	The service builds relationships and engages with their local community.	Not relevant			
QA7	Leadership and service management				
7.1	Effective leadership promotes a positive organisational culture and builds a	professional learning community.			
7.1.1	Appropriate governance arrangements are in place to manage the service.	The SAFE System			
		How is this going to work?			
		Excursions and Centre Visits			
7.1.2	The induction of educators, co-ordinators and staff members is comprehensive.	Induction			
7.1.3	Every effort is made to promote continuity of educators and co-ordinators at the service.	Not relevant			
7.1.4	Provision is made to ensure a suitably qualified and experienced educator or co-ordinator leads the development of the curriculum and ensures the establishment of clear goals and expectations for teaching and learning.	Not relevant			
7.1.5	Adults working with children and those engaged in management of the service or residing on the premises are fit and proper.	Planning			
7.2	There is a commitment to continuous improvement.	l			
7.2.1	A statement of philosophy is developed and guides all aspects of the service's operations.	The Occupational Health and Safety Policy			
		How is this going to work?			
7.2.2	The performance of educators, co-ordinators and staff members is evaluated and individual development plans are in place to support performance improvement.	Not relevant			
7.2.3	An effective self-assessment and quality improvement process is in place.	The SAFE System			
		How is this going to work?			
7.3	Administrative systems enable the effective management of a quality service	e			
7.3.1	Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements.	How is this going to work? SafeRecord Emergencies A Major Incident			
7.3.2	Administrative systems are established and maintained to ensure the effective operation of the service.	How is this going to work? The SafeCare System SafeRecord			
7.3.3	The Regulatory Authority is notified of any relevant changes to the operation of the service, of serious incidents and any complaints which allege a breach of legislation.	SafeRecord Emergencies			
7.3.4	Processes are in place to ensure that all grievances and complaints are addressed, investigated fairly and documented in a timely manner.	Stress Broad planning			
7.3.5	Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.	The Safe System How is this going to work?			

How does SafeCareCluster relate to the Education and Care Services National Regulations?

Please note that only the relevant sections have been noted in the table below

Regulation Section Number	Regulation Section Title	Relevant SafeCare Section Name
Chapter 1	Preliminary	
8	National Quality Standards	How does SafeCare Cluster relate to National Quality Standards
10	Meaning of serious incident	SafeRecord Emergencies
Chapter 3	Assessments and Ratings	
Part 3.1	Quality Improvement Plan	The SafeCare System How will this work?
10	Meaning of serious incident	Emergencies
Chapter 4	Operational Requirements	
Part 4.2	Children's Health and Safety	Planning Food Safety First Aid Infection Control An excursion or centre visit Emergencies
Part 4.3	Physical Environment	Inside Activity Areas Outside Activity Areas
Part 4.4	Staffing Arrangements - Division 3 Minimum number of educators required	How will this work? An excursion or centre visit
Part 4.4	Staffing Arrangements - Division 6 First Aid Qualifications	First Aid
Part 4.4	Staffing Arrangements - Division 9 Staffing and Educator Records - Centre based	Managing documents
Part 4.7	Leadership and Service Management - Division 1 Management of Services	Managing Documents
Part 4.7	Leadership and Service Management - Division 2 Policies and Procedures	OHS Policy
Part 4.7	Leadership and Service Management - Division 3 information and record-keeping requirements – 1&4 Display, confidentiality and storage	Managing documents
Chapter 7	Jurisdiction-Specific and Transitional and Saving Provisions	
Part 7.1	General Transitional and Saving Procedures - Division 2 Staffing Arrangements	How will this work?
Part 7.1	General Transitional and Saving Procedures - Division 3 Physical Environment	How will this work? Inside Activity Areas Outside Activity Areas An excursion or centre visit
Part 7.8	Victoria-Specific Provisions	An excursion or centre visit

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SafeCareService

Is this the only guide in the SafeCare system?

The guides in the SafeCare System include:

- SafeCareService reference for Early Childhood Services
- SafeCareCluster reference for Early Childhood Service Cluster Managers
- SafeCareCEO reference for Agency CEOs

Icons in this document

Icon	Meaning
	An important point to remember
	Something to complete in a SafeCare form
Agency Service P.50	References to each of the SafeCare documents and SafeQuicks as well as internet and Agency documents
	An example about the topic under discussion
	A word that is in the glossary – the word is given in bold in the text as well
	SafeCare training available
	SafeGuard sheet used
Uniting Care Victoria and Tasmania	UnitingCare Early Years Policies

SafeCare

What is the principle behind SafeCare?

The SafeCare System is based on the principle that all those who work at or visit our service will be protected from illness or injury

What do we have to do?

	Our legal and Synod-based requirements	Which page in SafeCare Guide or what else do I need to do?		
	A written OHS policy and procedures	OHS policy provided in this document or agency document		
	A risk management system	SAFE process and throughout this Guide		
	Regular OHS discussion-workers/volunteers/ management	Regular staff meetings		
•	OHS induction - new staff, volunteers, students and contractors	SAFEInduct		
0 0	OHS training	Agency training		
	Incident reporting and recording	SAFERecord		
	Timely workers compensation process	Agency procedures		
	All injury information provided for injury claims	Agency procedures		
	'If you are injured' poster displayed	Available through Cluster		
	Employers and Employees Claim Forms available	Available through Cluster		

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'There seems to be a lot of checklists, we've got no time in sessions!'

Note that there is only one daily one (in bold text)

Checklist	In/not in session	Intended for completion by	Frequency
SAFEGuard	Not in session	Staff	Ongoing response
SAFESearch	In/before session	Staff	Daily
SAFESearch	In/before session	Staff	Monthly
SAFEAid	Either	Staff	Monthly
SAFERecord	In/before session	Staff	When a staff injury occurs
SAFEInduct	In/before session	Staff	New staff, work experience
SAFEMove	Not in session	Staff	New manual handling task
SAFESpace	Not in session	Staff/cluster	Annually
SAFEBee	Not in session	Maintenance Coordinator	Each working bee
SAFESearch	Not in session	Cluster	6 monthly
SAFEContract	Not in session	Cluster	When contractor organised
SAFETest	Not in session	Cluster	Annually

What are the key safety issues in Early Childhood Services?

The most common injuries in early childhood services are caused by manual handling & stress.

What is a workplace?

Our workplaces must be safe. These places could be as broad as:

- The centre
- Cars/buses
- Excursion sites
- Car parks
- Houses
- Other centres
- Stalls at a local fete/shopping centre

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A safe level of service

Sometimes we may be tempted to run the service without enough staff or dispense with one or other of the standard safety procedures from our service 'just for today'.



The law is very clear that our primary duty is to the safety of all who work and attend the service and therefore we cannot compromise safety for sake of provision of a service/ program that would otherwise not run.

Working with volunteers

Volunteers play a big part in the running of our services and the law indicates that they should be treated in the same way as paid workers in relation to health and safety. This means that we have an obligation to:



- Provide **induction** for all new volunteers
- Include them in any health and safety training that takes place
- Include them in discussions about safety issues
- Consider them when identifying and assessing **risks** at our service
- Develop a way for them to report hazards
- Ensure that they are covered by insurance
- Have a Health and Safety Representative that they all know and are happy to talk to



Health and Safety



We have a **Duty of Care** to provide a workplace that is safe and without risks to health. Safety needs to be a priority and therefore planning and prioritising is important.

Here are some ways we can plan for health and safety:



- Complete a full hazard list and work out which hazards we need to deal with and which are the responsibility of the owner of the premises (if the premises are leased)
- Prioritise these hazards and come to an agreement with the owner about a timeframe for addressing the ones which are his/her responsibility.
- Organise specific fundraising events for the issues which will be more expensive and allow time for this to be done well.
- Apply for grants for specific larger items from local councils, community banks or other interested bodies.
- Ensure that there is regular maintenance carried out and that there is a budget for this each year.
- Budget time and money for specific safety issues from the list of safety priorities.
- Ensure that all tenders/submissions allow for a safe level of service provision, don't cut safety costs!





How is this going to work in our service?

A Risk Management System

A Risk Management System ensures the workplace is safe and without risks to health through identifying and dealing with the hazards in the workplace. This has a number of key elements:

- Policies and procedures
- Consultation
- Training
- Evaluation
- Risk management culture



The risk management system is called the SAFE system and will be explained fully further later on in this section.

Policies and procedures

Uniting Care Occupational Health and Safety

It is very important that there is a concerted approach to health and safety across the service. This means we have:

- The **OHS** Policy
- Occupational Health and Safety Procedures including manual handling and stress
- 'If you are Injured' poster clearly displayed

Consultation - Involving everyone

There are a variety of ways of involving people in health and safety:



- Discuss general **OHS** concepts.
- Refer to our **OHS** policy whenever relevant, have a copy displayed for people to see.
- Ensure that all relevant people have a copy of our **OHS** procedures
- Have a suggestion box, surveys and other ways of inviting ideas
- Have planned **OHS** meetings (which may be staff meetings) which are documented, workshops and training sessions and invite all relevant parties
- Seek, consider and discuss ideas from all parts of our service
- Involve management, workers and volunteers in process of searching, assessing, fixing and evaluating responses to hazards.

This process is called the SAFE process and is our risk management process.

Training – developing the safety framework

Health and safety should be a part of each of these:

- Induction
- Supervisor training
- Health and Safety Representative training
- On the job training
- Specific issue training such as manual handling
- Procedure training
- Emergency response and first aid training



There is industry specific SafeCare training available on a variety of issues. Induction and Refresher training are known as SafeCare Basic training and are provided on a 6 monthly or annual basis to allow for the prompt inclusion of people from a variety of agencies. The dates are given on the SafeCare Training Calendar.



SafeCare Further Training involves training on Health and Safety Representatives, supervisors, manual handling, bullying and a variety of other topics. Further units can be developed on any relevant topic for your service, agency or run across the SafeCare network if you only have a few participants.

Further information, a training calendar and training booking sheet are available on the UnitingCare Intranet and at www.bcsmallbiz.com.

How do we ensure that everyone is trained in relevant areas?

There are a variety of training requirements that all services have and it can be quite difficult to keep a track of what these are and whether all staff and volunteers have been part of the training that they need. The professional development form that many services use is provided by the Department, but it relates only to individuals. While this is important, we also need to have a broad method of identifying what training needs to be done and summarizing all training that has been done to ensure that everyone has been trained in the areas that they need.



There are two parts to ensuring that everyone has current training in the relevant issues for the service. These are:

- Training needs analysis who needs what training?
- Training record who has done what training?

A suggested form combining these is provided over the following pages. Once again if your agency has a particular form which has the same information, replace this one with theirs. You will need to ensure that all the information is gathered to make the forms useful for you as well as others in your agency! Keep the SafeCare training records that you get after each session to confirm this information.

How frequently should people be trained?

There are a variety of training courses available and some training courses should be undertaken more frequently than others because they relate to specific 'hot spot' or legislative issues. The suggested frequency for training courses is given below:

Course Name	Participant grouping	Frequency	
SafeCare Induction	All new staff and refresher course	Once	
SafeCare cluster refresher	Cluster staff	Annually	
SafeRep – HSR	New Health and Safety Representatives	Once	
SafeRep Refresher	Health and Safety Representatives	Annually	
SafeManage – OHS for managers	Managers and supervisors	Once	
SafeManage Intensive	Managers and supervisors	Annually	
SafeMove – Manual Handling	All staff	Annually	
SafeRelate Staff – (Harassment/bullying)	All staff	As needed	
SafeRelate Managers - (Harassment/bullying)	Managers and supervisors	As needed	
SafeSelf – slips, trips and falls including ladder safety	All staff	Annually	
SafeChem – chemical safety	All staff	Annually	
SafeFood Level 1	All food handlers	Every 4-5 years	
SafeFood Level 2	Supervisors of food activities	Every 4-5 years	

Evaluation – how is it going?

Cluster managers should ensure that all services:

- Regularly check that management, workers and volunteers are aware of the OHS policy and procedures and use them in practice
- Discuss procedures with all relevant people and make changes as necessary
- Discuss the effectiveness of responses to hazards that have been put in place with all relevant people
- Ensure that OHS is included in all of the regular management procedures such as planning, budgeting, purchasing and others
- Ensure that OHS is a regular agenda item at Committee and subcommittee meetings
- Review the training and induction procedures as well as ensuring that people are competent after training



Discuss any new training areas that would be helpful and explore options for provision of these. Investigate the range of SafeCare Training courses that are currently available at www.bcsmallbiz.com. New SafeCare Further Courses are easily able to be developed and provided as part of the SafeCare Further Training options; contact Tim on safecaretraining@bcsmallbiz.com for a further discussion.

SAFETraining - Training Needs Analysis and Record Service:

Employee Name (Note completed example below)	- In	re Basic aduction/	SafeMo Manual Handlin		SafeRel Harassr /bullyin	nent	SafeRep 5 day training	HSR	SafeRep Refresh 1 day re	er –	SafeSel Slips, tr falls	f –	SafeFood Food level 1	Safety	SafeChe Chemic safety			00
example below)	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified
Joan Berlino	✓	13/4/2010	✓	18/5/2011			✓	29/8/2010	✓		√				✓			

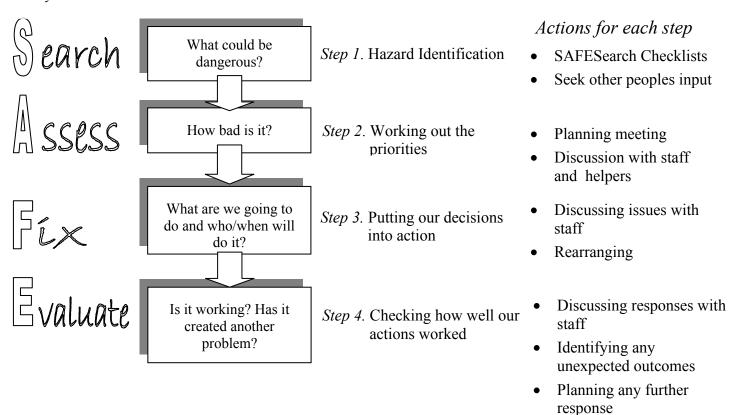
Coordinator/Manager	Signature:	Name:	Date: / /
Cluster Manager/Agency	Signature:	Name:	Date: / /

(This page has deliberately been left blank to allow for the replacement of the form with a relevant Agency version if there is one)

The SAFE system

UnitingCare
Victoria and Tasmania
Occupational
Health and
Safety

The SAFE process is our risk management process which ensures that **hazards** are dealt with in our service. It involves 4 basic steps to ensure that **hazards** are identified, assessed, controlled and these controls are reviewed.

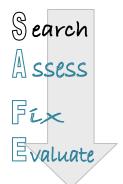


Use the SAFEGuard sheet to keep a track of each of the steps along the way. A completed example is given on page 18.



Step 1. Search - Hazard Identification

All staff are responsible for this process



Hazards are defined as anything that can cause injury or damage. Hazards can be caused by:

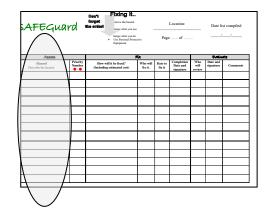
- The condition of the workplace
- Equipment and substances used in the workplace
- Poorly designed procedures
- Inappropriate management systems and styles
- Inappropriate action or inaction by people at the service

We can search for hazards using a variety of methods and we should keep in mind that this step should be an integral part of whatever happens at our service. It should be part of the culture of the place.

Some key methods for identifying hazards are:

- *Observation* constantly check as you work.
- *Injury, illness and near-hit records* look for patterns (SAFERecord)
- Consultation ask the people who are there
- Inspections check regularly (SAFESearch Daily and Monthly)
- *Investigations* find out what went wrong
- Complaints use them as triggers to check
- Audit regular check by an outside service (SAFESearch 6 monthly)





Record the hazards in the first column of the SAFEGuard sheet

Search

A ssess

Step 2. Assess - Hazard Prioritisation

We need to think about 2 factors when we are assessing risks:

- How likely is it that the risk will cause illness or injury?
- How severe is the illness or injury caused by the risk?

What is likelihood?

The likelihood of back injury will be greater for Margaret who is changing 15 nappies each session than it will be for Nerida who often has 3 or less to change per session.

What is severity? (using our SAFECheck categories)

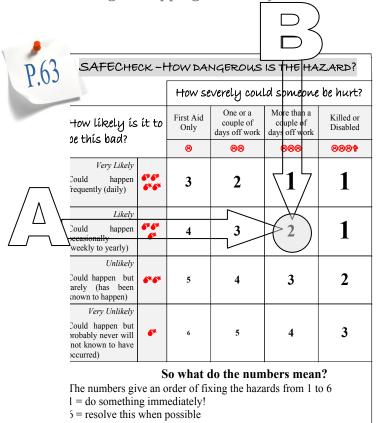
The severity of Margaret's back pain would be classified by having several days off work whereas the severity of Miguel's broken arm from a slip on the wet floor would be classified as 'more than a couple of days off work' according to his three weeks off work.



So how do I assess.....?

Let's have a look at the possibility of someone slipping on the wet floor to show the use of SAFECheck to give us a priority for action.

Risk: Miguel slipping on a wet floor and breaking an arm.



When assessing the *likelihood* of slipping on a wet floor, it is rated as a *likely* occurrence with floors being cleaned quite frequently after spills. This is noted on the side of SAFECheck at arrow A.

The *severity* of the injury is assessed as *more than a couple of days off work* as a broken arm is likely to cause an absence of three weeks. This is noted on the top of SAFECheck at arrow B.

After noting these two ratings on SAFECheck, the point at which they intersect on the table

gives a rating of 2. This means that we need to do something to prevent the possibility of this happening quite soon, but there may other issues which are of greater danger and therefore should be addressed first.

Some things to note:

It is important to note that there may be more than one risk associated with each hazard.



The service has cleaning chemicals stored onsite. These can cause skin irritations. There are a number of ways in which people may be exposed to them.

- People may use chemicals without wearing gloves
- People may spill chemicals and not clean them up
- People may leave chemicals out of the cupboard or leave the cupboard unlocked

check them all!

Another factor to bear in mind is the difference in people's response to hazards. Some of the differences might be:

- Storage of items may be a manual handling issue. Consider the height for storing goods in relative terms of the personal accessing the items. Too high or too low may present handling concerns.
- If people have been off work their level of fitness and awareness of workplace issues may be reduced so they may be more at risk of manual handling injuries.
- There may be cultural, lifestyle or training differences between staff which may impact on workplace practices. Discuss with staff the procedures relevant for the service and where necessary, and within regulations, make arrangements to undertake inclusive practices. This may involve a service/management consultation and agreement.

Don't forget to consider everyone who comes to the service. This will include:

- contractors & cleaners
- visitors & people running centre visits
- people at working bees
- volunteers
- parents, guardians and others



4FEGu	aı	d.	(lac	Fixing it. under the hazard unger what you de than you all Une Personal Prote Equipment			Location:			st compiled
Asses	1		┡		Flx				Delice	eta .
Hazard Describe the hazard.	1	Priority Number	١	How will it be fixed? (Including estimated cost)	Who will fix it.	Dute to fix it	Completion Date and signature	Who will review	Date and signature	Commen
			1							
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	1	-	-							

Note the hazard assessment in the second column of the SAFEGuard sheet

Step 3. Fix- Hazard Control



We can think of a few different ways to control the hazard, which one should we use?

There is a definite order to the way we should respond:

1. Remove the hazard

The best option is to be able to remove the hazard completely. This means that people cannot be affected by the hazard.



The carpet is frayed in a number of places which is particularly evident near the front and back doors of the service. This is a tripping hazard for staff, parents and children alike and needs to be addressed quickly. The contractor has been organised for Wednesday next week to replace the carpet.

2. Change what you use

If you cannot remove the hazard completely, the next option is to change the equipment or materials you use.



To prevent a potential injury/accident we have decided to cover the frayed patch in the carpet until the repairs have been made. As the frayed patch is in a doorway we cannot put a piece of furniture over it, so we are using the large mat from the other room.

3. Change what you do

If you cannot remove the hazard or change what you use, the next option is to change the way you do things. This temporary solution relies on people remembering the relevant changes and therefore may not be as effective as changing the equipment and may require more vigilance to ensure people remember the change put in place.



The frayed carpet is causing problems and this hazard needs to be addressed quickly. We have decided to change the way we move through the centre and so we will not need to go across this piece of carpet.

4. Use Personal Protective Equipment (PPE)

Provision of personal protection equipment (including clothing) may be required for certain hazards. Person requiring the use of PPE may need training in the suitable wear, use and maintenance of such.

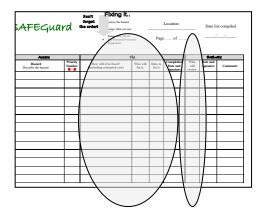
PPE is only useful if it is in good condition and if it is worn correctly. Therefore there can be potential concerns with the use of PPE so awareness and training is vital to ensure that the protective equipment is not deemed useless.



The park next to the service is a favourite meeting place for young people at night. Sometimes there are syringes and broken glass in the yard and parking area. The cleaners are given gloves and tongs to assist in cleaning.

A better option would be to combine the PPE with a practice of checking the yard before each session and installing a shadecloth barrier along the open fence.





Now write down the controls you have worked out for the hazards in the 'how will it be fixed?' section of SAFEGuard.

Also note who is going to fix things and when they will do it!

Also note in the first column of the 'Evaluate' section who will check that it has been done and when this will be done.

Finally the person responsible signs and dates the sheet when it is complete.

Step 4. Evaluate - Is it working?



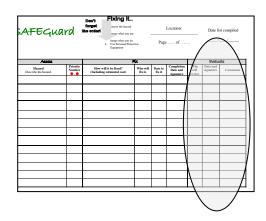
The final stage involves checking that the action is dealing with the hazards and not introducing any new ones.



The large mat that we put over the frayed part of the carpet is lifting at the edges and we have already had a few people trip over on the edge of the mat. It's almost as dangerous as the frayed carpet itself! We need to do something about that.







Finally, get person who was noted in the first column of this section to check what has happened and note the action in the 'Evaluate' section of SAFEGuard.

SafeCareService

The SAFE System

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SAFEGuard

Don't forget the order!

08-08-13

Fixing it..

1. Remove the hazard

- 2. Change what you use 3. Change what you do
- 4. Use Personal Protective Equipment

Service:

Peter Costello Memorial

Page of

Date list compiled

8 14 1 XX

	Assess	Fix				Evaluate			
Date	Hazard Describe the hazard.	SAFECheck Priority Number 0 - 6	How will it be fixed? (Including estimated cost)	Who will fix it.	Date to fix it	Completio n Date and signature	Who will review	Date and signature	Comments
31/3/xx	Carpet frayed in a number of places particularly in the entrance way. This is a tripping hazard	1	Move the large mat from the other room to cover over the place near the front door		2/4/xx	2/4/xx Mary B	Beth and staff	4/4/xx Beth 7	Large mat is curling and causing hazard
4/4/xx	Large mat over frayed carpet is curling up and causing tripping hazard	1	Get carpet repaíred. Contractor cost \$2400	~	8/4/xx	8/4/xx M ary B			



Page | 26 OHS Policy Safe Care Service

The Occupational Health and Safety (OHS) Policy

What is it?



The Occupational Health and Safety (OHS) Policy gives a clear statement of the intention of the service to look after the health and safety of all who attend and visit. It is an important part of developing the culture of the service so that safety is simply 'what we do here'.

What should we do?

The service should either:

- insert their name in the relevant places in the policy given on the following page and print this out as their own or
- use the Agency OHS Policy



The OHS Policy of the service should be posted on the wall visible to all because everyone who attends or visits the service has responsibilities within it.

Everybody who attends or visits the service should be aware of what the policy is. To ensure this awareness, there should be discussion of the OHS Policy:



- at staff meeting
- with parents, perhaps as part of information nights
- at **induction** of new people
- with contractors

Safe Care Service OHS Policy Page | 27

(This page has deliberately been left blank to allow for the replacement of the form with a relevant Agency version if there is one)

Page | 28 OHS Policy Safe Care Service

Our Occupational Health and Safety Policy

❖ Please note: This policy is utilised where there is no agency policy for OHS

Our intention

(*This service - insert name*) values the health, safety and welfare of all who work at, attend or visit our service and therefore will comply with the Occupational Health and Safety Act 2004 and associated regulations to ensure that this service is safe and without risks to health. We will ensure that all relevant people within the service are a part of the process of keeping our service a safe place and that sufficient resources are provided. The Cluster Management will ensure that there are regularly reviewed systems in place to ensure the health, safety and welfare of all workers, volunteers, children, contractors and visitors to this service.

Our method

(*This service - insert name*) will make this policy work by managing risks using the following procedure:

- 1. Develop, communicate and put into practice this Occupational Health and Safety Policy;
- 2. Develop and put into practice a way of discussing OHS issues with workers, contractors and management;
- 3. Develop and put into practice a way of training all relevant people in key OHS issues;
- 4. Develop, communicate and regularly update safety procedures with key stakeholders;
- 5. Develop a culture within our service of dealing with hazards using the SafeCare system.
- 6. We will develop and put into practice specific responses to:
 - Manual handling
 - Food Safety
 - Our people

- Emergency and evacuation
- Communicable diseases
- Bullying and harassment

Our Cluster Management will ensure that this OHS Policy is communicated and put into action in our service by ensuring the Coordinator/Manager/Kindergarten Teacher and all workers are accountable for their OHS responsibilities.

Our Coordinator/Manager/Kindergarten Teacher will ensure that this OHS Policy and all OHS procedures are put into daily action by ensuring that the service is safe and without risks to health and that everybody behaves in a manner that ensures their own safety and that of others. He/she will promptly report issues or concerns (with recommendations for action) beyond his/her power of control to the Cluster Manager.

Our contractors will follow safety procedures as discussed with management to ensure that their actions do not endanger themselves or anyone else.

Our workers and volunteers will promptly report any hazards to the Teacher, Coordinator or Management Committee/Board, participate in discussion and training about all relevant OHS issues and will actively work towards making the service a safe and healthy place to be using all means possible.

Our Agreement This policy will be effective from	and will be regularly
reviewed. Date:	

Title	Signed	Title	Signed
Worker		Director/Coordinator	
Cluster Manager		Volunteer	

Safe Care Service OHS Policy Page | 29

(This page has deliberately been left blank to allow for the replacement of the form with a relevant Agency version if there is one)

SAFERecord

Our Incident Reporting and Recording Policy

ria and Tasmania

Occupational Health and Injury Illness and Trauma

(This service *insert name*) considers the health and safety of all who access it to be of paramount importance. All accidents involving children, parents, volunteers, contractors, students and staff members are to be recorded, investigated and reported. Accidents occur unintentionally and usually result in Safety, Incident harm, injury, damage or loss, casualty or mishap. Wherever possible action will be taken to prevent accidents.

Who is responsible?



- The cluster manager is responsible for the implementation of this procedure. The Agency is responsible for reporting all serious injuries or fatalities to WorkSafe as soon as the person managing OHS becomes aware of them. Incidents involving collapse of buildings, fire and explosions must be reported to WorkSafe immediately also.
- The Coordinator/Manager is responsible for investigating all injury and potentially injurious incidents, recording all incident details, and implementing preventative action. He/she must report all serious injuries, fatalities, building collapse, fire and explosions to the Agency immediately.
 - The workers and volunteers are responsible for reporting all injury and incidents to the Manager/Supervisor as soon as possible after they happen and recording all details on SAFERecord form or the Agency one.

What is a serious injury?

Serious injury is used in this context to describe those incidents that result in the consequences described in section 37(1) of the Act. They include, but are not limited to, incidents that result in a person requiring:

- ▶ medical treatment within 48 hours of exposure to a substance
- immediate treatment as an in-patient in a hospital
- immediate medical treatment for:
 - amputation
 - serious head injury
 - serious eye injury
 - separation of skin from underlying tissue (for example de-gloving or scalping)
 - electric shock
 - spinal injury
 - loss of bodily function
 - serious lacerations

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What do I record?

You should record all injuries that require anyone to stop work/play or not work/play to his/her full capacity. You should also record incidents that might have caused injury but did not in this case (we call these things 'Near misses'). These are equally important in preventing further injuries.



<u>Do record</u> – twisted ankles, all slips/trips, cuts from equipment, burns and other similar injuries

<u>Do not record</u> things like paper cuts, knocking an elbow against a wall, blisters

What is a 'Near Miss'?

A near miss is an incident that might have caused injury or damage but on this occasion did not. These incidents are as important as those that did cause injury or damage in investigating the causes and attempting to minimise the risk associated with them.

Where do I record injuries/incidents?



Staff and adults: You should contact the cluster manager to decide whether there is an Agency form or whether to use the one on the following page.

Children: use the DEECD forms available from

http://www.eduweb.vic.gov.au/edulibrary/public/earlychildh
ood/childcare/csg/csguide accident injury record.pdf

What is the process?

- 1. Witness or other person at the scene records and confirms all worker and incident details in the first 2 sections of SAFERecord or Agency equivalent (as given in this folder)
- 2. Coordinator/manager is notified and given the completed SAFERecord immediately
- 3. Coordinator/Manager to phone the Cluster Manager or Agency representative about serious injuries or damage immediately or within a day for all other SAFERecord incidents
- 4. Cluster Manager or Agency Representative will notify WorkSafe of any serious injury or damage immediately
- 5. Coordinator/Manager to copy the SAFERecord or Agency form with completed worker and incident details and send it to the cluster manager/agency representative immediately if it is a serious injury or damage or within a day otherwise.
- 6. Coordinator/Manager to complete the investigation on the back page of the original copy of SAFERecord or Agency equivalent within a week and send it to the cluster manager
- 7. Cluster manager will sign off the SAFERecord investigation details and respond to the investigation details according to agency policy and will pass on the details to the relevant person within the Agency as soon as possible.

SAFERecord - Staff/Volunteer Register of Injuries/Near Misses

Injured/Endang	ered Worker	Details			
Name: Family N	ame		Given Names		
Address:					
				1	P/Code:
Date of Birth: /	/ Age:	years months	Sex: Male Fer	nale	Marital Status:
Occupation:	•	Ser	vice:		
Accident/Near n	niss Details				
Date of Injury/Nea Place/Site of Incide Cause of Injury/Ne	nt:			Time:	am/pm
Nature of Injury/N					
Body Location of in					
Accident/ Near mis					
	-				
First Aid/Medical t	reatment:				
Ceased Work: YE	S NO	Date: / /		Time:	am/pm
Comments:					
1					1
Witness S	ignature:		Name:		Date: / /
Coorditor/Mngr S	ignature:		Name:		Date: / /
Follow up Actio	ns (Agency or	Early Childhood	Services will r	nanage tl	nis section)
WorkCover Claim	lodged		YES	NO	Date: / /
Return to Work Co			120	110	Ducet , ,
Expected date of return to work full duties				NO	Date: / /
Expected date of re			YES : /	NO /	Date: / / Date: / /
Accident investigat	turn to work full				
	turn to work full	duties	: /	1	Date: / /
Accident investigat If Yes - person car	turn to work full ion carried out: rying out investi	duties	: / YES	1	Date: / / Date: / /
Accident investigat If Yes - person car	turn to work full ion carried out: rying out investi	duties gation:	: / YES	1	Date: / / Date: / /
Accident investigat If Yes - person car	turn to work full ion carried out: rying out investi	duties gation:	: / YES	1	Date: / / Date: / /
Accident investigat If Yes - person car Action taken to pre	turn to work full ion carried out: rying out investiq vent same/simila on Report made t	duties gation: r injury occurring a o WorkSafe Victoria	: / YES gain:	NO NO	Date: / / Date: / / Date: / / YES NO
Accident investigat If Yes - person car Action taken to pre Incident Notification All fatalities/serious	turn to work full ion carried out: rying out investiq vent same/simila on Report made to	duties gation: r injury occurring a o WorkSafe Victoria	gain: (by Agency only) ose should be repo	NO NO rted to Woo	Date: / / Date: / / Date: / / VES NO rkSafe immediately on 132
Accident investigat If Yes - person car Action taken to pre Incident Notification All fatalities/serious	turn to work full ion carried out: rying out investiq vent same/simila on Report made to	duties gation: r injury occurring a o WorkSafe Victoria losion/building collap medical help should	gain: (by Agency only) ose should be repo	NO NO rted to Woo	Date: / / Date: / / Date: / / YES NO

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$SAFERecord-{\tt Incident/Near\ miss\ Investigation}$

The Incident

What happened?	
Where did it happen?	
What caused the injury/potential injury?	
What was the sequence, or chain of events that lead up to this incident?	

Breaking the Chain



	7/8
What single factor would be most likely to prevent a similar incident happening again?	
What other factors would have a significant impact on preventing a similar incident?	
What action will be taken to control these factors to prevent further incidents?	
Who will take this action and when?	
Additional Information & Co	mments:

Witness	Sign:	Name:	Date: / /			
Coorditor/Mngr	Sign:	Name:	Date: / /			
Action identified in the section above taken						
Coorditor/Mngr Sign:		Name:	Date: / /			
Coorattor/Mingr	Sign.	rame.	Date.			

Information and

communication technology



Documentation will always be a part of our practice. There are many ways in which we can make this process easier

What documents do we need?

There are a number of documents that are required to be kept for different lengths of time. Some of these are reference documents and some of these are records that are required to be regularly completed. As far as records go, some are completed by the service and some are completed by the Agency representative. Some are stored at the Agency and some are stored at the service.

Document	Who	Length of Time to be kept	Where
	responsible		stored

Reference Documents

- Education and Care Services National Regulations 2011
- ACECQA National Quality Standards
- Agency Policy and Procedures
- SafeCareCluster
- UnitingCare Early Years Cluster Policies
- UCA OHS Policy and Procedures



Records			
Attendance and Enrolment Records	Service	3 years	Service
Assessment and Evaluation Records	Service	3 years	Service
Employment Records	Agency	3 years	Both
Supervisor Records	Agency	3 years	Both
Relief/Student Teacher Records	Agency	3 years	Both
Induction Records	Service	3 years	Service
Family Information	Service	3 yrs after child has left	Service
Accident/Incident Records	Service	Until child is 25 yrs old	Service
Hazard Inspection Records – Daily/Monthly	Service	3 years	Service
Equipment Records including maintenance	Service	12 months	Both
Testing and Tagging Records	Agency	7 years	Agency
Medication Records	Service	3 years	Service
Excursion/Centre Visit Permission Forms	Service	3 years	Both
Emergency Drill Records	Service	12 months	Service
Contractor Details	Both	While contractor is used	Both
Food safety records	Service	3 yrs – current Food Safety Plan	Service
Chemical Records	Service	3 yrs – current Chemical Register	Service
Working bee records	Service	3 years	Service

Document	Who responsible	Length of Time to be kept	Where stored
DEECD funding records	Agency	7 years	Agency
State and commonwealth records	Agency	7 years	Agency

How can we make it easy to remember and complete our records?

There are a number of ways to make the process easier. A number of these are about making the process just part of the routine and ensuring that it doesn't look too difficult. People generally look for reasons to put off paperwork so it needs to be as simple as it can be every step of the way. Try to capture the information as part of doing the task not afterwards as far as possible



Some of these are:

- Ensure that you don't print out relevant forms until required to ensure that you have the latest version.
- Stick the form to wall or have it at the place where it will be used eg. SafeAid should be on the wall next to the First Aid Kit and the attendance book should be near the door where people enter the building
- Have a person who regularly fills it out as part of the routine unless it is something that everyone does such as an attendance register. In some cases this can be a parent who is happy to be involved and complete it accurately
- Ensure the forms don't look too forbidding language that is easy to understand and some graphics often enable them to look easier to complete. SafeCare forms are designed that way so if there is a problem with them, speak to your cluster manager. He/she will bring it up at the SafeCare Reference Group for discussion/amendment
- Make sure there is a pen always within easy reach make it as easy as possible for people to complete them
- Try and allow time for the completion of the forms as far as possible if there is no time it will all become too difficult and people won't do it
- Have a person who looks at the records regularly to check that they are being completed and makes sure that there are spare forms ready and old ones are stored somewhere else. Big piles of paper make things look difficult and complex.
- Keep records in an organised fashion so they are easy to access. Clearly labelled folders or filing drawers are useful
- Have a clear place to put completed forms so they don't pile up on flat surfaces and appear useless. Ensure that these places are not over full, if they look untidy the forms will again appear to be a lot of work and therefore become more of a problem for people
- Ensure that there is reference to the records when required to clarify issues so that people can see the use of 'all this paperwork'



How can we store our records helpfully?

The amount of space required to keep paper copies is at a premium in most services and quite a few of the records that we now keep are done electronically.

Many agencies have policies about storage of records so you should refer to this and ensure that all services are abiding by it.

- Ensure that folders are colour coded to assist in easy access to records when this is needed. Making access easy is a big part in showing people the usefulness of keeping records.
- Ensure that multiple records are able to be made on each form as far as this is possible. SafeCare forms have been designed this way but if you have suggestions speak to your cluster manager.
- A backup system must be in place for your computer including all records that are kept on it. The agency should have a backup policy and services should follow this. There should be a copy of the computer files going offsite at the end of each day to ensure that the files will be safe in the event of a fire or something else that destroys the building.



- Ensure that all staff are aware of what records need to be kept for which period of time. This is noted in the table at the start of this section. Ensure that there is some discussion about records at a staff meeting or similar event to ensure that people know what to do.
- Develop a method or use the Agency Procedure for archiving of data no service has endless space! Archiving is about putting records in a place where they can be stored out of the way but still accessible if needed. Many organisations have designated storage areas on one of their sites or rent some space somewhere else for long term storage. Quite a few organisations now storage old records on computers by scanning in paper records.
- Think creatively about the use of storage space however be careful about manual handling issues.
- It is important to have a clear procedure about what to fill out, how often to do that and where to put records that all staff know. It should be something that is the topic of discussion at staff meetings to ensure that everyone knows and understands the reasons behind it including relief staff and

students. It should also be regularly discussed so that it responds quickly to changes in other procedures that impact on it. Nothing puts people off more than paperwork they see no point in completing!





There is a single page reference sheet called SafeQuick 2 on Storage – download a copy from www.victas.unitingcare.org.au/safecare or at www.bcsmallbiz.com

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Planning

Uniting Care Occupational Health and Safety

oria and Tasmania Figures collected by the Child Accident Prevention Foundation of Australia (Kidsafe) say that each year roughly 20,000 children are admitted into Australian hospitals because of accidents, most of them easily preventable. This means that, on average, every day 55 children are injured badly enough to end up in hospital.



Staff modelling safety

Children watch what we do very closely and their behaviour is often taken from watching others. It is important that we do things safely as well as talk about being safe. The same will also be true of parent helpers who will often take their lead from what staff do at the service.

Dressing in a safe and professional manner

Many of these items are about being able to move freely and quickly should we need to without risk to ourselves or others.

It is important!

Clothing

- Clothing will be comfortable, neat, clean and easily washed
- Clothing should be free of holes and must not be frayed
- Tight jeans/tops, low cut tops, sheer/see through clothing, singlet tops, short skirts and tracksuit pants do not give a professional image to the service and will not be worn
- Aprons are a good idea for food preparation and when working with chemicals or messy activities

Fingernails

Fingernails must be kept short and clean to prevent:

- Cross contamination when dealing with food
- Inadvertently scratching children or tearing fingernails

Footwear



- Footwear with closed toes prevent many stubbing, tripping and injuries from dropped items. Please refer to agency OHS policies and WorkSafe Victoria guidelines
- Footwear will have low heels to avoid instability
- Preferably have rubber heels to avoid slipping
- Slip-on shoes, sandals and thongs are not appropriate

Hair

- Clean with long hair tied back from the face to prevent cross contamination
- Nothing worn in the hair such as small clips or beads that might slip out and present a choking hazard for small children

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Jewellery

- This must also be kept to a minimum to avoid injuries from children pulling out earrings or scratches from decorative rings. Hygiene is difficult with complex jewellery
- Earrings must only be studs and all facial jewellery should be kept clean/covered when handling food.

Makeup/Perfume

This must be kept to a minimum given that a significant number of people suffer from allergies to them and that some have been known to trigger asthma attacks.

Smoking

- It is not appropriate to smell of cigarettes when working with people and particularly young children. It does not engender confidence in the cleanliness of the service!
- Have a spare jumper or jacket to put over the top of clothes you smoke in
- Ensure that you wash your hands well before starting work again.

No Hot drinks in Children's Areas

- All hot drinks are kept outside the children's areas during session
- Areas such as kitchens and offices should be 'out of bounds' for children.
- This practice needs to be developed as part of the culture of the service so that it is something that parent helpers and visitors take on without fuss.
- Refer to agency *Hot Drinks* policy



Personal items

We cannot really prepare for personal items that are brought into the centre. These items may be in handbags, pockets or even carried in by hand.

So we need to have a place that is not accessible to children, but which is secure and easily accessed by visitors.

Toy and equipment design

The service must do all in its power to ensure that equipment is safe for its intended use

SafeCareService Planning Page | 39



Ensuring that all staff are fit and proper

Staffing Policy

All agencies will have policies to make sure that staff have adequate and relevant training and are not a risk to children. Clearly these are important for all services to be aware of.



Changing nappies

Changing nappies is a common requirement in many services. There are some key things that are important to remember:

- Wear disposable gloves.
- Ensure that the nappy changing area has been cleaned with detergent and water, and that the change sheet/paper has been placed on the changing area prior to changing the nappy.
- Ensure that all adults at the service who change children's nappies use their hands to hold the child away from their body as they carry them to the changing area. Wherever possible, children should be encouraged to walk to the change area.
- Children should not be left alone during the entire time their nappy is being changed.
- All soiled items of clothing should be removed from the child's body along with the nappy.
- Extremely soiled nappies/clothing may need to have the contents tipped into the toilet.
- Nappies must be placed into plastic bags or a lined rubbish bin (a handsfree lidded bin that is inaccessible to children is recommended).
- Children should be cleaned, and soiled wipes placed into a lined rubbish bin. The change sheet/paper should also be discarded immediately after the nappy change.
- The adult must remove their gloves before touching the child's clean clothes or putting on a clean nappy, taking care not to let their skin touch the outer contaminated surface of the glove. Used gloves must be discarded in the bin along with other soiled items.
- Dress the child and wash the child's hands.
- The nappy change area must be cleaned immediately after each use with neutral detergent and warm water.
- If necessary, the cloth nappy/clothing should be rinsed before being placed into a plastic bag for collection by the parent/guardian.
- Adults involved in the nappy change process must ensure that their hands are washed and dried thoroughly after each change.

Procedures to consider if providing care for children under three years of age

Have an adequate number of clean nappies stored within reach of the nappy change area.

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> Keep all nappy change solutions, wipes, soiled nappies and clothes in a place that is not accessible to children.

- If using cloth nappies, use nappy covers where practicable. Ensure nappy covers are replaced at each nappy change. Wrap-around nappy covers are preferable as they avoid the spread of germs that can occur when nappy covers are pulled down over a child's legs and feet.
- During outbreaks of diarrhoea, use disposable nappies rather than cloth nappies.
- Where possible, staff who change nappies should not be involved in food preparation on the same day.

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Manual Handling

Manual handling is a variety of activities including lifting, pulling, pushing, holding, throwing and carrying and almost a quarter of all workplace injuries are caused by manual handling issues.

As with all incidents, SAFEGuard is used in this process so that all the information is in one place for inspection and response.



Safety

Health and What do we need to do?

Quick summary:



- 1. Ensure people are trained annually
- 2. Indentify problems using SAFESearch or discussion
- 3. Note manual handling tasks in the first column of SAFEGuard
- 4. Investigate each of the tasks on SAFEMove



- 5. Assess the risk of each using SAFECheck and note in SAFEGuard
- 6. Develop ways of dealing with risks and note these on SAFEGuard
- 7. Evaluate these methods to ensure that they are not causing further problems.
- Ensure that all staff are annually trained in Manual Handling practice. It is easy to slip into bad habits, particularly when things are busy so it's important to remind people of healthy ways of working.



You as cluster manager should be facilitating regular training (making sure that it happens not necessarily running it) about this issue within your cluster.



One of the SafeCare Further Training units available is a ½ day unit on Manual Handling in childcare services. Further information and training booking sheet www.victas.unitingcare.org.au/safecare be found can at www.bcsmallbiz.com

2. Indentify possible problems using SAFESearch or discussion



The staff and volunteers were talking about the difficulty of moving the library trolley around the room



3. Note manual handling tasks in the first column of one or more SAFEGuard sheets

4. Investigate each of the tasks separately by breaking them up into steps and using SAFEMove table below



SAFEMove

Quick Manual Handling Risk Assessment

Service: Peter Costello Memoríal

Date: 3rd July 2010

Job/Task: Moving library trolley

Hazard Identification/Search - what could go wrong?

Check the task in the shaded row below, do any of the dangers noted apply to it? If yes, break the task into it's steps and assess each of them; if not, don't go further

Identify hazardous manaual handling by assessing each step in the task against the dangers listed below.(see the Manual Handling Code of Practice for guidance).

	Dangers Task Steps	Repetitive or sustained application of force	Repetitive or sustained awkward posture	Repetitive or sustained movement	Application of high force	Exposure to sustained vibration	Handling people or animals	Handling loads that are unstable, unbalanced or difficult to move
1.	Píck up books and tídy shelves in trolley							
2.	Check wheels are not blocked by anything small							
3.	Check nothing is blocking where we want to go							
4.	Start trolley moving				x			
5.	Keep trolley moving		X					×
6.	Stop trolley moving				x			

5. Assess the risk for each of the tasks identified using SAFECheck and note the priority on the second column of the SAFEGuard sheet.



They used SAFECheck and came up with a rating of 2 which meant that we should do something about this very soon so they planned for a meeting to discuss this with the staff and the cluster manager.

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6. Think about ways of dealing with the hazards such as the ideas below and write the best ones into the third section of SAFEGuard and note time frame and responsibility for putting them in place

Altering the workplace

- the installation of ramps
- ensuring that there is enough room for the task to be done without being cramped or awkward
- keeping items that are frequently used at waist height and items that are stored as close as possible to where they will be used
- the lighting is sufficient
- the work areas are free from clutter

Changing what we do

- involves thought about the postures we adopt when we are working
- organise our work so that there are not unreasonable demands for the number of people involved and time allowed

Changing what we use

- the equipment is not too bulky
- the equipment has appropriate hand holds
- the equipment is not too awkward
- ensuring that we do not get materials delivered in packages that are too big for easy handling
- ensure that we have a vacuum cleaner with a long handle to reduce bending over while cleaning
- proper maintenance is carried out on our equipment to reduce the amount of force that is required to make it work well

Providing mechanical aids

- covers items such as using trolleys for heavy or awkward items
- wheeled block containers/shelves for easy movement

Providing information, training and instruction

• This is useful as well as the other fixes we have been discussing but is not effective on its own and should not be used by itself unless you can show that there is no other option



After thinking through the alternatives, there was a decision to change the arrangement of furniture in the room to reduce the clutter which made it hard to move the trolley. The other decision was to replace the old small castors on the trolley with some newer, larger ones to make rolling it easier.

7. Evaluate the responses to the hazards, taking note of any unintended outcomes of the changes made. Note these in the last section of the SAFEGuard sheet.



Some larger castors were attached to the library shelf without a braking system resulting in a dangerous situation where the heavy shelf could be inadvertently pushed into small children.



There is a single page reference sheet called SafeQuick 3 on Manual Handling - download a copy from www.victas.unitingcare.org.au/safecare if you don't have one



There is also a reference sheet called SafeQuick 1 on working with physically dependent children -once again download a copy from www.victas.unitingcare.org.au/safecare if you don't have one



Inside Activity Areas

Victoria and Tasmania Child Safe Environment

There are many different areas that are used within the centre and we need to be careful that these areas are set up to make ensuring health and safety an easier, rather than more difficult, task. We will be dealing with the office area in the next section so we will not consider that here.



Use the SAFE process of searching for, assessing, fixing hazards and then evaluating the response.



Many of these items discussed in this section form part of the SAFESearch Daily and Monthly checklists.



Service

There is a single page reference sheet called SafeQuick 5 on Purchasing – download a copy from www.victas.unitingcare.org.au/safecare or at www.bcsmallbiz.com



Playing and child-based activity areas

These areas should be spacious and flexible allowing the presentation of a variety of different areas for activity. The floor should comprise some wet area and some carpeted area although large mats may provide a more flexible alternative. Carpeting and mats should be non-slip and in good condition with no wrinkling or fraying and, in the case of mats, no curling edges. The floor should be smooth and flat to enable easy movement of wheeled shelves and tables /chairs as necessary. The arrangement of items in this area should leave clear pathways to emergency exits and toilets. The wet areas should be close to a water source. Windows should have 'chair bars' or similar framing to reduce the risk of falling through them.

Chairs and tables should be sturdy and stable. They should not be used instead of ladders. There should be no sharp edges on any furniture and it should be light and easily cleaned. Chairs and tables should not be placed next to windows as far as possible to reduce risk of standing on them, overbalancing and falling through a window.

Shelves should be deep enough to safely hold intended items and should be stable. Any shelves over a metre in height should be fixed to the floor or a wall. Shelves intended for use by children should be low.

Display areas should be planned to ensure that they do not provide tripping or entanglement hazards for people walking through the centre.

Play items are stored in crates/boxes without lids or with light or ventilated ones. Fabric toys must be easily washable, flame retardant or non flammable

and regularly checked for loose threads, buttons and other parts. Other toys will not have brittle parts, sharp edges or parts that are projectiles. They will be, as far as possible, non-breakable and easily washable. Toys have low noise levels and, if they have batteries are regularly checked that these are secure. All art and craft materials are non-toxic. All tents, helmets and masks are checked for ventilation.



All toys should comply with Australian Toy Standard (AS/NZ 8124)

Television/audiovisual and other electrical equipment should be placed against a wall to reduce the risk of children reaching the cords.

All strollers should have a wide base for stability, an effective harness system and a brake of some sort.



All prams must comply with Australian Standard AS/NZS 2088:2000

Playpens should have a small mesh covering and should be checked daily for rips, loose threads and staples. Children in playpens should only be provided with a few toys (so that they do not become a tripping hazard) and should not be given pillows or soft toys as these can be choking hazards.

All office, cleaning and kitchen equipment is not stored in this area. Plastic bags, styrofoam and tissues should not be stored in this area either.

Storage areas

These areas should be well planned and have adjustable shelves as far as possible. The plan should take into account the frequency of use, ability to locate items and the ease of movement of the items. Frequently used items should be stored between knuckle and shoulder height as far as possible. Shelves should not be overloaded, a trolley should be available for movement of heavier items and a stepladder should be provided for high shelves.

Storage areas should be wide enough to freely move within and doorways and aisles should not be used as storage spaces. Heavy items should be stored at waist height as far as possible and high shelves should be used for lighter items in well-labelled containers. Signs indicating the placement of light and heavy items are a good idea to remind people to take care when storing items.



There should be a risk assessment review done in the storage areas on a regular basis using the SAFE process.





There is a single page reference sheet called SafeQuick 2 on Storage – download a copy from www.victas.unitingcare.org.au/safecare or at www.bcsmallbiz.com

Eating areas

These areas should generally be in wet areas for easy cleaning of spills. All high chairs should have a wide base to ensure stability, an effective harness system and trays that lock securely into place.

While there is no Australian Standard governing high chairs at this point. The following advice comes from SAI Global who manages the Australian Standards:

"Highchairs account for 25 per cent of all nursery furniture accidents and these injuries are mainly due to falls. In a bid to reduce this number of injuries parents should always:

- Use a high chair that has a 5 point safety harness;
- · Secure the harness every time you place the baby in the chair;
- Check that a highchair is structurally strong, stable, free of sharp edges or small holes and look for any small openings that could trap small fingers or toes."

http://www.standardsmark.com/News/Childrens%20Products.htm

All food preparation and eating surfaces should be impervious and easily cleaned.

Sleeping areas



SAI

Global

These areas should have good ventilation. Cots are only used for children shorter than 90cm. All cots should be placed away from curtains, cords and electrical appliances. They should have tight fitting mattresses and slats which are no more than 50mm apart. These slats are checked for cracks and all screws and retaining bolts are checked for security on a daily basis. Electric blankets and hot water bottles are not used in cots. Soft toys, pillows, bumpers, quilts and other similar items are not used because they are choking hazards. Mobiles should not be hung directly over cots in case they fall on the child.



All cots must comply with Australian Standard AS/NZS 2172:2003.

Foyer areas

These areas should be kept free of clutter. All bags should be hung up on hooks out of the way and lunch boxes should go back into them when they are finished with rather than on the floor near them.

Noticeboards and sign in books should not be located in a place that encourages people to stand in the doorway.

It is important to be vigilant that noticeboard pins are not on the floor.

Bathroom and toilet areas

These areas should be frequently checked for wet slippery areas on the floor. If any are found they should be cleaned up as quickly as possible. Any cloth towels should kept separate from each other. Paper towel is recommended.

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The Office



Safety,

The office is a place that is often forgotten when safety concerns are discussed, but safety here is as important as anywhere else.

If you have a particular concern, contact your Cluster Manager who has a SAFESpace form available in SafeCareCluster to check the safety of this area.

Personal comfort

The office should be a place where you are able to work comfortably. Some of this relies on the equipment, but a considerable amount relies on you ensuring you do things safely. Stretching your back, neck, wrists and shoulders is important as is getting up and moving every 30-45 minutes. This action will also allow your eyes some rest.



Your Cluster Manager will have some information about stretches if you are interested in following this up further.

The desk

The desk is where a lot of the paperwork gets done and therefore needs to be somewhere that will provide space and ease to complete these tasks.

- Equipment should be arranged according to the amount of time doing different tasks. This may require the arrangement of the desk to be flexible for different people and may also vary from day to day.
- Document holders help
- Monitors no fuzz or flicker
- Keyboards and mice should be easy to reach and use.
- Laptop computers are not designed for extended use as the closeness of the keyboard and the screen means that people's head position tends to be strained.

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The chair



- The chair should be adjustable in height and seat depth to be able to suit the person who is using it otherwise the **ergonomic** features are useless!
- Armrests should not be present for those who are typing a lot as they tend to restrict how far a chair can go under a desk and may encourage poor posture through leaning on them whilst typing.
- However arm rests are helpful for those who have poor mobility in assisting
 them when getting out the chair and to assist in posture change for those
 who spend long periods of time sitting other than typing. It's another one of
 those things that depends on the use and therefore may conceivably change
 from day to day.
- The chair should have a five star base (five legs with castors/glides coming from the central support) for stability. The chair should be on glides rather than castors on hard surfaces because otherwise the chair can move too freely.

The floor

- Smooth and uncluttered particularly around the desk.
- If there is carpet, it should not be so worn that it caused a tripping hazard for people or difficulty for castors in the case of the chair.
- The use of plastic carpet protectors under desks both provides protection for the carpet and ensures easy movement of castors.
- Storage of items on the floor in traffic areas and under desks should be avoided.

Information and power cabling

- All cabling should be off the floor and end close to the desk or other point of use so that there is no need for extension cords.
- There should be enough power points for all equipment without piggybacking double adapters.
- Surge protectors should be used with all electrical equipment.

Lighting

- There should be some flexibility in lighting provision with the ability to light particular areas specifically depending upon the use and preference of the workers.
- Glare is another issue for many offices causing sore eyes and headaches but also poor posture as people often try to block the source of the glare by moving between it and the monitor. The best way to deal with glare is block it at its source. This can be done by:
 - Putting diffusers on lights
 - Drawing window blinds at different times of the day
 - Moving the monitor. They should be perpendicular to windows and other sources of glare
 - Using partitions or screens

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> Lighting standards (ASNZS 1680) note the following measures which are obtained from a light meter:

- \square Office areas 320 lux
- \square General play and other areas 240 lux
- Stairwells 80 lux
- ☑ Passageways 40 lux
- If the natural light and artificial light should ensure that these lighting levels are always present in these areas.
- The Building Code of Australia notes that there should be window area equivalent to 10% of the floor area in the room or rooms the windows are intended to service.

Storage

- Files should be able to be stored securely and in a clear order.
- Personal belongings should have a clear and sufficient storage area that is secure but easily accessible for the owner.
- Storage of equipment and extra stationery is best done somewhere other than the office, but if this is not possible careful planning should be undertaken to ensure that the traffic areas and work surfaces are free from clutter. This includes the leg room space under the desk!



There is a single page reference sheet called SafeQuick 2 on Storage download a copy from www.victas.unitingcare.org.au/safecare if you don't have one

Ventilation and temperature

- There should be a flow of fresh air through the office and there should be no smells or excess dust in the air.
- The Building Code of Australia has special provisions for childcare centre. These include a requirement that opening window space should be equivalent to 5% of the floor space of the room or rooms that the opening is meant to service.

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Outside Activity Areas



Outside play areas provide an enormous range of activities and learning experiences. Unfortunately they can also provide a large range of potential hazards for us to deal with. Once again, planning is an important part of our safety response.



Many of these items discussed in this section form part of the SAFESearch Daily and Monthly checklists.

The area

The area should be relatively flat and well drained. It should be large enough to cater for at least 7m² per child at the service when the maximum number of children are attending. There should be no large rocks which are unstable or that can be climbed and fallen off and there should be no piles of smaller rocks which are not part of a planned activity. If there are retaining walls and/or backfilling, these should be stable and bedded down. Retaining walls should either be lower than ½ metre or have soft fall below them to a depth of 250mm which is maintained in the same fashion as that underneath the playground equipment. If there are steps or terraces, these should preferably be edged with rounded wood, there should be no star pickets or other metal posts. There should be few, if any, steps in the area. If there are steps, treads should not be wood or stone if they are in the open due to the danger of growth on the surface causing them to be slippery.

Plants in the area are not poisonous and free from sharp growths such as thorns. They should not attract bees in large quantities or have pollen in large amounts. They should not be very 'twiggy' as this might be a hazard to eyes and skin. There is not thick bush or long grass near the fence line that could hide snakes or poisonous insects. Tall trees should be rendered unclimbable by having lower limbs cut off. Shade trees should be encouraged, but there should be sufficient light to allow grass to grow.

Fencing should be in good repair and should not allow footholds for climbing. There should be no vegetation growing on or near the fence that allows the fence to be climbed. All gates should be secured and be unable to be opened by children. Those that open onto public spaces should be padlocked or otherwise locked. Gates should not be blocked, particularly if they are emergency exits.

Concrete/paved/solid surface areas should be planned around key parts in the area. The doors out of the centre into this area should have a solid apron preferably under cover and there should be paths to all major parts of the outside play area to enable easy access and spaces for riding. Any artificial grass or other surfaces (rubber or similar) should be securely fixed particularly around its edges. If it is thick, the edges should be angled to reduce the risk of tripping.

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Edging should be angled or high enough to be true steps as small steps are much more likely to be tripping hazards. The edges should be painted with a bright color where there is likely to be high traffic across them.

Equipment

All large play equipment should be set up on a level, well drained surface with 2.5 metres of clear space around it. It should have soft fall to a minimum depth of 250mm around it for 1.9 metres. This assumes that children are under 6 years old and will be under constant supervision. The soft fall will be redistributed at least weekly and replenished at least twice each year. This material should be retained appropriately with rounded timber that is regularly checked for cracks and splinters. Foam mats should not be used instead of soft fall because they tend to move about and their joins, which are usually velcro, often get filled with dirt and other items making them ineffective and therefore leaving a gap between mats.

Covered areas should be provided for the equipment as much as possible. It should be arranged in a safe manner that encourages movement rather than overcrowding at particular pieces of equipment. Equipment should be stable and anchored where appropriate. If any equipment is in the sun, it is checked for harmful temperatures before it is used and is regularly checked for deterioration caused by the sunlight. Trampolines should not be used by children under 6 years of age.

Any platforms on equipment have guardrails and all ropes are anchored at both ends to avoid forming nooses or loops. All gaps in railings and other parts which might conceivably trap fingers should be narrower than 6mm or wider than 25mm, those which might trap hands or limbs should be less than 6mm or greater than 40mm wide and those which might trap heads should be less than 125mm or greater than 230mm in width.

Water troughs and other containers should be emptied of water and turned upside down if not in use and should be checked after rain to ensure that there are no unsupervised pools of water. Other areas such as sandpit covers and tyres should be checked also and emptied if containing water.

Equipment storage should be neat and within a shed as far as possible. The storage should use the same principles as the storage inside the centre. These areas should be well planned and have adjustable shelves as far as possible. The plan should take into account the frequency of use, ability to locate items and the ease of movement of the items. Frequently used items should be stored between knuckle and shoulder height as far as possible. Shelves should not be overloaded, a trolley should be available for movement of heavier items and a stepladder should be provided for high shelves.

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There is a single page reference sheet called SafeQuick 2 on Storage – download a copy from www.victas.unitingcare.org.au/safecare or at www.bcsmallbiz.com

The shed should be wide enough to freely move within and doorways when full and aisles should not be used as storage spaces. Heavy items should be stored at waist height as far as possible and high shelves should be used for lighter items in well-labelled containers. Signs indicating the placement of light and heavy items are a good idea to remind people to take care when storing items.

Rubbish bins and maintenance equipment should be stored out of this area in an area that children have no access to them.

Maintenance should be as prompt as possible. All broken large equipment should be fixed immediately or roped off if it cannot be fixed at that point. If the equipment is smaller it should be put in an 'out of bounds' area until it is able to be fixed. If the equipment is beyond repair it should be disposed of as quickly as possible.



There is a single page reference sheet called SafeQuick 5 on Purchasing – download a copy from www.victas.unitingcare.org.au/safecare or at www.bcsmallbiz.com



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Uniting Care

Child Safe
Environment,
Hygiene,
Dealing with
medical V
conditions

Food Safety

Why is food safety an issue?



Food safety is an ongoing OHS issue that affects early childhood services in Victoria and Tasmania. There are still about 5 million Australians affected by food poisoning each year and many of these fall into the 'vulnerable groups' of the young, the old, the immune deficient and the sick. The concern for early childhood services is that the young is their main population grouping. This is also the reasoning behind the requirements from Food Safety Victoria arising from the Food Safety Act 1984 and the requirements from Tasmanian Department of Health and Human Services within the Tasmanian Public Health Food Act 1997. The definition of who is covered by these pieces of legislation is quite broad and it is safer for a service to assume that they are covered than to assume that they are not if they are regularly dealing with food.

What are the requirements?

Victoria

The Victorian Food Safety Act 1984 as amended in 1987 provides the basis for the requirements. Recent policy changes from Food Safety Victoria (which is now known as simply part of the Victorian Health Department) became applicable from 1st July 2010 and involves changes to the classification of food premises.

The amendments mean that many services will not be required to develop a Food Safety Program even if they regularly deal with food. Please check the table on page 53 entitled Food Premise Class Requirements to clarify your situation. Your municipal council will still monitor food safety requirements so you should clarify any regulation issues with them.

Please note that all services will still need to ensure that volunteers deal with food safely under the legislation so if the service deals with food regularly, having some helpful resources and accredited training of key volunteers will be a wise thing. There is a section with links to some useful resources provided below.

What do I do?



- 1. Read through the attached table entitled Victorian Food Activity Class Description on page 44 and determine the class your food activities fall into
- 2. Note the requirements for the relevant classes
- 3. Clarify anything that is unclear with your local council
- 4. Identify useful community based SafeFood resources or accredited training from www.bcsmallbiz.com.
- 5. Contact bcSmallBiz Consulting on 0408 348 545 or <u>foodsafety@bcsmallbiz.com</u> for any further specific assistance required.
- 6. Download a Notification or Registration Form from your local councils website, complete and submit it to the council
- 7. Download a Food Safety Program Template (if a Food Safety Program is required) from the web sites as given in the Resources section below, complete and submit

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Resources



- Relevant resources and accredited training <u>www.bcsmallbiz.com</u>
- Online non-accredited training DoFoodSafely <u>http://dofoodsafely.health.vic.gov.au/</u>
- Events Food Safety Program template for one day events occurring less than once a month (check if a Food Safety Program is required) www.health.vic.gov.au/foodsafety/downloads/events template.pdf
- Food Safety Program Template for more permanent class 2 activities www.health.vic.gov.au/foodsafety/bus/templates.htm
- Online food safety program template which can be submitted directly to your local council – FoodSmart - www.foodsmart.vic.gov.au/FoodSmartWeb

Tasmania

The initial requirements of the Tasmanian Public Health Food Act 1997 were augmented by the adoption of the Australian and New Zealand Food Authority Food Safety Standards 3.1.1, 3.2.2 & 3.2.3 in 2001 and then the development of the Tasmanian Food Safety Act in 2003. The Tasmanian Food and Nutrition Policy was released in 2004 to standardise directions across Tasmania.

Services are required to register for ongoing programs and/or specific event programs for 1-2 day events. Training of key volunteers and supervisors for specific events is required. Local municipal councils monitored this arrangement and often differ in their application of the requirements.

There have not been further amendments to the Tasmanian legislative requirements that affect churches and other community groups since the amendments in 2003 due to the similarity between the Food Safety Standards and the Food Safety Act 2003.

Please note again that all services dealing with food regularly will need to ensure that volunteers deal with food safely under the legislation so having some helpful resources and accredited training of key volunteers will be a wise thing. They are also required to ensure that building or renovation of food premises is completed according to the food safety standards. Inspections of premises are undertaken at different intervals according to the risk associated with the types of food prepared by the service. All registration, monitoring and administration of the food safety requirements are undertaken by the Environmental Health Officers within each local municipal area. There is a section with links to some useful resources provided on the following page.

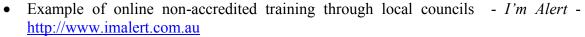
What do I do?

- 1. Download and read through the guideline information about the requirements for food businesses/events in your local municipal area from the council website.
- 2. Download the food event registration form from the website of your local council
- 3. Submit the registration form and pay the relevant registration fee at least 2 weeks prior to any event where you will provide food.
- 4. Identify useful community based SafeFood resources or accredited training from www.bcsmallbiz.com.
- 5. Contact bcSmallBiz Consulting on 0408 348 545 or <u>foodsafety@bcsmallbiz.com</u> for any further specific assistance required.

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Resources

• Relevant resources and accredited training – <u>www.bcsmallbiz.com</u>





- Example of a food safety guideline document from a local council http://www.kingborough.tas.gov.au/webdata/resources/files/Guide_to_the_Operation_of a Food Business.pdf
- Department of Health and Human Services http://www.dhhs.tas.gov.au/
- Food Standards Australia New Zealand http://www.foodstandards.gov.au/
- Australia New Zealand Food Standards Code http://www.foodstandards.gov.au/thecode
- Tasmanian Legislation Online http://www.thelaw.tas.gov.au/

SafeCare Training



• Tailored food safety training is an important part of a response to regular food provision. SafeCare Further Training provides an accredited ½ day session each for level 1 & 2. These sessions will be scheduled as required and will be run for staff from all agencies.

For more information, the SafeCare training calendar and training booking sheet please go to www.victas.unitingcare.org.au/safecare or www.bcsmallbiz.com

What are the main issues?

When you are cooking for others, it is different to cooking at home. There are a variety of factors such as unfamiliar kitchen, extra transport, other helpers and unhelpful storage that might introduce contamination into the process. It is for this reason that the legislation requires extra care and different procedures to home cooking.

The important areas to note are:

- Purchase
 - o always buy food within use by and best before dates,
 - o do not buy food with broken packaging,
 - o check the temperature of refrigerated (between 0° & 5°) and hot food (between 60° & 75°) before you buy them,
 - o transport cold foods together in a cold bag to hold temperature down,
 - o transport to service quickly,
 - o do not transport in the same space as other non food items/pets/children,
 - check all deliveries for unbroken packaging and correct temperature if cold or hot
- Storage
 - o ensure dry storage is dry and pest proof,
 - o ensure fridges (between 0° & 5°) and freezers (between -1° & -18°) are always at the correct temperature,

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- o ensure food is rotated so the oldest is used first,
- o never refreeze items that have been frozen but have thawed,
- o do not store food with non food items
- o ensure that all eating and cooking utensils are stored in a clean dry and pest proof location
- Preparation and Cooking
 - o ensure all surfaces, hands and clothes are clean,
 - o tie back long hair,
 - o remove jewellery other than simple wedding bands or sleeper earrings,
 - o don't wear nail polish
 - o wear brightly colored bandaids on cuts
 - o ensure all bins are sealed and doors/windows are pest protected
 - o keep children away from the kitchen unless they are properly prepared and taking part in a cooking session
- Cleaning
 - o ensure that all surfaces are cleaned including the floor and taps and other fittings after cooking
 - o regularly clean exhaust fans
 - o ensure that all high sills etc in the cooking area are regularly cleaned

More information and resources are provided at www.bcsmallbiz.com

We are planning a kitchen area or a new food activity....

Contact bcSmallBiz Consulting on 0408 348 545 or <u>foodsafety@bcsmallbiz.com</u> for any further specific assistance required.



Victorian Food Activity Class Requirements

Class 4 – low risk food handling activities generally pre-packaged not needing refrigeration, cut fruit or simple sausage sizzles

Food types included - biscuits, tea or coffee, including milk or soymilk, bottled jams or honey bottled water, soft drinks or alcohol, packaged chocolates and sugar confectionery, packaged cooked cakes, excluding cream fillings, uncut fruit and vegetables, wine tastings including cheese or crackers, sausage sizzles with sausages, onions, sauce and bread only which are cooked and served straight away, child care supplying cut fruit, milk, breads, or cereals

Requirements – Notification to local council only on council Notification Form, no Food Safety Program or council inspection required

Class 3 – low risk food handling activities generally pre-packaged needing refrigeration or unpackaged low risk foods

Food types included — carbonated beverages (if poured), biscuits, dried fruits, fruit and vegetables (whole or cut), cereals and grains, ice creams, jams, food tastings (a sample of high-risk food offered for up to 4 hours), cakes with cream fillings, desserts (such as cheesecakes and custard tarts), fruit salads, meats, (raw and cooked, including poultry and game), foods containing raw or cooked meats (such as casseroles, curries and lasagne), meals (such as fresh pasta), sandwiches, smallgoods (Strasbourg, ham and chicken loaf), pies or sausage rolls heated in original packaging, high-risk foods sold at an event of no more than 2 days at any one time, barbeques (including hamburgers, sausages, other meats, or eggs -all cooked and served immediately)

Requirements – Registration with local council, no Food Safety Program required, annual council inspection

Class 2 - potentially hazardous activities such as foods needing temperature control throughout the process

Food types included – Unpackaged high risk food (fruit juice, pickles, relishes, chutneys, condiments, salads, smallgoods and sandwiches), cooked refrigerated/reheated food (such as burgers, casseroles, rice dishes, chicken and pizza) and high risk foods containing raw ingredients (such as mayonnaise)

Requirements – Registration with local council, Food Safety Program required Template may be used, council inspection on initial application for registration, trained Food Safety Supervisor required

Class 1 – potentially hazardous food handling activities for vulnerable groups (old, young, immune deficient or sick)

Food types included – the full range of foods requiring temperature and infection control procedures

Requirements – Registration with local council, specific Food Safety Program developed for the site required, trained Food Safety Supervisor required

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Page | 60 Induction Safe Care Service

Induction

Victoria and Tasmania
Occupational
Health and
Safety,
Participation of
students and
volunteers

What is induction?

Induction is the process of introducing a new staff member, volunteer or contractor to the policies, procedures and environment of the service.

Who should be inducted?

A number of groups of people will need to be inducted:

- new paid workers
- new volunteers
- students on work experience
- parent helpers still need some of the basic information explained to them.

There will be a variety of helpful pieces of information these groups will need to know so there are a number of different induction sheets provided.

What is involved? SAFEInduct

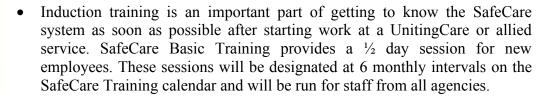
The induction process has two sides:

- the new worker
- the manager/person who will guide him/her through the induction process.

SAFEInduct

• a checklist of items for the manager to work through to ensure that nothing is missed. It is given on the next page of this section.

SafeCare Basic Training





For more information, the SafeCare training calendar and training booking sheet please go to www.victas.unitingcare.org.au/safecare or www.bcsmallbiz.com

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(This page has deliberately been left blank to allow for the replacement of the form with a relevant Agency version if there is one)

Page | 62 Induction Safe Care Service

How do I use this?

SAFEInduct — Employees

Workers	Name:		 Read this through beforehand, gather people and documents Tick off each issue as you go 				
Position:			3. Check understanding by questioning				
1 03111011.			4. Gain agreement by signing				
Supervisor: _	Start Date: _		5. Keep this copy on file				
Environment			Conditions				
Introduce t	o other workers/supervisor		General				
			Work times and meal breaks				
Location o	f.		Sick leave and absences				
Lunch area	ı		Staff record				
Drinking v	vater						
Toilets							
	area including:						
Equipment			Do you have any medical				
Alarm			conditions? Note below				
Keys			OHS:				
Security			Our OHS policy				
_			Your rights and responsibilities				
	arrangements:		Hazards in our service				
Emergency			Who and how to report issues				
Fire exting			First aid kit				
	procedures (demonstrate)		SAFERecord injury register				
Our service			Workers compensation				
Job introduction			Fire drills				
	lhood services sector						
	structure of the service		Our policies and procedures				
	e / Committee/Cluster Management		Manual handling				
Key organ	isations we deal with		SafeCare risk management				
			SAFERecord				
SafeCare	Basic Training booked		Caring for children/Hot Drinks				
INDUCTION RECORD			Child Protection legislation				
пъсс	HOWRECORE		Quality Standards/Regulations				
Conducted by:		Ot	ther issues covered:				
•							
Workers							
signature:							
Date:							

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SAFEInduct — Volunteers & Students

Volunteer/Student Name:	
Position:	How do I use this?
Supervisor: Start Date: Environment Introduce to other workers/supervisor Work times and meal breaks	 Read this through beforehand, gather people and documents Tick off each issue as you go Check understanding by questioning Gain agreement by signing Keep this copy on file
Location of:	
Lunch area Drinking water Toilets	Do you have any medical conditions? Note below
Desk/work area including: Equipment	OHS
Emergency arrangements: Emergency exits Fire extinguishers Emergency procedures (demonstrate)	Your rights and responsibilities Hazards in our service Who and how to report issues First aid kit SAFERecord injury register Fire drills
Our policies and procedures Manual handling	
Caring for children Hot drinks	Other issues covered:
INDUCTION RECORD	
Conducted by: Volunteers signature:	
Date:	

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How do I use this?

SAFEInduct – Relief staff

Workers Name: Position: Start Date:	3. Check understanding by questioning4. Gain agreement by signing5. Keep this copy on file				
Environment Introduce to other workers/supervisor	Conditions Work times and meal breaks Staff record				
Location of: Lunch area Drinking water Toilets Desk/work area including: Equipment	Hazards in our service Who and how to report issues First aid kit SAFERecord injury register Fire drills				
Emergency arrangements: Emergency exits Fire extinguishers Emergency procedures (demonstrate)	Do you have any medical conditions? Note below				
Our service Job introduction	Our policies and procedures Manual handling Caring for children Hot drinks				
INDUCTION RECORD	Other issues covered:				
Conducted by:					
Workers signature:					
Date:					

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Safety with chemicals

Poisoning is the second most common cause of admission to hospital for Australian children. The causes vary from swallowing or inhaling the chemical to skin contact in some cases. The most common causes are:



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Occupational
Health and
Safety

- Medications such as cough medicines, paracetamol and antihistamines
- Vaporizer oils such as eucalyptus oil
- Pesticides such as mothballs and snail bait
- Cleaners such as bleach and detergents
- Solvents such as methylated spirits ('metho') and mineral turpentine ('turps')
- Fuels such as petrol, kerosene

Many of these chemicals are commonly used in children's services and therefore should be addressed as a significant risk area. There are two categories of concern that are noted in the legislation which are:



- **Dangerous chemicals** chemicals which may violently explode or have other immediate physical or chemical effects
- Hazardous Chemicals chemicals which have a short or long term hazardous impact on health

What do I have to do?

Ensure that each of the following has taken place in your services:

- 1. Indentify all of the chemicals that are in use in the service.
- 2. Ensure that each chemical has a Material Safety Data Sheet (MSDS). An MSDS is designed to provide both workers and emergency personnel with the proper procedures for handling or working with a particular substance. MSDS's include information such as physical data (melting point, boiling point, flash point etc.), toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill/leak procedures. You can get these from the manufacturer or from the Uniting Church Chemical Record called ChemAlert3.
- 3. Ensure that your service has a log on for ChemAlert3. If not call or email the Synod OHS Unit (ohs@victas.uca.org.au) to get a password to access it.
- 4. Ensure that all MSDS are kept together in an easily accessible place for all staff.
- 5. Ensure that all chemicals are entered in the Chemical Register. If not transfer the relevant details from the MSDS into the chemical register. There is a suggested form on the following pages.



- 6. Ensure that the risk assessment process has been carried for each chemical using SAFECheck and SAFEGuard and details from the MSDS to plan specific responses for the service to respond to hazards in relation to the chemical.
- 7. Ensure the Poisons Information Line number (13 11 26) is kept close to each phone.
- 8. Ensure that all contractors provide notification of all chemicals that they are bring and use at the service and provide an MSDS for each of them.



P. Ensure that all staff are trained regularly including the use of MSDS, chemical register and chemicals in use at the service. It will also include actions on spillage/injury with these chemicals. SafeCare Further training has a ½ day module called SafeChem which deals with all of these issues. Further information can be found at www.bcsmallbiz.com.



10. **Before** purchase of any new chemicals ensure that the MSDS is obtained and a risk assessment is done.

Some general principles

- Always choose the least hazardous chemical; this will include possible environmental impact as well.
- Choose chemicals with child resistant lids/caps or ensure that the chemicals are kept locked away
- Ensure that all dangerous chemicals are stored in their original containers and that all containers are thrown away when finished.
- Do not mix chemicals
- Pour the chemical into the water when diluting so that splashes will be diluted product or water. Some chemicals will react rapidly with small amounts of water so adding the chemical to the water will ensure that this doesn't occur.
- Store pesticides, herbicides, petrol or kerosene off the ground in a separate shed/locked area from other outdoor storage areas. Do not store them with fertilizers or pool chemicals.
- Do not keep chemicals for long periods of time. When disposing of chemicals, do it in the manner explained in the MSDS.

What about lead poisoning?

Lead is a highly toxic substance that can be picked up from old paint on building or toys and in vehicle exhaust fumes. It accumulates over time and relatively low levels of lead in the blood can produce negative effects on intellectual, psychomotor and behavioral development. Children under 7 are more at risk due to their propensity to put their hands in their mouths.

Ensure that your service:

- Removes and repairs all old flaking paint and clean up well afterwards
- Checks that all toys do not have lead paint on them
- Keep floors, surfaces and window sills clean and wet mopped
- Only vacuums or renovates when children are not present to reduce the amount of dust in the air when they are present
- Has play areas away from car parks and roads as far as is possible or install bushes between the play area and the road car park
- Encourages good healthy nutrition as far as possible because this reduces the uptake of lead



Safety with Chemicals SafeCareService

SAFEChem - Chemical Register

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Product Name	Use	Hazardous substance? Yes/No 'Hazardous, Warning or Poison' on label	Dangerous Good? Write UN number UN number on label i.e. UN1965	SafeCheck risk assessment number	Date on MSDS	Where stored at service	Personal Protection Equipment required From MSDS E.g. gloves/goggles	
								A 2 2

(This page has deliberately been left blank to allow for the replacement of the form with a relevant Agency version if there is one)

Meetings in home environments

Is there a problem?



There are a number of places where we may be required to go which are not under our direct control. This makes the process of ensuring our safety a more difficult concept, but not one that is impossible. When you visit a home, ensure that you:

- Discuss any anticipated problems with someone else at the service
- Record at the centre the time of your anticipated return
- Take your mobile phone
- Take identification specifying that you work for our service
- Advise the Cluster Manager of your visit
- Enter the details of the visits in the Staff Register



Using the SAFE methodology for managing risk, we need to have a think about the hazards that we might encounter at homes and plan accordingly. When we think about ways of dealing with hazards, we may not be able to eliminate the hazards or change what we use, but our strategies for dealing with these hazards may reduce or eliminate a potential hazard.



The hazards that we might encounter at homes might be:

- injury from dogs or other pets
- food poisoning
- slips/trips take care
- unsafe furniture/storage
- intoxicated or drug affected persons take another person with you
- personal belongings keep them with you



If there are any incidents including near misses these should be entered in SAFEGuard and investigated in the same way as for any other incidents.



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First Aid

What is required in a First Aid kit?

Victoria and Tasmania
Administration
of first aid,
Administration
of medication,
Dealing with
medical
conditions,
Epilepsy,

Diabetes

There are some items that are needed in the First Aid kit as a Uniting *Care* Early Childhood Service. These are:

- Sterile gauze swabs for cleaning out wounds
- Saline solution for washing out eyes, wounds and burns
- List of contents
- All in a portable container or have another one in a portable container for excursions or to take in the car.
- A SAFEAid monthly check sheet (on next page) should be with each kit



There should not be items in the kit that are not for first aid use nor should there be items that are over the counter non-prescription medications such as cough medicines or analgesics.



We should take time to evaluate these general guidelines in the light of our experiences and add other appropriate things where necessary as part of the SAFE evaluation process.

Where should the First Aid kit be located?

A useful rule of thumb is that no part of the service should be more than 100 metres from a First Aid kit and there should be a kit on each floor of a multi story centre. All kits should be near a source of clean running water and should have sign on them indicating the name of the person in charge of the first aid kit. SAFEAid should be posted in the wall next to the kit.

All people who use vehicles as part of their work should have a basic First Aid kit in their vehicles at all times.

Who should be trained, treated and how long do we keep records for?



- Use the guidelines in the Children's Services Regulations and those provided by the Agency
- Written authorisation should be sought from parents in relation to administering medication except in the case of an asthma or anaphylaxis emergency



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How should SAFEAid Monthly Check be used?

- Keep SAFEAid posted on the wall near the First Aid kit
- Use each SAFEAid sheet once a month for 6 months
- File it appropriately when it is complete

Asthma and anaphylaxis



Asthma and anaphylaxis are both common and require a plan for each child that is affected. The UnitingCare Early Years policies should be followed for each of these.

Keeping allergy information and medication together

A product called Allergy Buddy is used by a number of agencies. It is a useful tool to ensure that all allergy information/medication is stored together in a manner that is easily able to be transported.



For further details access their website @ www.allergybuddy.com.au

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SAFEAid Monthly Check

Complete one column for each month and sign the shaded box on completion

Location of First Aid Kit:

Signed:

Year:

C	ontents of First Aid Kit	inser	t month	Ordered (give	Stocked (give				
		1	2	3	4	5	6	date)	date)
•	address and telephone numbers of Emergency Services	Chec	ck once	each s	síx moi	nths			
•	names and contact details for workplace first aid officers	Chec	ck once	e each s	síx moi	nths			
•	basic first aid notes	Chec	ck once	each s	síx moi	nths			
•	individually wrapped sterile adhesive dressings								
•	sterile eye pads sterile								
•	medium and large sterile unmedicated wound dressings								
•	triangular bandages								
•	adhesive tape								
•	rubber thread or crepe bandage								
•	disposable gloves								
•	small safety pins								
•	stainless steel scissors								
•	bottle of saline solution within use by date								
•	Sterile gauze swabs								
•	Individual medications such as Auto-immune adrenaline dispenser or inhaler within use by date where applicable								
•	No analgesic present								
•	No prescription medications present								

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(This page has deliberately been left blank to allow for the replacement of the form with a relevant Agency version if there is one)

Infection Control

Search Assess Fix

Evaluate

Step 1 Search for the hazards

UnitingCare
Victoria and Tasmania
Occupational
Health and

Safety, Hygiene

- Complete a workplace inspection using SAFESearch. You might notice inadequate hand washing, lack of hand washing facilities near one set of toilets or poor food handling practices as you inspect the area.
- Check your SAFERecord files to get an idea of the frequency of infection and what types of illnesses have been in the service over the past little while.
- Talk with the workers and volunteers will help to find potential sources of infection and provide suggestions for dealing with them.
- List the infection hazards in the service in the first column of SAFEGuard in preparation for the rest of the SAFE process.



Step 2 Assess the hazards



Use the SAFECheck table to give us a priority number for each hazards which is entered in SAFEGuard. Note this number in the 2nd column of SAFEGuard.



If we think about the possibility of contracting measles at the service, the likelihood is 'likely' because children in Australia could get measles on a weekly to yearly basis. The severity of the illness would be 'More than a couple of days off work' which would tie in with the likelihood to give us a priority number of 2. This means we need to do something about this hazard but there may be a few things of higher priority to deal with first.



Refer back to the section on the SAFE system if you need help using SAFECheck and SAFEGuard. Another version of SAFEGuard is provided on page 64 and completed for infectious diseases

Step 3 Fix the hazards





UnitingCare
Victoria and Tasmania
Infectious
Diseases

It's important to remember the order of using different methods of dealing with hazards. This is explained more fully in the section on the SAFE system.

* Also refer to the DHS Communicable Diseases Schedule 6 www.health.vic.gov.au/ideas/downloads/id_regs_school_excl.pdf

1. Remove the hazard

Ensure that people who are infectious do not come into the service. This includes children, volunteers and workers and if you can encourage siblings and parents who are sick not to come to the service as well, your risk of infecting people drops again. You should ask for a medical certificate from a doctor before workers come back to work after having an infectious disease.

2. Change what we use

• Change the type of cleaning solutions used for the toilet and nappy change areas to a commercial strength solution.

3. Change what we do

We must assume that everyone is potentially infectious because many diseases are infectious before they become obvious.

The most common standard procedures used:

- Hand washing,
- Immunisation,
- Thorough cleaning and sanitisation and
- Exclusion of infected workers and children from the service.

All are described in the Infection Control Policy. If you do not have one refer to Agency Policy and speak to your cluster manager.

4. Personal Protective Equipment

Personal protective equipment can be:

- Gloves
- Aprons
- Goggles

These should not be the only way we deal with infectious hazards, but rather a part of the response.



Step 4 Evaluate our response

After putting these fixes into place, we need to regularly check that they are doing what we had planned for them to do. This means that we need to discuss the solution with the others who are involved in the process and determine whether:

- The hazard has been dealt with, and
- There have been any more hazards created by the changes we have made.



The decision was made to ensure that all volunteers washed their hands frequently during the time they were in the sessions with the children. The cleaner had purchased some nice smelling soap to assist with the attractiveness of the process. Concern arose when a number of the volunteers started indicating that their dermatitis had increased significantly over the time that they had been helping in the room after the new washing rules were started.



SAFEGuard has been amended as shown on the following page to deal with the specific requirements from DHS in relation to communicable diseases. A blank version of this form can be found on page 93 in the resources section of this folder

Safe Care Cluster Infectious Diseases Page | 81

SAFEGuard

Service:

for Infectious Diseases

	Se	arch			Asses	SS		Fix			Evaluate	
Date	Illness presented	Medical diagnosis advised Y/N	Disease confirmed Describe	Check Policy & School Exclusion list - Schedule 6	Medical Certificate Required as per Schedule 6 Y/N	Exclusion requirements as per Schedule 6 for non- immunised children	Medical Certificate provided for return to service Y/N	Is this a vaccine preventable disease as per National Immunisation Program Schedule	Contact DHS Communicable Disease line 1300 651 160 to be informed regarding the disease and exclusion.	Centre notice display as required Y/N	Additional Comments	Signature
2 July	Symptoms presented: Fever, cough, runny nose, red eyes and fine rash – possible measles	Yes	Yes, measles	Exclude for at least 4 days from onset of rash	No	Immunised contacts not excluded. Unimmunised contacts exclude until 14 days after the first day of the appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hrs of their contact with the first case they may return.	No	yes	Yes – advised as we have medical confirmation the child is to be excluded as per Schedule 6	Yes	Only one case in the service. DHS information followed accordingly. Hygiene procedures followed Discussion at staff meeting re symptoms and exclusion requirements.	
6 July	Diarrhoea	Yes	Yes – diarrhoea	Exclude until diarrhoeas has ceased or until medical certificate of recovery is received	Can be	Not excluded	Yes provided	No	Not required	Yes	10 July - Two cases. Both children back as the service Hygiene procedures followed accordingly	

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Working bees



Is there a problem?



The hazards that we might encounter at working bees might be:

- Unsafe work procedures e.g. manual handling
- Unsafe or poorly maintained hand or power tools
- Unsafe or incorrect use of equipment, materials or chemicals
- Inhaling or ingesting fumes, vapours, dusts or mists
- Hearing or eye damage
- Tripping hazards such as cracked concrete or slippery flooring
- Cramped or cluttered areas, making ease of movement difficult.

What do we do?

Victoria and Tasmania
Occupational
Health and
Safety,
Participation of
students and
volunteers

- 1. Complete the Planning section of the SAFEBee form 2 weeks before the working bee
- 2. Date and submit it to the cluster manager for sign off
- 3. Make any amendments to plan as suggested by the cluster manager if not approved
- 4. Resubmit to cluster manager for sign off
- 5. Undertake the working bee if approval gained
- 6. Complete the 'After completion' section
- 7. Keep the form pinned up until all action required has been completed

NOTE: Please note that the SAFEBee forms should be kept for 5 years

(This page has deliberately been left blank to allow for the replacement of the form with a relevant Agency version if there is one)

SafeCareService Working bees Page | 85

SAFEBee

Service:	Working Bee Date:
Name of Working Bee Coordinator:	Contact number:
What will be done at this working bee:	

How do I use this checklist?

Tick the shaded squares to indicate completion of relevant tasks, and add remarks in the relevant blank squares provided.

 People ready Supervisors nominated Supervisors trained/briefed in safety/emergency procedures Responsibilities clear to supervisors Emergency procedures and potential hazards discussed with volunteers by supervisors 	 Policies and procedures ready Insurance for public liability & accidents in place OHS policy available SAFERecord procedure in place SAFERecord sheets available Procedure in place for reporting of hazards Register for people to sign in/out Parents notified that they will be responsible for their children 	
 Equipment tested for safety Gloves/goggles/earmuffs Power tools Ladders Other equipment 	 First aid ready First Aid Kit readily accessible First Aid Kit fully stocked Name of a Trained First Aider involved in planning 1. 	
 Hazards planned for Hazards identified in tasks Fixes in place for identified hazards Volunteers are matched to tasks 	 Information and protection ready List of chemicals in use is displayed Material Safety Data Sheets provided for all chemicals Gloves/earmuffs/goggles available for identified tasks 	
Food provided Yes / No If yes give details:	Alcohol present during or after Yes / No	

Initial approval	(at least 2 weeks befor	e working bee). Give i	name and signature below
immu upprovur	at least 2 weeks below	e working beet.	name and signature below

Maintenance Coordinator:	Date:
Agency Representative:	Date:
Early Childhood Educator:	Dates

Working bees Safe Care Service

On the day

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Ensure people have signed in and out	Accidents/ incidents reported on SAFERecord	
Supervisors reported back on their tasks	Any hazards or maintenance requirements noted	
All chemicals secured safely	Equipment cleaned and inspected	
All equipment secured safely in storage	All waste secured safely or removed from site	

After completion

Issues arising – make no	otes as appropriate and use other	sheets if needed			
Maintenance issue	Item	Issue			
Complaint	Issue	Action			
Completion (prese	nt to Cluster Representat	tive in six monthly check):			
Maintenance Coordin	•	Date:			
Early Childhood Edu		Date:			
Agency Representativ		Date:			
Evaluation (any haz	zards must be entered into .	SAFEGuard and investigated)			

Safe Care Service Handling money Page | 87

Money is handled safely

Is there a problem?

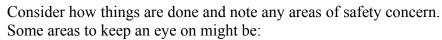


Collection of money at the service is not recommended. If collection of money is done then significant planning about it is required.

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Victoria and Tasmania
Occupational
Health and
Safety

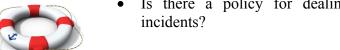
Discussion with the workers and volunteers at our service will help find what they find difficult or potentially dangerous about the way money is dealt with at the service.

Be conscious of complaints/concerns that have been raised by staff or volunteers.



- Is there a written procedure about money handling?
- Is this procedure followed?
- Is there a record of transactions made and is this checked against the money collected?
- Is there a regular time that someone will go to the bank with all of the money?
- Does more than one person go the bank with the money?
- Is there a procedure for staff/volunteers that provides a method of responding to cash payments?
- Is there a policy for dealing with stress from traumatic incidents?







Once you have an idea of the hazards related to management of money in the service, they should all be listed in the first column of SAFEGuard in preparation for the rest of the SAFE process.





Broad safety issues

Dealing with threatening behavior



It is recommended that significant discussion takes place about this issue in a staff meeting as part of OHS discussions

Over the phone

If the threatening behavior is occurring over the phone and particularly if violence is threatened, you should make a note of the following:



Occupational Health and Safety

- time and date of the call
- phone number on which the call was received
- gender of the caller
- estimated age of the caller
- any other clues about the identity of the caller
- any background noises



You should then phone the police and provide a copy of the details you have noted.

At the service

If the abuse takes place at the service, other workers should provide support by removing children from the immediate location and supervising them elsewhere while you phone the police or cluster manager for help

Use communication skills that can be used to diffuse anger:

- Ensure that workers stay calm and speak slowly, clearly and gently.
- Reiterate your name and position and be assertive without contradicting the person or acting like an authority as far as possible.
- Avoid aggressive body language such as crossing your arms, putting your hands on your hips or shaking your finger.
- Keep your distance (try to keep something between you and the angry person) and try not to look down
- Never touch an angry person and do not try to physically stop violent behaviour
- If you need to leave, step quietly back to make room and then back away from the person. Do not turn your back on him/her as far as possible

After a violent incident has taken place:



- ensure that immediate debriefing takes place
- If the incident takes place at the service, all who witnessed the event should be involved in the debriefing
- After the debriefing the SAFE procedure should be followed to identify and deal with the hazard using SafeGuard to record it



Bullying and harassment

Sexual harassment of employees by others is unlawful and will not be tolerated. The *Equal Opportunities Act 1995* defines sexual harassment as:

"...an unwelcome sexual advance or an unwelcome request for sexual favours or any other unwelcome conduct of a sexual nature in circumstances where the person responsible would have anticipated that the other person would be offended, humiliated or intimidated."

The prohibition against sexual harassment applies to all people at this service.

- All workers at our service will be made aware of the Agency policy
- Such activity may be grounds for dismissal or discipline
- All reported incidents are investigated, debriefing provided as needed and disciplinary action instigated

Bullying may be defined as repeated unreasonable behaviour that may victimise, humiliate, undermine or threaten a worker or group of workers. It may fall under the legal definition of harassment if it is based on the race, sex or personal attributes of the worker. It may be physical, verbal or emotional.



Ensure that all staff are trained in dealing with bullying and harassment. It is important to remind people of healthy ways of working.



One of the SafeCare Further Training units available is a ½ day unit on Bullying and Harassment. Further information and training booking sheet can be found at www.victas.unitingcare.org.au/safecare or at www.bcsmallbiz.com

Working at the service by yourself



As far as possible, workers should be discouraged from working alone at the service. If someone is going to be at the service out of hours, the cluster manager should have given prior approval.

The following preparations should be made:

- Only one door accessible to the public at night
- All other gates and entrances locked
- The front door should be locked
- The person inside should have a clear line of vision to view anyone wanting to come in
- Only those whose identity can be confirmed should be admitted
- Emergency phone numbers are displayed close to the phone
- The cluster manager's phone number is clearly displayed
- The cluster manager should be contactable while the person is working at the service
- Park cars as close as possible to the entrance of the service to avoid walking distances in the dark
- The entrance is well lit at night or has security lights

- Other parts of the building that may be susceptible to break in, or to people using them to sleep or stay in, should be protected by security lighting
- The garden and surrounds of the entrance should be designed as far as possible to provide no place for intruders to hide

Excessive stress levels

We need to plan to ensure stress levels are not a problem within our service. The following factors are important:

Acknowledge that the service is only part of the workers life

- Ensure that workers take their leave and provide structured meal breaks and planning time.
- Check the leave records regularly and note people who are not taking very much and those who are taking a lot.
- Those who are not taking leave and even coming to work when not well may be indicating that they have too much on their plate or that they are less able to cope with what they have.

Support workers while they are at work

- Discuss any work and home balancing issues that arise
- Suggest that they regularly chat with another professional in a mentoring arrangement.
- Develop a local support network with other services in your area
- Have regular staff meetings at our service where all matters of interest are discussed with the whole group of workers as far as possible.
- Provide a method of addressing grievances and complaints
- Ensure that there is a procedure for evaluating current practice involving all relevant parties.

Clearly define what workers should be doing while they are at work

- Ensure all jobs have a clear job description
- Ensure all appraisals are set up around these descriptions.
- Have clear policies and procedures that are provided to all workers and are written in language that is easy to understand
- Support this by signs and discussion where appropriate.
- Have procedures for dealing with complaints and other problems which mean that these are dealt with in a structured way which recognises them and talks them through with all relevant parties.
- Ensure each worker has a thorough induction that explains the service and their function within it as well as policies and procedures.

Train workers in all relevant tasks

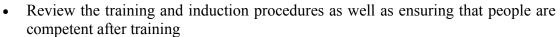


• Ensure there is an ongoing commitment to keeping people trained. This does not mean sending people to courses all the time nor even paying a consultant to come and provide training. There are a variety of issues which can be presented at staff meetings and other occasions by the coordinator or other worker using their experience or the sheets in this Guide.

- Identify training needs:
 - ✓ During staff meetings
 - ☑ Responding to complaints or comments
 - ☑ Introduction of new policies and procedures
 - ☑ Changes in the law
 - ☑ Changes in early childhood theory



- These needs should be noted down on the Training Needs Analysis and discussed with the coordinator in terms of the most appropriate way of undertaking training.
- All training undertaken should be recorded on personal files and within a training record such as SAFETraining for audit purposes.





• Discuss any new training areas that would be helpful and explore options for provision of these. Investigate the range of SafeCare Training courses that are currently available at www.bcsmallbiz.com. New SafeCare Further Courses are easily able to be developed and provided as part of the SafeCare Further Training options; contact Tim on safecaretraining@bcsmallbiz.com for a further discussion.

Respond to issues

A lack of response speaks of a lack of concern about the workers,.

- SAFESearch checklists provide a daily, weekly and 6 monthly check of the facilities
- All concerns about the facilities arising from these should be addressed within a plan using the SAFE process to prioritise, respond and evaluate.
- All concerns should be dealt with promptly. At the least a verbal response explaining the situation and the response of the Management Committee/Board/Board provides a feeling of having been 'heard'.

Some areas of common concern are:

- Positioning of office space and computers
- Ventilation in office areas/ photocopying areas
- Manual handling

Make changes as a result of incidents

- Act quickly and decisively to prevent problems happening again.
- Have a discussion with all workers and the cluster manager to discuss options for immediate action and for action over the longer term if this is required.
- Report on progress of change to all workers

Dealing with complaints and grievances



Sometimes there are things that require further formal discussion. Your agency will have a grievance policy and procedure.



There is also an Early Years policy about Complaints and Grievances



An excursion or a centre visit

Defining the need

Excursions and centre events provide opportunities for children to explore the wider community as a group and extend on the educational program provided at the centre.



Centres need to clearly state the purpose and educational value of each excursion and have clear procedures to follow prior to and during an excursion. Don't forget that excursions are risky business!

Services should consider the following reflective questions:

Victoria and Tasmania
Occupational
Health and
Safety,
Participation of
students and
volunteers

- Why does the service organise and plan excursions? Are excursions child orientated or suited for adult interests?
- How does the service link the outcomes for excursions with children's experiences?
 - How does the service document the planning and evaluation of excursions? This can include a risk analysis of the venue and method of transportation, emergency procedures and planning goals and outcomes.
- Do the procedures for the excursion meet the health, safety and well being needs of the children?
- Do the procedures for the excursion ensure the relevant sections of the Children's Services Regulations 2009 and the *Children's Services Act 1996* are complied with?

Excursions: What do we do?

- 1. Consider the questions given above for any excursion which takes children offsite
- 2. Pay the excursion site a visit well before the excursion and ask the owners of the site any relevant questions
- 3. Get a copy of the emergency procedures at the excursion site and discuss with other adults assisting with the excursion
- 4. Plan the transport there and back including any changeover points or walking that is to be done
- 5. Take shade and safety into account when planning and note the approximate times to ensure a smooth trip
- 6. Complete the SAFEExcursion form for any excursion which takes children offsite.
- 7. Submit the undated SAFEExcursion form to the cluster manager for sign off 14 days prior to any excursion



Centre Visits: What do we do?

Centre visits should include the contractor filling out a SAFEContract form in the same way that any other contractor would do so. SAFEContract should be completed and forwarded to the cluster manager along with the SAFECentreVisit form 14 days before the excursion. The Cluster Manager will sign them and return them to the service after any required discussion/amendments have been made.



(This page has deliberately been left blank to allow for the replacement of the form with a relevant Agency version if there is one)

SAFEExcursion	On Service Destin	ce: nation:]	Excursion Dat	te:			
Prepared by:			va[req	uire	3 01		
Complete first four sections and send to Agency 14 days before the excursion for initial approval.								
1. Before the day Excursion site visited within last month at roughly the same time the excursion will take place? Cost per child \$								
Safe drop off point at site? Have k	nowledge of si	ite emergency j	procedures?	Number	of children			
Safe eating point, if eating? a. Shady/she	ltered?	b. Away from	roadways?	Numb	er of adults			
Payment method -				Num	iber of staff			
Explain program interest of the excursion a	lestination:			1	m number o			
				Staff Adults	requiren	DEECD nents children		
				(Uniting	Care)			
2. Transport Plan	-	Include all mo	des of trans	port and all tri	ps including	walking		
Mode Contact details		Pick up	point		Time			
Is then	re shelter at eac	ch point where	you will be	waiting for a r	node of trans	port?		
3. Excursion Notice and Permi	ssion Form	include copi	es for appro	Val Have all	these been in	icluded?		
	and time of dep	-			tification of c	cost		
Request to sun screen children before they	come to the ser	rvice that day	Clear de	escription of ex	cursion purp	ose		
Parent Permission Form Reminder	about bringing	g hat/raincoat	Remin	der about bring	ging water bo	ttle		

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Safe Care Cluster Excursions & Centre Visits Page | 97



4. Risk Assessment Complete this risk assessment before submission for approval

Activity –tick relevant options	Possible Hazards	Risk Assessment From SafeCheck	How will we control the risk of injury/illness? Include who will be responsible to do these things	Sign off by cluster
Transport to and from excursion Bus Train Train Walk		Trom sarceneek		
At the excursion site Injuries Traffic Emergencies Sun/rain Food/water Water hazards Toilets Strangers Fences/gates Animals				
What will happen if the excursion is cancelled?				

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Comments from cluster manager and deta	ails c	of extra points o	f cau	tion during the excur	sio	n:	
Initial approval (at least 2 weeks b	efo	re excursion	1).	Give name and	si	gnature below	
Nominated Supervisor :						ate:	
Agency Representative:					D	ate:	
5. On the Day Have	Em	ergency Contac	t List	t including doctors an	ıd o	ther medical services	
Have discussed emergency pro	oced	ures and respon	sible	supervision of child	ren	with attending adults	
Copy of permission form for each child		Ensure all chi	ldren	have hats/raincoats		Spare Water bottle	
Trained First Aid Person in attendance		First Aid Kit		Spare Sun screen		Mobile Phone	
Copy of this sheet left at the service							
Person to contact if running particularly lat	e or	other difficulty	-				
Issues or other summary notes relating to the	he e	excursion:					
Evaluation (any hazards must be	e en	tered into S	AFE	Guard and inves	stig	gated)	
Signoff by Nominated Supervisor .	:				D	ate:	

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	Service:	_ Visit Date:
SAFECentreVisit	Contractor:	
SAFECentreVisit		hreamired!

Complete first two sections and send to Agency 14 days before the centre visit for initial approval. The SAFEContract form should accompany this form if a contractor is visiting.

					-				
1. Before the day			ost of visit	\$		Cost per child	5		
SAFEContract form complete							Number of children		
Discussion with contractor	a.	Needs of children		b. Goals	of	visit	Start time		
Payment method - Finish time									
Explain program interest of the centre visit:									
2 Visit Notice and Permission Form include copies for approval Have all these been in									
2. Visit Notice and	Per			<u> </u>	IVI C	ippiovai	Have all these been incl		
Name of contractor/visitor		Clear description of		_			Clear notification of co		
Parent Permission Form			Date	of visit			Start and finish time	es	
Initial approval (at least 2	wee	ks before workir	ng bee	e). Give	e n	ame a	nd signature below	r	
Early Childhood Educator		Date:							
Agency Representative:					Date:				
ssues or other summary notes rel	ating	to the centre visit:							
Evaluation (any hazards r	nust	be entered into	SAFE	EGuard a	nd	invest	igated)		

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Safe Care Service Emergencies Page | 103

Emergencies

What is an Emergency?





Emergencies and Evacuation, Supervision of Children, Incident Injury Trauma and Illness An emergency is an unusual event that creates significant minimum in the service. These instances often require evacuation of the children, staff and other people present to a safer area (which in some cases may be another part of the service). This could be any of the following or similar incidents:

- Fire or explosion
- Snake in the outside play area or inside
- Violent argument in the service or robbery
- Natural disaster flood or earthquake



Check the Agency policies and use these further thoughts where relevant

NOTE: you should contact the Department within 24 hours of the incident noting the salient features on the ACECQA Incident, Injury, Trauma and Illness Record given below.



http://www.acecqa.gov.au/Uploads/files/Application%20forms/notifications/SI01 NotificationOfSeriousIncident v5.pdf

What is the responsibility of services?

Services have a responsibility to ensure the safety of those in their care as well as all other people on their premises. This means that:

- there should be a clear policy about emergencies that all staff know
- there should be a clear plan of action for each possible emergency situation
- a SAFEEmergency Details or similar details sheet should be completed and displayed next to each phone
- fire orders and evacuation route maps should be visible in each major area of the service with the emergency gathering point clearly marked on these maps
- emergency response equipment must be maintained in working order (this may be organised through the cluster) fire extinguishers, hose reels fire doors and other similar items
- all staff should know their part in this plan
- practise should be undertaken with children every 3 months to ensure that they are aware of the planned response. This response may vary slightly for different rooms dependant on the age of the children
- there should be easy access to a phone at all times this should be a cordless phone at the service and a mobile phone on excursions or in emergencies. Mobile phones are not really practicable for everyday use



What should we do if someone is hurt?

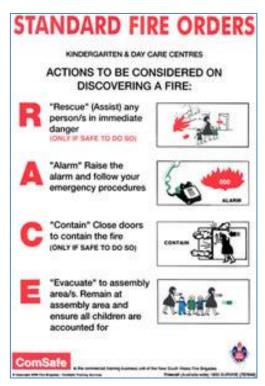
If someone is hurt in an emergency situation, there should be a standard planned response. A detailed process is provided in the next section of this guide

What should we do if there is a fire or explosion?



Fire and explosion will be treated in the same way. Check the Agency procedure as you think about this. It is important that there is a procedure in place before any incident occurs to ensure a clear and helpful response. This will include:

- maintenance of all emergency equipment such as extinguishers
- display of Fire Orders(such as the example to the right)
- display of evacuation route and meeting point signage
- evacuation drills are carried out in accordance with the registration requirements
- our attendance lists are correctly filled out with all contractors and other adult helper as well as children
- ensure that the emergency route is free from obstructions and all exit doors are functional
- we have a clear list of chemicals and their storage location in the service
- training of staff in the use of any extinguishers, blankets and hose reels that are present in the service



When a fire/explosion is discovered, the finder will:

- 1. Rescue any person in immediate danger
- 2. Discover the location of any fire so that people don't plan to go that way and so that the report to fire brigade is accurate
- 3. Phone emergency services on 000 and clearly report location and extent of fire as well as any chemicals present
- 4. Take attendance lists if safe to do so
- 5. Assemble all children and adults at the emergency meeting point. The attendance list should be checked to ensure that all children and adults are present
- 6. Attack fire with extinguishers only if safe to do so
- 7. Return to the emergency gathering point

At all times the welfare of children should be the highest priority for staff, enduring that no child is left unattended and that undue alarm and excitement are avoided

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What should we do if there is a snake in the yard or in the building?



Snakes are common in many areas of Australia so learning how to deal with them appropriately is a useful thing. If you are in an area where snakes are likely to be found, services should be encouraged to include learning about snakes as part of their program and that they have the number of a professional snake handler on their SAFEEmergency Details list near their phone. Your agency may well have the name of such a person and pay them when their services are required.



If there is a snake in the building or yard, all children should be moved to another part of the building well away from the snake and normal activities should be continued as far as possible to reduce the level of danger and distress the children might experience.

There are a series of five useful rules that apply to children and adults when confronted by a snake:

Keep your hands to yourself:
 Don't explore holes and hollows by putting your hand inside and check that the stick is a stick and not a snake! Obviously teasing snakes is a very good way to get bitten. Don't ever pick up a snake as it might be sleeping or playing dead.

2. Stop Don't move

If you don't move, many times the snake will forget that you are there and go about its business. If you remain still it will not bite even if you scream. If you are bitten the best thing to do is remain still as movement will cause the venom to travel around your body faster

3. Watch the snake

Work out where the snake is going so that you can go in the opposite direction and ensure that children do the same. You will want to know where it has gone so that a professional snake handler can find it again in order to remove it

4. Move away very slowly

Some snakes, particularly the Death Adder, will choose to stay still and you will have to move away. Rapid movements startle the snake or give it a direction to strike so move gently and slowly.

5. Tell an adult/coordinator immediately
It is important that an adult/coordinator knows about the snake as soon as possible so that they can take action and particularly if someone has been bitten

What if someone is bitten?

- Call 000
- Get a clear description of snake
- Apply a splint and bandage to the whole area around the bite using the same pressure as for a sprained ankle
- Keep the person/child still

What should we do if there is a violent argument or robbery/break-in?



There will be an agency procedure about this issue, read it through as you plan for the services in your cluster

If there is a violent argument or a robbery/break in at the service and the person involved appears out of control (particularly if they have any sort of weapon) you should ensure that the situation stays as calm as possible around the person who is upset/caused the intrusion to ensure that the situation doesn't escalate.

If there is a violent argument or robbery/break-in, we need to ensure that:

- The children are adequately supervised well away for the incident
- We listen attentively to the person who is concerned
- Someone else calls the police if we feel threatened from the office or somewhere else that is not obvious to the person concerned
- The coordinator/someone who is in authority at the service calls the cluster manager and informs them of the incident as soon as possible

If the person appears erratic/out of control, we should ensure that we:

- 1. Follow any instructions from the person concerned
- 2. Stay calm and quiet
- 3. Avoid eye contact
- 4. Do not make a sudden movement
- 5. Remain inside the service do not chase the person if they run off
- 6. Show your hands if you are moving
- 7. Do not attack the person physically or verbally
- 8. Make mental notes about the person involved if we do not know them and the situation so that it can be recorded accurately later.

What should we do if a natural disasters such as flood or earthquake occurs?



It is important that there is a procedure in place before any incident occurs to ensure a clear and helpful response, but these larger scale disasters normally have more warning. Procedures about these instances will be something that the Agency will organise. Normally this will include getting the parents to come and pick up the children from the service, but there will be another option if the service is not safe. Preparations will generally include some similar things to other emergencies:

- maintenance of all emergency equipment such as extinguishers
- understanding of evacuation route and meeting point off site
- evacuation drills are carried out in accordance with the registration requirements
- attendance lists are correctly filled out with all contractors and other adult helper as well as children
- training of staff in the use of any extinguishers, blankets and hose reels that are present in the service

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So what happens after an emergency?

After an emergency has passed, there will be a number of people who may require debriefing. This process is decsribed in the next section.

There will also need to be a discussion the reponse that was made to the emergency and whether it needed improvement. This is best done involving all of the people who were present as well as the cluster manager and others from the service who may not have been therer but will be able to learn a lot from the discussion

The issues that should be discussed include:

- The nature of the emergency
- The time taken to evacuate (if this was necessary)
- The usefulness of the procedures for responding to the emergency including evacuation
- Any interaction with external agencies such as fire brigade or others
- Any injuries arising both children and adults
- Any other relevant issues



The Agency may have a standard procedure and recording sheets to assist in this process which should be used if useful.

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SAFE Emergency Details

	E Emergency Betans
Service name:	
Service location address:	→
Nearest Cross Street:	
Complete the details J	for the service and keep a copy near each phone and/or on a noticeboard.
Emergency Co	ntact Numbers
Police	Power Authority
Ambulance	Telephone provider
Fire Brigade	Emergency Plumber
SES	Emergency Electrician
Water Authority	Agency Emergency Contact
Preferred	doctor
Name of preferred doctor	
Telephone Number	
Address	
Evacuation As	Ssembly Area Describe location of the assembly point

Safe Care Service Emergencies Page | 111

SAFE Emergency Drill Record

Service name: Observer Name:	ill:		
Complete the details for each emergency dr	ill run.		
Drill procedure checklist			Time taken
		Alarm sounded	
	Designated cont	troller responds	
	All	areas searched	
Simulated co	all to emergency ser	rvices complete	
	Ev	acuation begun	
		ports area clear	
		assembly point	
	en and adults are ma	_	
Controller designates person to meet e			
n		nation complete	
r	ractice Drill announ		
	10	tal Time taken	
Changes needed			
Description of change	Who will make the changes?	When will the changes be complete?	Who will check the changes?
Further comments			

Safe Care Service A major incident Page | 113

A major incident



Occupational
Health and
Safety,
Emergency and
Evacuation,
Incident Injury
Trauma and
Illness

What is a major incident?

A major incident is an unusual event that creates significant anxiety in the service. This could be any of the following or similar incidents:

- Death of a child, worker or other person at the centre
- Death or serious injury to a child or worker away from the service, but who would normally be at the service
- Serious injury to a child, worker, helper, contractor, visitor, or committee member at the service
- Significant media attention on the service
- Violence or abduction at the service or to people who would normally be at the service
- Emergency evacuation of the service
- A child leaves a service unattended



What is our responsibility as a service?



Call the Cluster Manager as soon as possible and discuss your response. If you cannot contact the cluster manager or representative with 20 hours, phone DEECD regional management and complete the serious incident form at http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/licensed/incident.pdf





Sustainability

What is sustainability?



Sustainability is the term used for practices which increase our awareness of and allowance for our interconnectedness with and in the natural world.

There is a growing body of knowledge about the importance of introducing this notion of our connectedness with our environment in Early Years Programs. The concept behind this is to develop a mental framework that includes sustainability as one of a number key elements which children will then build their further education and world view upon.



Check the Agency policies about sustainability and use these further thoughts where relevant

How is it linked to safety?

Key concerns supporting the importance of sustainable education that have been raised in relation to the safety of young children are:

- Use of pesticides
- Use of cleaning chemicals

What are the key elements in sustainability learning?



Sustainability works best when it is part of an holistic approach which includes staff, students, families and others who attend the service.

The sustainability program is broader than just programming and should include:

- Policies and procedures
- Environmentally friendly pest control
- Environmentally friendly cleaning
- Staff training
- Play space design
- Networking with local schools, groups and businesses
- Sponsorship from local businesses to run a specific environmental program –water/waste/wildlife

What are some ideas to include in programming?

- Developing special environmental days or existing ones (see list at the bottom of the page);
- Activities that relate to sustainability topics such as worm farms
- Input from other children e.g. things they have said, or pictures they have drawn that relate to sustainability issues.
- How to clean up and dispose of glue, paint and other gooey stuff
- Reducing water usage
- Energy-efficiency tips.
- Natural gardening; indigenous food plants; growing herbs and vegetables -including seed collection and propagation.
- Waste-free lunches ('Nude Food').
- Snack ideas and food choices that have nutritional and environmental benefits, and ideas about how to incorporate 'food cycle' learning
- The natural food cycle: where our food comes from; how it is grown; how food waste can be processed in a worm farm/compost, etc. Incorporate a lunch activity, e.g. a wholefood, waste-free picnic in the garden (especially for transition into school), and have children prepare food grown in the centre's garden, and/or bring food from home.
- Ideas about how to encourage respect for native animals.
- Planting guides and landscaping to encourage wildlife.
- Biodiversity; ecosystems; Australian landscapes; natural features of local significance; appreciation of the land and natural environment
- Creative reuse activities, e.g, using recycled containers and materials for paint pots, sorting games, and recycled craft; tyre gardens; paper-making; ideas about how to incorporate recycling practices into dramatic play; information about where to find recycled items in the local area

What are some calendar days we could use in our programs?

There are a variety of days that have been established for increasing awareness about environmental issues. Here are some of the more common ones:

- Clean Up Australia Day -March 4, 2007 (www.cleanup.com.au)
- Earth Science Week -2nd week in October (www.ga.gov.au/about/event)
- International Day of World's Indigenous People -August 9 (www.unesco.org/culture/indigenous)
- National Biodiversity Month -September (www.deh.gov.au/biodiversity/month.html)
- National Recycling Week -2nd week in November (www.planetark.com.au/nrw).
- National Threatened Species Day -September 7 (www.wwf.org.au/tsn)
- National Tree Day -July 29, 2007 (www.planetark.com.au/treeday)
- National Water Week -October 21-27, 2007 (www.savewater.com.au/waterweek)
- World Environment Day -June 5 (www.deh.gov.au/events/wed/index.html)



Ideas for newsletters encouraging sustainable practices at home

Part of the process is engaging families so that the sustainability message is used at home as well. Things to include in newsletters for the community within the service might be:

- References to other events or organisations that are providing useful information
- Asbestos, i.e. identifying and managing it, e.g. not putting tacks in the walls.
- Chemical collection days being held in the local area.
- Information about lead, and how to avoid lead poisoning.
- Recycling programs for ink cartridges and other printing equipment.
- Reducing power/gas usage
- Reducing water usage

What should be included in play space design?



As with the other parts of the sustainability program, the outdoor play space exists within the program as a whole and needs to be supported by a clearly understood framework of sustainable practice.

This means that there needs to be some investigation of the current perceptions and use of the outside space by staff and children including amount of time spent there and the types of activities undertaken.

A play space that uses the natural environment well:

- reflects the local landscape and climate,
- is dominated by natural elements, e.g. trees, shrubs, sand, soil, flowers;
- invites open-ended interaction, exploration, and manipulation;
- provides opportunities for risk-taking, spontaneity and discovery;
- stimulates all of the senses;
- is alive and unique;
- is able to be used regardless of weather and time;
- promotes a sense of place for children and adults;
- contains a variety of environmental areas;
- promotes a sense of wonder;
- is always growing into something new.

Significant shade should be provided as an integral part of any outdoor area



The design of the service outdoor area provides significant possibilities for environmental and other learning. Make the most of it!



Pattie Morgan is a well known speaker and former preschool teacher who is able to provide useful training for staff and facilitate development of play space design which encourages environmental awareness and exploratory play. Further information can be found at www.bcsmallbiz.com

Some key charactersitics of a natural play space might be:

- safe and easy access from adjacent indoor play areas encouraging open indooroutdoor flow.
- a number of areas with each supporting a different kind of activity e.g. separate active and quiet play spaces set out in a way that helps children know how to best use the area
- large enough spaces to allow all activities needed for healthy development including a large, grassy, central space where children can run freely.
- areas for digging in sand or bare earth with props that can be used for imaginative play.
- pathways to explore that are surrounded by interesting vegetation and stepping stones through gardens.
- plants used in a creative way, e.g. in a sensory walk; at different heights depending on the age of children using different areas, and the need for areas to be visible for areas of garden where children can grow and collect food for snacks or lunch e.g. herbs, vegetables, native bush food plants, and fruit trees
- a constantly changing supply of materials and flexible play equipment with an emphasis on recycled items and natural materials (like wood and stone) and loose, moveable elements the children can manipulate, e.g. large balls, outdoor blocks, milk crates, trikes, ladders, A-frames, planks of wood, tyres, durable plants in pots, and adequate storage space to support the provision of this equipment.
- diverse and natural ground surfaces
- special features such as:
 - o trickle streams and ponds (with or without fish)
 - o bush cubbies
 - o chickens, music areas, nesting boxes.
 - o an area for dealing with organic waste via a worm farm and/or compost
 - o a potting bench, gardening tools, and small watering cans



Resources:

Associations and Interest Groups

Environmental Education in Early Childhood (EEEC) Vic. Inc.

A major incident

JS Grey Centre, Cnr Gilbert Road and Regent Street, Preston. PO Box 2535 Regent West VIC 3072 PH: 03 9471 4673 eeec@alphalink.com.au http://home.vicnet.net.au/~eeec/index.html

Australian Association for Environmental Education Inc. Early Childhood **Special Interest Group (AAEE EC SIG)**

Sue Elliott, Team Leader susan.elliott@bigpond.com www.aaee.org.au/sig.htm Ph: 0394975064

Early Childhood Australia Victorian Special Interest Group (ECA VIC SIG)

Tracy Young, Group Leader tryoung@swin.edu.au Ph: 03 9214 114

Websites

Australian City Farms and Community Gardens Network (incl. information on school gardens): www.communitygarden.org.au

Early Childhood Australia Inc. (early years advocacy): www.earlychildhoodaustralia.org.au

Enviroschools (NZ -a whole school approach to environmental education): www.enviroschools.org.nz

Freecycle (networks of people swapping free stuff): www.freecycle.org

Fresh Green Clean (green cleaning in-service training): www.freshgreenclean.com.au

Go for your life (promoting healthy eating and physical activity): www.goforyourlife.vic.gov.au

Green Canary (ecological fundraisers): www. greencanary.com.au

"Our environment -it's a living thing" (learn how to live more sustainably at home, at work and at play):

www.livingthing.net.au

Rous Water (water conservation education program for early years): www.rouswater.nsw.gov.au

Sustainable Schools NSW:

www.sustainableschools.nsw.edu.au

Stephanie Alexander Kitchen Garden Foundation:

www.kitchengardenfoundation.org.au

Taronga and Western Plains Zoos:

www.zoo.nsw.gov.au

World Health Organization ('Global strategy on diet, physical activity and health'): www.who.int/dietphysicalactivity/en



Books, Kits and Other Documents

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SafeCare Resources –

The following resources are provided in this section;

- SAFESearch Daily, Monthly and Cluster Manager
- SAFECheck
- SAFEGuard
- SAFEGuard Infectious Diseases
- SAFERecord
- SAFEInduct Employees
- SAFEInduct Volunteers
- SAFEInduct Relief employees
- SAFETraining
- SAFEChem
- SAFEMove
- SAFEAid
- SAFEBee
- SAFEExcursion
- SAFECentreVisit
- SafeCare Glossary

SAFESearch Daily

Keep and present to cluster manager each 6

Service				
				_

Staff Involved months Wed Thurs **Check List** Mon Tues Fri Don't forget if there is a 'No', it should be entered in SafeGuard and investigated fully **Section A - Internal** Note: some issues require reflecting on what happened the day before Floors, Passageways, Exits and Doors 1.1 Is there a way of keeping out unwelcome visitors? 1.2 Is there a sign in/out book near the entrance? 1.3 If so, is the sign in book used for all visitors? 1.4 Is the area free from tripping hazards (loose carpets/ floorboards/ boxes/rubbish)? Are spills cleared up immediately and the area cleaned and dried? 1.5 Are passageways free from obstructions? 1.6 Is the area accessed by children free from loose cables? 1.7 Lighting and electricity **A2** Are all light globes in good condition? (None flickering or dead) 2.1 Are all electrical sockets protected from children's fingers? 2.2 Are sockets and switches securely screwed and without cracks? 2.3 2.4 Is the building free from loose/exposed electrical wires? **Furniture and Fittings A3** 3.1 Is all furniture away from doorways/walkways where it might block access? 3.2 Is all furniture and fittings free from loose/ worn / broken parts? Housekeeping **A4** 4.1 Are floor surfaces clean? Are waste bins emptied daily? 4.2 **Administration Areas A5** 5.1 Is the floor free from loose cables? Is the leg area under desks free from boxes and other items? 5.2 Is the space where office chairs would roll free from obstructions such as cables 5.3 or wrinkled mats/carpets? **A6 Kitchen Areas including First Aid** 6.1 Is hot equipment adequately guarded? 6.2 Are all crockery and cutlery items put away in cupboards? 6.3 Are benches clean? 6.4 Are aprons clean each day? 6.5 Are tea towels/cloths clean each day? Are fridge temperatures recorded daily? 6.6 6.7 Is electrical equipment placed away from sinks and hotplates? 6.8 Is there a trained First Aid person on the premises? 6.9 Are any used items in the First Aid kit replaced? **A7 Toilet And Washing Facilities** 7.1 Are toilets and washing areas cleaned daily? 7.2 Is soap provided in washing areas? 7.3 Are individual clean towels provided in staff and children's areas? (cloth/paper) **A8** Laundry Area 8.1 Are all chemicals (cleaners/disinfectants/others) clearly labelled/safely stored? 8.2 Is a ladder put out of the way but easily accessible (if needed for dryer/other)?

Is electrical equipment placed away from sinks?

8.3

Chec	k List Don't forget if there is a 'No', it should be entered in SafeGuard and investigated fully	Mon	Tues	Wed	Thurs	Fri
A9	Fire Precautions					
9.1	Is there clear access to all fire exits?					
9.2	Do fire doors open outwards and are all fire doors kept closed?					
9.3	Is all fire fighting equipment easily accessible & free from any obstruction?					
A10	Accidents and Illnesses					
10.1	Are accidents immediately reported/recorded in SAFERecord (staff) or					
10.2	Accident Record (children)?					
10.2	Are near misses and illnesses caused by work also reported/recorded?					
10.5	Are all accidents & near misses investigated and recorded using SAFERecord?					
everyor	ion B - External - If there are multiple playgrounds, indicate compliance or the knows) in the appropriate column instead of ticks as each of them are checked. This will mean below rather than a tick.	noncompliant that you w	nnce by us vill have 1,	ing design , 2 and so o	ated numb on in each s	ers (that ection of
B 1	Playground Soft Fall Areas (if there is more than one, see comment above)					
1.1	Is there a minimum fall zone of 1.9m between equipment and hard surfaces?					
1.2	Is soft fall at least 200mm deep over all the play area?					
1.3 1.4	Is the border of the soft fall area free of splinters and cracks? Is the soft fall area free of stones and hard objects?					
B2	Playground Equipment			I	1 1	
2.1	Is the equipment free of cracks and splinters?					
2.2 2.3	Is equipment in direct sunlight monitored for possibly harmful temperatures? Is equipment stable and arranged in a safe manner?					
2.4	Is the equipment or fixtures free from loose or exposed bolts or nails?					
2.5	Is equipment free items that might move to cause head/neck entrapment?					
2.6	Are swings and ropes in good repair?					
2.7	Are any tyres free from water and insects?					
2.8	Is the water trough/other water containers empty if not in use and supervised?					
2.9	Is there enough room for people to move safely around the playground area?					
В3	Playground Area (if there is more than one, see comment at the top of the page	?)	ı	ı	1	
3.1	Is the area free from unplanned pools of water?					
3.2 3.3	Is the area free from trip hazards (eg artificial grass not secured to the ground)? Are steps, pathways and other surfaces free from slip hazards i.e. water/sand?					
3.4	Is the area free from things for immediate attention (rubbish/syringes/ glass)?					
3.5	Is equipment stored in the shed in a manner that will not fall?					
3.6	Is maintenance equipment stored in a place that is not accessible to children?					
3.7	Are children supervised if they have access to the shed?					
3.8	Are rubbish bins stored in an appropriate place, not accessible to children?					
3.10	Are emergency exits clear of obstructions and easily opened by staff?					
B4	Playground Fence					
4.1	Is the fence secure/without holes? Is it free from places where people could go					
	underneath it?					
4.2	Are gates secured and self closing?					
4.3	Is the boundary free from equipment/plants allowing climbing of the fence?	1		1		

Signatures and further comments:

SAFESearch Monthly Keep and present to cluster manager each 6 months

Service

Staff Involved

Check	C List Don't forget if there is a 'No', it should be entered in SafeGuard and investigated fully	Yes	No	Not applicable or action or comments
Whi	ch days did you not complete SAFESearch Daily:	•		
4.1	Section A - Internal If there are multiple areas, indicate comp numbers (that everyone knows) in the appropriate column instead of ticks as			
A1	Floors, Passageways, Exits Windows, Stairs and Doors			
1.1	Are all floors cleaned regularly?			
1.2	Do all doors open freely and easily?			
1.3	Are all access doors locked/unlocked correctly?			
1.4	Are stairs free from worn, chipped or slippery sections?			
1.5	Are all windows free from broken or cracked glass?			
1.6	Are windows cleaned regularly?			
A2	Lighting and electricity			
2.1	Are sockets and switches securely screwed in/without cracks?			
2.2	Are all electrical wires secure and covered?			
A3	Furniture and Fittings			
3.1	Are chairs in safe condition including baby/low chairs and high chairs?			
3.2	Are tables stable and without sharp edges or protrusions?			
3.3	Are there proper guards on equipment such as guillotines?			
3.4	Are cots, mattresses and bedding in safe condition?			
3.5	Are cabinets, cupboards, shelves etc stable?			
3.6	Is the service free from hazards arising from overcrowding?			
3.7	Are all storage units stable when open and when closed?			
A4	Housekeeping			
4.1	Are window ledges free of dust?			
4.2	Are waste bins cleaned regularly?			
A5	Kitchen Areas including First Aid			
5.1	Is there a locked drawer for knives and other sharp items?			
5.2	Is the kitchen floor regularly mopped?			
5.3	Is the kitchen area regularly dusted?			
5.4	Are all chemicals such as cleaning materials, disinfectants, detergents, fly sprays clearly labelled and safely stored?			

Toilet And Washing Facilities

5.5

A6

6.1 Are steps provided for children to reach nappy change area if needed? Are these steps easily accessible but out of the way?

6.2 Is change mat arranged so that children lie with their feet next to you and their head in front of you to stop twisting when changing nappies?

Are nappies, cloths and items within easy reach of the change mat? 6.3

Are data sheets (MSDS) provided for all chemicals?

Check	List Don't forget if there is a 'No', it should be entered in SafeGuard and investigated fully	Yes	No	Not applicable or action or comments
6.4	Are infection control procedures displayed in a clearly visible manner?			
6.5	Are infection control procedures followed?			
A7	Laundry Area			
7.1	Is a laundry trolley available for transporting washing to an outside line if this is required?			
7.2	Is the trolley in safe condition and kept in an out of the way but easily accessible place?			
7.3	Are data sheets (MSDS) provided for all chemicals? See www.victas.untingcare.org.au/safecare for copies of common ones			
A8	Fire Precautions			
8.1	Can fire alarms be heard from all parts of the premises during normal occupation of the centre?			
8.2	Are fire notices up-to-date and do they set out clear information on alarm and evacuation procedures?			
8.3	Are regular term fire drills conducted to train staff and children on alarm and evacuation procedures?			
A9	Accidents and Illnesses			
9.1	Are all accidents and near misses investigated and recorded using SAFERecord?			
	Section B - External			
B 1	Playground Area			
1.1	Is the equipment free from cracks or splinters?			
1.2	Is the equipment or fixtures free from loose or exposed bolts or nails?			
1.3	Are swings and ropes in good repair?			
1.4	Are outside steps secure, with firmly fixed handrail and edging strips where appropriate?			
1.5	Is the fence secure/without holes? Is it free from places where people could go underneath it? Is it all > 1.5 m in height?			
1.6	Are gates secured and self closing?			
1.7	Is the boundary free from equipment or vegetation that will allow children to climb over the fence?			
1.8	Are roofs, guttering, drain pipes, etc., as far as can be seen, sound and well maintained?			
B2	Carpark/External Public Areas			
5.1	Are these areas free from dangerous holes/cracked paving stones?			
5.2	Is adequate lighting provided to avoid dark patches in common parking areas? Are all lights in working order?			
5.3	Are outside steps secure with a firmly fixed handrail and edging strips?			
5.4	Are all cars parked safely as a general rule? Do they create a hazard for people trying to get in or out of the service?			
5.5	Are roofs, guttering etc., as far as can be seen, sound and well maintained?			
	Signed:			

SAFESearch

Completed by cluster manager each 6 months

Service			

Cluster Manager

Date	Staff Involved	

* D	❖ Don't forget: If there is a 'NO' response for any item, it must be transferred to SafeGuard and investigated						
Checl	k List	Yes	No	Not applicable/action/comments			
	Section A - Internal						
A1	Floors, Passageways, Exits, Stairs and Doors						
1.1	Are floors non-slip where appropriate?						
1.2	Is there 3.3m ³ clear for each child in the room other than doorways, cot rooms, toilets, kitchens, passageways<3m wide, office and storage areas?						
1.3	Do doors that require them have sighting panels made of toughened or laminated glass? If not sure, tick 'no'						
1.4	Are all passageways adequately lit? 40 Lux (ASNZS 1680)						
1.5	Do all emergency exits have illuminated signs?						
1.6	Is there a door bell or similar to allow the front door to be locked during sessions?						
1.7	Are stairways adequately lit? 80 Lux (ASNZS 1680)						
1.8	Are handrails provided and in good condition?						
1.9	Do steps / stairs have non slip edging?						
1.10	Is there minimal variation between the height of the stairs on each set? Is the depth of the stairs the same?						
A2	Windows and Ventilation						
2.1	Are all windows easily opened? Do >50% of windows in play areas have sills lower than 1 m?						
2.2	Are windows 0.75metres or less above the level of the floor in play areas and walkways made of safety glass or otherwise protected (e.g. by safety film or by barriers across the window) to prevent injury if broken?						
2.3	Is window area >10% of floor area in each room or combined room?						
2.4	Are all walkways free from protruding windows when they are open?						
2.5	Are windows free from worn or broken fastenings?						
2.6	Where there are large areas of glass facing direct sunlight, is there provision for shading, e.g. blinds?						
2.7	Is every enclosed space ventilated by a sufficient quantity of fresh air? Opening window space should be >5% of the floor space to be ventilated						
A3	Lighting Gas and Electricity						
3.1	Are all lights switches and fittings unbroken and secure?						
3.2	Are all electrical appliances checked and tagged annually?						
3.3	Are all children's play areas adequately lit? 240 Lux (ASNZS 1680)						
3.4	Are power points located away from sinks and hotplates?						
3.5	Are isolating switches for gas and electricity accessible/known to staff?						
3.6	Is earth leakage protection (also called a safety switch) provided and tested annually?						
3.7	Are power points tested annually by a registered electrician?						
3.8	Are gas taps and valves tested annually by a licensed plumber?						
3.9	Are gas heaters tested annually by a licensed plumber?						

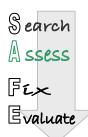
Check	List	Yes	No	Not applicable/action/comments
3.10	Are gas cylinders stored away from heat sources, direct sunlight and flammable substances?			
3.11	Are gas cylinders clearly labelled and within testing dates?			
A4	Furniture and Fittings			
4.1	Are all fittings in positions that will not cause injury or damage?			
4.2	Are chairs including low/baby chairs and high chairs in safe condition?			
4.3	Are cots of an appropriate size and height?			
4.4	If door barriers are used, are they the 'gate' type?			
4.5	Are tables in safe condition?			
A5	Storage			
5.1	Are shelves securely fixed at the right height and free from corrosion?			
5.2	Are steps available for high shelves?			
5.3	Are filing cabinets secured to walls, or carry a warning notice?			
A6	Administration Areas			
6.1	Are all administration areas adequately lit? 320 Lux (ASNZS 1680)			
6.2	Are the height and back rests of chairs adjustable?			
6.3	Are chairs adjusted for the person using them?			
6.4	Are footrests provided for those whose feet are not flat on the floor when seated?			
6.5	Is there sufficient leg room under desks to avoid discomfort?			
6.6	Is the top of the monitor at the eye height of the person using it?			
6.7	Is there sufficient individual storage at the desk?			
6.8	Is the office large enough for the numbers to be accommodated and are suitable and sufficient seating and workspace provided?			
6.9	Are there adequate cloakroom facilities and storage facilities for personal belongings, books etc?			
A7	Kitchen Areas including First Aid			
7.1	Do cupboards have sliding racks or drawers?			
7.2	Is there a separate handwashing facility?			
7.3	Is there a current Food Safety Program present and in use?			
7.4	Are microwave cookers and other appliances tested and tagged annually?			
7.5	Is a first aid kit available?			
7.6	Are there a sufficient number of First Aid people at the service to enable one to be present at all times when the service is operating?			
7.7	Are notices posted giving names and contact details of first aid people, location of first aid kits and procedures for calling ambulances?			
7.8	Has a risk assessment been done on the requirements for first aid kits?			
7.9	Do staff know what to do in a chemical emergency (spillage, accidental poisoning, splashes on skin or eyes, etc.)?			
7.10	Is the freezer an upright model?			
7.11	Is there an adequate supply of clean drinking water for all staff and children?			
7.12	Are there sufficient cups for children and staff?			
A8	Toilet And Washing Facilities			
8.1	Are washing facilities provided near every toilet?			
8.2	Are washing facilities provided with hot and cold running water?			
8.3	Are toilets and toileting facilities sufficiently ventilated?			
A9	Laundry Area			
9.1	Is the clothes dryer easily accessible for staff?			

Check	List	Yes	No	Not applicable/action/comments
9.2	Is a ladder provided for the clothes dryer if needed?			
9.3	Is electrical equipment placed away from sinks?			
A10	Fire Precautions			
10.1	Is fire fighting equipment appropriate to the type of fires likely to be encountered?			
10.2	If extinguishers are present, do staff know which and how to use them?			
10.3	Is all fire fighting equipment checked regularly and recorded on the Maintenance Register?			
10.4	Is all fire detection equipment checked regularly and recorded on the Maintenance Register?			
10.5	Are all fire alarm buttons in easily accessible positions and free from any form of obstruction?			
10.6	Have there been 2 fire drills in this six-month period?			
A11	Accidents and Illnesses			
11.1	Have SAFERecord sheets been filed well for easy reference?			
	Section B - External			
B 1	Carpark/External Public Areas			
1.1	Are entrances and exits clearly marked?			
1.2	Are pedestrian areas clearly marked?			
1.3	Is the area well drained?			
1.4	Is adequate lighting provided to avoid dark patches in common parking areas?			
1.5	Is lighting working?			
1.6	Are sudden changes of height clearly marked?			
1.7	Are emergency exits well lit and clearly marked?			
1.8	Is the emergency mustering point free from vehicle danger?			
1.9	Are 'No Parking' areas clearly marked?			
1.10	Are outdoor security lights installed and functioning well?			
1.11	Are outside steps secure with a firmly fixed handrail and edging strips?			
1.12	Are these areas free from dangerous holes/cracked paving stones?			
1.13	During this six months, has there been an article in the newsletter about transporting children safely in the car?			
	Section C - Summary and training comments			
	These comments are made after signing off the daily and monthly reco	ords fro	m the	service
1.1	All daily and monthly checks have been completed and sighted			
1.2	All 'No' responses have been addressed through SAFEGuard			
1.3	There are no outstanding issues from SAFEGuard or other sources			
1.4	All required training has been planned and booked			
1.5	All planned training for this period has been undertaken/recorded			
1.6	Circle the externally accredited programs below in place at this serv Sunsmart Asthma Friendly Go for your Life	rice: (a	dd othe	ers that are relevant)
	If there are outstanding issues, these will be reported to OHS management	and	be ad	dressed by agency

Further comment:

Signed:

Safe Care Service SAFE Check Page | 129



SAFECheck

SAFECHECK-HOW DANGEROUS IS THE HAZARD?

How severely could someone be hurt?

How likely i to be this badi		First Aid Only	One or a couple of days off work	More than a couple of days off work	Killed or Disabled
		8	88	888	888 †
Very Likely Could happen frequently (daily)	* * * *	3	2	1	1
Could happen occasionally (weekly to yearly)	* *	4	3	2	1
Could happen but rarely (has been known to happen)	6 *	5	4	3	2
Very Unlikely Could happen but probably never will (not known to have occurred)	6 *	6	5	4	3

So what do the numbers mean?

The numbers give an order of fixing the hazards from 1 to 6

1 = do something immediately!

6 = resolve this when possible

Page | **130** SAFECheck SafeCareService

SAFEGuard

Don't forget the order!

Fixing it..

- 1. Remove the hazard
- 2. Change what you use3. Change what you do
- 4. Use Personal Protective Equipment

Service:	Date list compiled
Page of	//

	Assess		Fíx Evaluate						ate
Date	Hazard Describe the hazard.	SAFECheck Priority Number • - 6	Priority How will it be fixed? Who Number (Including estimated cost) fix		Date to fix it	Completion Date and signature	Who will review and when	Date and signature	Comments

SafeCareService Page | 132 SAFEGuard

SAFEGuard



Service:

for Infectious Diseases

	S	earch			Asses	ss		;	Evaluate			
Date	Illness presented	Medical diagnosis advised Y/N	Disease confirmed Describe	Check Policy & School Exclusion list - Schedule 6	Medical Certificate Required as per Schedule 6 Y/N	Exclusion requirements as per Schedule 6 for non- immunised children	Medical Certificate provided for return to service Y/N	Certificate preventable Communicable provided disease as per Disease line 1300 for return National 651 160 to be to service Immunisation informed regarding			Additional Comments	Signature

Safe Care Service SAFERecord Page | 135

SAFERecord - Staff/Volunteer Register of Injuries/Near Misses

Injured/Endang	ered Worker l	Details									
Name: Family N	Name: Family Name Given Names										
Address:											
					F	P/Code:					
Date of Birth: /	Age:	years months	Sev. Vial	e Fem	ale	Marita	l Status:				
Occupation:		Se	rvice:								
Accident/Near n	niss Details										
Date of Injury/Near					Time:	am/j	pm				
Cause of Injury/Ne											
Nature of Injury/No											
Body Location of in											
Accident/ Near miss											
	-										
First Aid/Medical to	reatment:										
Ceased Work: YES	S NO	Date: / /			Time:	am/p	m				
Comments:											
Witness S	ignature:		Name:				Date: / /				
Coorditor/Mngr Si	ignature:		Name:		Date: / /						
Follow up Action	ns (Agency or	Early Childhoo	d Services	s will m	anage th	nis secti	on)				
WorkCover Claim	lodged			YES	NO	Da	nte: / /				
Return to Work Co	ordinator notifie	d		YES	NO	Da	ate: / /				
Expected date of re	turn to work full	duties		: /	/	Da	nte: / /				
Accident investigati	on carried out:			YES	NO	Da	ate: / /				
If Yes - person carr	rying out investig	gation:				Da	ate: / /				
Action taken to pre	vent same/simila	r injury occurring	again:								
Incident Notificatio	-					l l	ES NO				
All fatalities/serious 360. All injuries requ											
Coorditor/Mngr	Signature:	*	Name:				nte: / /				
Clster Mngr/Agncy	Signature:	_	Name:			Da	nte: / /				

Page | 136 SAFERecord SafeCareService

$SAFERecord-{\tt Incident/Near\ miss\ Investigation}$

The Incident

What happen	red?)				
Where did it	hap	pen?				
What caus injury/poten injury?		the				
What wa sequence, or events that to this incide	cha lea	d up				
Breaking	th	ie Ch	nain)	
What single would be most prevent a incident again?	t lik s	factor ely to imilar pening				
What other would have a simpact on pre similar inciden	signi vent					
What action taken to cont factors to further inciden	rol p					
Who will take t and when?	his	action				
Additional Inform	natio	on & Coi	mments:			
Witness	Sign	1:		Name:		Date: / /
Coorditor/Mngr	Sign	ı:		Name:		Date: / /
Action identified	in th	e sectior	n above taken			
Coorditor/Mngr		Sign:		Name:	Dat	te: / /
Clster Mngr/Agn	211	Sian.		Namas	Da	to. / /

Safe Care Service SAFE Induct Page | 137

SAFEInduct — Employees

Workers Name:	gather people and documents 2. Tick off each issue as you go
Position:	3. Check understanding by questioning
Supervisor: Start Date:	4. Gain agreement by signing5. Keep this copy on file
Environment	Conditions
Introduce to other workers/supervisor	General
	Work times and meal breaks
Location of:	Sick leave and absences
Lunch area	Staff record
Drinking water	
Toilets	
	Do you have any medical
Desk/work area including:	conditions? Note below
Equipment	
Alarm	
Keys	
Security	OHS:
	Our OHS policy
	Your rights and responsibilities
Emergency arrangements:	Hazards in our service
Emergency exits	Who and how to report issues
Fire extinguishers	First aid kit
Emergency procedures (demonstrate)	SAFERecord injury register
Our service	Workers compensation
Job introduction	Fire drills
Early childhood services sector	
Nature and structure of the service	Our policies and procedures
Key people / Committee/Cluster Management	Manual handling
Key organisations we deal with	SafeCare risk management
	SAFERecord
SafeCare Basic Training booked	Caring for children
NIDIJOTION DECORD	Hot Drinks
INDUCTION RECORD	Quality Standards/Regulations
Conducted by	
Conducted by: Workers	Other issues covered:
signature:	
Date:	

Safe Care Service SAFE Induct Page | 139

SAFEInduct — Volunteers & Students

Volunteer/Student Name:	
Position:	110W do 1 use mis!
Supervisor: Start Date:	 Read this through beforehand, gather people and documents Tick off each issue as you go
Environment Introduce to other workers/supervisor Work times and meal breaks	3. Check understanding by questioning4. Gain agreement by signing5. Keep this copy on file
Location of: Lunch area Drinking water Toilets	Do you have any medical conditions? Note below
Desk/work area including: Equipment	
Emergency arrangements: Emergency exits Fire extinguishers Emergency procedures (demonstrate)	Your rights and responsibilities Hazards in our service Who and how to report issues First aid kit SAFERecord injury register Fire drills
Our policies and procedures Manual handling	
Caring for children Hot drinks	Other issues covered:
INDUCTION RECORD	
Conducted by: Volunteers signature:	
Date:	

Safe Care Service SAFE Induct Page | 141

How do I use this?

SAFEInduct – Relief staff

Workers Name: Position: Supervisor:		2. Fick off each issue as you go3. Check understanding by questioning4. Gain agreement by signing
Environment		Conditions
Introduce to other worker	rs/supervisor	Work times and meal breaks Staff record
Location of: Lunch area Drinking water Toilets Desk/work area including Equipment	g:	OHS Hazards in our service Who and how to report issues First aid kit SAFERecord injury register Fire drills
Emergency arrangement. Emergency exits Fire extinguishers Emergency procedures (continuous continuous continu		Our policies and procedures Manual handling Caring for children Hot drinks
Job introduction INDUCTION REC	CORD	Other issues covered:
Workers signature: Date:		

SAFETraining - Training Needs Analysis and Record

	•
Δr	VICA.
\mathcal{O}	vice:

Employee Name (Note completed example below)	SafeCare Basic - Induction/ refresher		Induction/ Manual		Harassn	SafeRelate – SafeRep – Harassment /bullying 5 day HSR training		HSR	Refresher –				SafeFood - Food Safety level 1 or 2		SafeChem – Chemical safety		(0.0)	
example below)	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified	Required	Certified
Joan Berlino	✓	13/4/2010	✓	18/5/2011			✓	29/8/2010	✓		✓				✓			

Coordinator/Manager	Signature:	Name:	Date: / /
Cluster Manager/Agency	Signature:	Name:	Date: / /

SAFEChem - Chemical Register

Product Name	Use	Hazardous substance? Yes/No 'Hazardous, Warning or Poison' on label	Dangerous Good? Write UN number UN number on label i.e. UN1965	SafeCheck risk assessment number	Date on MSDS	Where stored at service	Personal Protection Equipment required From MSDS E.g. gloves/goggles	
							_	

Safe Care Service SAFE Move Page | 147

CA	EEMovo			Da	te:			
Quick	FEMove k Manual Handling F vice:	Risk Asses	ssment	Jo	b/Task:			
Haza Chec If yes	rd Identification/Sek the task in the sha s, break the task int	aded row to it's step	below, do	o any of t sess each	the dang of ther	n; if not	, don't g	go further
guisain	Dangers Task Steps	Repetitive or sustained application of force	Repetitive or sustained awkward posture	Repetitive or sustained movement	Application of high force	Exposure to sustained vibration	Handling people or animals	Handling loads that are unstable, unbalanced or difficult to move
1.								
2.								
3.								
4.								
5.								
6.								
7								

Coorditor/Mngr	Signature:]	Name	:		Date	: /	/
Clster Mngr/Agncy	Signature:]	Name	:		Date	: /	/

Safe Care Service SAFEAid Page | 149

SAFEAid Monthly Check

Complete one column for each month and sign the shaded box on completion

Location of First Aid Kit:

Year:

Contents of First Aid Kit	inser		Monthly below a			items	Ordered (give	Stocked (give
	1	2	3	4	5	6	date)	date)
 address and telephone numbers of Emergency Services 	Chec	k once	each s	íx moi	nths			
 names and contact details for workplace first aid officers 	Chec	k once	each s	ix moi	nths			
basic first aid notes	Chec	k once	each s	ix moi	nths			
 individually wrapped sterile adhesive dressings 								
 sterile eye pads sterile 								
 medium and large sterile unmedicated wound dressings 								
triangular bandages								
 adhesive tape 								
 rubber thread or crepe bandage 								
 disposable gloves 								
 small safety pins 								
 stainless steel scissors 								
 bottle of saline solution within use by date 								
Sterile gauze swabs								
 Individual medications such as Epipen or inhaler within use by date where applicable 								
 No analgesic present 								
 No prescription medications present 								
Signed:								

SAFEBee Page | **151** SafeCareService

	EBee
Service: Name of Working Bee Coordinator:	Working Bee Date:
name of working bee Coordinator:	Contact number:
What will be done at this working bee	e:
squares provided.	tion of relevant tasks, and add remarks in the relevant blank
People ready	Policies and procedures ready
Supervisors nominated	Insurance for public liability & accidents in
Supervisors trained/briefed in safety/emergency procedures	placeOHS policy available
Responsibilities clear to	SAFERecord procedure in place
supervisors	SAFERecord sheets available
Emergency procedures and	Procedure in place for reporting of hazards
potential hazards discussed with	Register for people to sign in/out
volunteers by supervisors	Parents notified that they will be responsible for their children
Equipment tested for safety	First aid ready

Power tools First Aid Kit fully stocked Name of a Trained First Aider involved in

1.

planning

First Aid Kit readily accessible

Hazards planned for Hazards identified in tasks

Fixes in place for identified hazards

Gloves/goggles/earmuffs

Volunteers are matched to tasks

Yes / No

Food provided *If yes give details:*

Early Childhood Educator:

Ladders

Other equipment

Information and protection ready

- List of chemicals in use is displayed
- Material Safety Data Sheets provided for all chemicals
- Gloves/earmuffs/goggles available for identified tasks

Alcohol present during or after

Initial approval (at least 2 weeks before working bee). **Give name and signature below**

Date:

Yes / No

Maintenance Coordinator: Date: Agency Representative: Date: P a g e | **152** SAFEBee Safe Care Service

On the day

Ensure people have signed in and out	Accidents/ incidents reported on SAFERecord	
Supervisors reported back on their tasks	Any hazards or maintenance requirements noted	
All chemicals secured safely	Equipment cleaned and inspected	
All equipment secured safely in storage	All waste secured safely or removed from site	

After completion

issues arising make no	otes as appropriate and use other	sheets if fleeded
Maintenance issue	Item	Issue
Complaint	Issue	Action
oomp.w		
Completion (present	nt to Cluster Representat	rive in six monthly check):
Maintenance Coordin	nator:	Date:
Early Childhood Edu	cator:	Date:
Agency Representativ	ve:	Date:
Evaluation (any haz	zards must be entered into .	SAFEGuard and investigated)
-		-

Keep this form for 5 years after the date of the working bee

SAFEExc	ursion	Service:	on:		Excu	rsion Da	te:	
Prepared by:				V	al r	(eq	uire	
Complete first four section	ns and send to Age	ncy 14 days	before ti	he e:	xcursion fo	r initial a	approval.	
1. Before the day	Excursion site vi	isited within ime the excu				Со	st per child	\$
Safe drop off point at site?	Have knowled	lge of site en	nergency j	proc	edures?	Number	of children	
Safe eating point, if eating?	a. Shady/sheltered?	b. A	way from	ı roa	dways?	Numb	er of adults	
Payment method -						Nun	ıber of staff	
Explain program interest of the	e excursion destinat	ion:				Minimu Staff Adults (Uniting	requirer	DEECD
2. Transport Pla	an	Inclu	ıde all mo	odes (of transport	and all tri	ips including	walking
Mode Contact	t details		Pick up	poi	nt		Time	
	Is there shelte	er at each po	int where	you	will be wait	ing for a r	node of trans	sport?
3. Excursion Notice a	nd Permission	Form in	clude copi	ies fo	or approval	Have all	these been ii	ncluded?
Destination of excursion	Date and tim					Clear no	tification of	cost
Request to sun screen children	before they come to	o the service	that day	(Clear descrip	tion of ex	cursion purp	oose
Parent Permission Form	Reminder about	bringing hat	/raincoat		Reminder al	bout bring	ging water bo	ottle

Safe Care Cluster Excursions & Centre Visits Page | 155



4. Risk Assessment Complete this risk assessment before submission for approval

Activity –tick relevant options	Possible Hazards	Risk Assessment From SafeCheck	How will we control the risk of injury/illness? Include who will be responsible to do these things	Sign off by cluster
Transport to and from excursion Bus Train Tram Walk				
At the excursion site Injuries Traffic Emergencies Sun/rain Food/water Water hazards Toilets Strangers Fences/gates Animals				
What will happen if the excursion is cancelled?				

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Comments from cluster manager and details	of extra po	oints of caution	n during the excursion:	
Initial approval (at least 2 weeks before Nominated Supervisor :	ore excu	rsion). G i	ve name and sign	
5. On the Day Hav	e Emergeno	cy Contact Lis	t including doctors and	other medical services
Have discussed emergency p	rocedures a	and responsible	e supervision of childre	en with attending adults
Copy of permission form for each child	Ensi	ure all childrer	have hats/raincoats	Spare Water bottle
Trained First Aid Person in attendance	First	t Aid Kit	Spare Sun screen	Mobile Phone
Copy of this sheet left at the service				1
Person to contact if running particularly la	ate or other	difficulty -		
Issues or other summary notes relating to Evaluation (any hazards must b			EGuard and invest	tigated)
Agency Representative: Signoff by Nominated Supervisor:			Dai Dai	

Safe Care Service SAFEExcursion Page | 159

	<u> </u>		/ (d.l.)	requir	
- v	s and send to Agency 14 day accompany this form if a co	•		it for initial approval.	The
1. Before the day	Tota	cost of visit	\$	Cost per child	\$
SAFEContract form complete				Number of children	
Discussion with contractor	a. Needs of children	b. Goals	of visit	Start time	
Payment method -	·			Finish time	
Explain program interest of the	centre visit:				
	-				
3. Visit Notice and I	Permission Form I	clude copies f	for approval	Have all these been in	ncluc
3. Visit Notice and I Name of contractor/visitor	Permission Form I	<u> </u>	or approval	Have all these been in Clear notification of	
	Clear description of visi	<u> </u>	or approval		cost
Name of contractor/visitor Parent Permission Form	Clear description of visi	purpose e of visit		Clear notification of Start and finish ti	cost
Name of contractor/visitor Parent Permission Form nitial approval (at least 2	Clear description of visi Da weeks before working b	purpose e of visit		Clear notification of Start and finish ti	cost
Name of contractor/visitor Parent Permission Form nitial approval (at least 2 Early Childhood Educator	Clear description of visi Da weeks before working b	purpose e of visit		Clear notification of Start and finish ti	cost
Name of contractor/visitor Parent Permission Form Initial approval (at least 2) Early Childhood Educator Agency Representative:	Clear description of visi Da weeks before working b	purpose e of visit		Clear notification of Start and finish ti and signature belo Date:	cost
Name of contractor/visitor Parent Permission Form Initial approval (at least 2) Early Childhood Educator Agency Representative:	Clear description of visi Da weeks before working b	purpose e of visit		Clear notification of Start and finish ti and signature belo Date:	cost
Name of contractor/visitor Parent Permission Form Initial approval (at least 2) Early Childhood Educator Agency Representative:	Clear description of visi Da weeks before working b	purpose e of visit		Clear notification of Start and finish ti and signature belo Date:	cost

Service name:

SAFE Emergency Details

Nearest Cross Street:

Complete the details for the service and keep a copy near each phone and/or on a noticehoard.

Service location address:

Complete the deduts for the service and keep a copy near each phone and/or on a nonceobara.								
Emergency Contact Numbers								
Police	Power Authority							
Ambulance	Telephone provider							
Fire Brigade	Emergency Plumber							
SES	Emergency Electrician							
Water Authority	Agency Emergency Contact							
Names of trained fi	rst aiders in the service:							

Preferred doctor				
Name of preferred doctor				
Telephone Number				
Address				

Evacuation Assembly Area

Describe location of the assembly point

SAFE Emergency Drill Record

Service name:							
Observer Name:	Date of Di	rill:					
Complete the details for each emergency drill run.							
Drill procedure checklist	Time taken						
	Alarm sounded						
	Designated cont	roller responds					
	areas searched						
Simulated ca	ll to emergency ser	vices complete					
	acuation begun						
	rked as present						
Controller designates person to meet en							
n.	Evacu actice Drill announ	ation complete					
Pr							
	al Time taken						
Changes needed							
Description of change	Who will make the changes?	When will the changes be complete?	Who will check the changes?				
Further comments							

Safe Care Service SAFE Contract Page | 165

SAFEContract

Date of agreement:		Date of next review:			
Name of contracting com	pany:				
		Contact person:			
Address:					
Telephone:					
Licences for building (if	relevant)				
Workers Compensation (if an employer/incorpo Or Sickness & Accident/Ind Insurance Company (if a	come Protection				
Policy number			Expiry Date		
Public Liability Insurand Company	ce				
Policy number			Expiry Date		
A co	py of insurance rene	wal information	is attached to this	document	
Agreement I have read the safety policy of this service and I will comply with the occupational health and safety responsibilities and follow reasonable instructions, advice and directives including: ▶ providing Material Safety Data Sheets for all substances used at this service. Each substance will not be used until I have obtained approval from the manager of the service. ▶ ensuring that all equipment purchased leased or hired for use at this service meets standard safety requirements. ▶ complying with all relevant OHS policies and procedures including reporting hazards, using SAFERecord to report injuries/incidents and attending any OHS training as required.					
Contractor					

Cluster Manager

Safe Care Service Glossary Page | 167

Glossary

Audit - A documented inspection to verify by examination and evaluation the effectiveness of a system

Cluster manager – Manager of the early childhood services within a cluster of services. These managers are generally employed by an agency. If a service is a standalone service, the Early Years Consultant at UCA fulfils this role.

Comply – fall within the control points that we have identified / obey the guidelines of the legislation.

Control – a method of reducing the risk associated with a hazard

Dangerous Goods – Chemicals that have immediate physical or chemical effects

Duty of care - a term used to describe the responsibility that people have for others who may be affected by their actions. For example, employers have a "duty of care" for their workers and volunteers; organisations have a duty of care for their clients.

Ergonomic – related to the design of a job or workplace and how well they are suited to specific workers

Fire Door – a door which is impervious to fire for a period of time when properly closed. They are rated according to how many hours they can withstand fire

Hazard - anything with the potential to harm life, health or property.

Hazardous substances –substances which have a short or long health effect

Induction – the process of ensuring that new staff, contractors and volunteers know the responsibilities, requirements and facilities of the service relevant to their role.

Likelihood – the probability of something happening. This is used as one of the factors considered when assessing hazards

Manual handling - any activity that involves pushing, moving, pulling, lifting, lowering or holding people or objects.

Material Safety Data Sheet (MSDS) - details a chemical's ingredients, its effects on health, first aid instructions, precautions to follow when using the chemical, information on safe handling, storage and disposal and an emergency contact number.

Near misses - incidents that might have caused injury but did not in this case

OHS – an abbreviation for Occupational Health and Safety.

Personal Protective Equipment (PPE) – equipment worn to protect a person from hazards. It includes such items as gloves, aprons, earmuffs, hats and goggles.

Register of Injuries - a part of workers compensation law to ensure that workers that sustain injuries at work are able to record the details of the accident in case they wish to make a claim. It is also useful for volunteers who may make a claim against the organisation's volunteer insurance or public liability insurance. The Register can also be used to record first aid treatment provided. The register provided in the SafeCare Guide is called SAFERecord and is part of the investigation process.

Relief Staff – staff that are employed for a period of time to cover the responsibilities of paid staff who are not able to attend the service for that period of time.

Risk – a measurement of the likelihood and the severity of a hazard causing illness or injury within the service

Severity – a measurement of how bad an injury or illness is. This is one of the factors used when assessing hazards. The other factor is the likelihood of the risk

WorkCover – a government body which provides insurance against illness and injury and is closely linked to WorkSafe

WorkSafe – a government body which checks the safety of work sites, provides information to assist in maintaining safe workplaces and takes action against unsafe practice and is closely linked to WorkCover