

# **Tintinhull Outside School Hours Care**

## **Information Booklet**

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## WELCOME

Tintinhull Outside School Hours Care (otherwise known as OOSH- Out of School Hours Care) is a service designed to provide quality care for school children aged 5-12 years. We offer before and after school care and vacation care. We are a self-funded, not for profit organisation, operated by the Tintinhull Public School Parents and Citizens' Association. The OSHC is a safe, caring environment where children are able to meet friends, participate in stimulating activities, play games and generally, have fun.

## OUR PHILOSOPHY STATEMENT

*“Our OSHC service has developed a program that develops life skills, extends children’s experiences and allows opportunities to develop new relationships at school and in the community”.*

## OUR AIMS are to:

- ◆ Provide a safe, supportive environment.
- ◆ Provide a high quality of care.
- ◆ Provide an environment that will enhance a child’s self-esteem.
- ◆ Develop and implement a balanced program that provides stimulating and interesting activities and provides opportunity to develop or improve skills.
- ◆ Develop a sense of belonging and help children appreciate each other.
- ◆ Encourage input from children as it is their program.

## ENROLMENT

An enrolment form, together with a copy of your child’s immunisation record, secures enrolment for your child. Bookings are essential for before school, after school and vacation times. Care is also available on school pupil free days.

## HOURS OF OPERATION

<i>Before School Care</i>	6.30am to 9.00am
<i>After School Care</i>	3.30pm to 6.00pm
<i>Vacation Care/Pupil Free Days</i>	6.30am to 6.00pm

## ARRIVAL & DEPARTURE

Children are only allowed to leave the centre with an approved adult who is listed on the enrolment form. Children **MUST** be signed in for *Before School Care*, out for *After School Care* and both times during *Vacation Care*. All children **MUST** be collected by 6pm or a late fee will apply, currently \$2 per minute plus \$30 late pick up fee.

## STAFFING

Tintinhull OSHC is licensed to have one staff member for up to fifteen children. The maximum number of children at any one time is 30. Additional staff members will be employed when numbers exceed 13 during vacation care.

## BOOKINGS

Bookings are essential. You can book via text, phoning, in person or by completing a booking form. A booking form is available at the sign in desk. Vacation care bookings are taken from Week 6 in each term for the next vacation time. Priority is given to enrolled students of Tintinhull Public School. Bookings for children who are not enrolled at Tintinhull Public School will be taken from Week 8 of each term. If staff haven’t been notified that your child/children will be attending you will be charged a \$5 booking fee.

## **ABSENCES**

If a child is absent for any reason and the OOSH staff have been notified of the cancellation, no charge will be made.

## **PARENT INVOLVEMENT**

Parents are welcome at the centre at all times. However, if there are concerns or grievances please request an interview, at a mutually convenient time, with the nominated supervisor.

## **PROGRAM STRUCTURE**

The program that is provided varies from outside activities, construction, puzzles, inside games and art and craft activities. This means children may get a little dirty.

Messy activities are part of a child's leisure activities. Paint shirts are provided but there is no guarantee that paint will not get on clothing. If this is a problem, please provide a change of clothes for your child/children. The paint used is designed for primary schools and should be washed with soap and cold water. Some pre-soakers will set the paint, as will hot water and detergents.

## **BEFORE SCHOOL CARE**

Children are not to be left at the service unattended at any time prior to the opening of the OOSH. On arrival, the children **MUST** be walked into the centre and be signed in by a parent/guardian using the electronic sign in. If a child requires medication whilst at the OOSH a medication form must be filled out. Breakfast will be offered between 8:00am-8:15am, a menu of what is offered is in the office and kitchen. At 9am staff will sign them out when they walk into the school grounds.

## **AFTER SCHOOL CARE**

Children will be met in the school grounds, walked to the centre and staff will sign them in. Afternoon tea is provided between 3:30pm-4:00pm. Please inform staff of any special dietary requirements. Children **MUST** be signed out of the centre by a parent/guardian or authorised nominee using the electronic sign in.

## **CANCELLATIONS**

When children are booked in for before or after school care and there is a need to cancel, phone or text the OSHC mobile number on 0409202608 before 9pm the night before for Before School Care or by 3pm for After School Care. Otherwise, you will be charged \$30 for a late/non-cancellation fee plus the session fee of \$19.00.

## **VACATION CARE**

Children are not automatically enrolled into vacation care. All parents must book each holiday period. A set program is planned for each vacation time. This is displayed in the foyer just before each vacation care period.

### **REQUIREMENTS FOR EACH CHILD**

- ◆ A hat, labelled with the child's name.
- ◆ A spare set of clothes.
- ◆ Fruit Break, Morning tea, Lunch, and Afternoon tea.
- ◆ A large drink bottle with water
- ◆ Casual clothes and closed in shoes e.g. joggers. Thongs and sandals **are not permissible**.

## **MEDICATION**

Staff are to be notified when a child requires medication. Parents/caregivers are required to provide written consent before staff can administer medication and medication **MUST** be in its original package with the prescribed doctor's dosage visible. Medication must **NEVER** be left in a child's bag and please remember to collect the medication when the child is signed out.

Tintinhull OSHC must have a medical plan signed by a medical practitioner if they have allergies, asthma or any other medical condition that requires immediate action should anything happen.

## **HEALTH**

**Accidents** When enrolling your child/children, parents are asked to sign an accident and emergency form giving the coordinator permission to arrange immediate medical attention if it is required.

**Illness** When a child is ill, notify the centre. Children with contagious diseases must be excluded from the centre for at least the time specified under the NSW Dept. of Health Guidelines.

### **Exclusion Guidelines**

A child must be kept at home if they have

- ◆ A temperature.
- ◆ Eye discharge.
- ◆ Vomiting.
- ◆ Diarrhoea.
- ◆ Infectious diseases and rashes.
- ◆ Obvious signs of distress.

**Below is a list of common infectious diseases, the signs and symptoms of each and the exclusion details.**

**Please respect all families who use the centre by adhering to these guidelines.**

#### **Chicken pox**

Slight fever, runny nose and a rash that begins as raised pink spots that blister and scab. Children need to be kept at home for 5 days after the rash first appears and until all the blisters have all scabbed over.

#### **Gastroenteritis**

A combination of loose or watery stools, vomiting, fever, stomach cramps, headaches. It is necessary for the child to stay at home for 48 hours after the diarrhoea and/or vomiting has stopped.

#### **German Measles (Rubella)**

Often mild or no symptoms, mild fever, runny nose, swollen lymph nodes, pink blotchy rash that lasts a short time. Children need to be kept at home for at least 4 days after the rash appears.

#### **Head, Foot and Mouth disease**

Blisters around the mouth and on the hands and feet. May have a low fever and loss of appetite. Wash hands after toileting. It is necessary to keep the child at home until the blisters have dried.

#### **Head Lice**

The scalp itches. Lice and nits are found on the hair, especially behind the ears and at the back of the neck. Scratches may become infected and swelling of the neck glands may occur. Nits look like tiny white specks stuck to the base of the hair shaft. You can buy treatment at the chemist or

supermarket. All family contacts should be treated at the same time that you are treating the infected child. The service should also be notified.

### **Influenza**

Rapid onset of fever, headache, muscle pain, runny nose, sore throat and cough. Children should be excluded until well.

### **Meningitis / Meningococcal disease**

Sudden onset of fever, headache, nausea, vomiting and tiredness. Neck stiffness may indicate that the child has meningitis. Some children also develop pink or purple spots. The child should see a doctor immediately. Close contacts should see a doctor urgently if symptoms develop. Notify the centre, Public Health Unit and the child should be excluded till well.

### **Measles**

Fever, cough, runny nose and red watery eyes. A rash appears 3-7 days after early symptoms. Children must be excluded from the centre for 4 days after the appearance of the rash. It is recommended that all children receive measles/mumps/rubella immunisation at 12 months of age and a booster at 10-16 years of age. If a child has come into contact with someone who has measles, she/he may be prevented from catching the disease if vaccinated within 3 days of first contact. Unimmunised contacts should be kept at home for at least 14 days unless immunisation is given.

### **Mumps**

Pain or soreness in jaw and neck area. Swelling and tenderness just below, and in front of one or both ears. There may also be a fever, headache and loss of appetite. Child should be kept away from other children for at least 9 days after the appearance of the swelling.

### **Whooping Cough**

Starts with a runny nose, followed by a short dry cough, which becomes more severe. Characteristic “whoop” follows a series of rapid short coughs, as the child attempts to draw breathe. Child may vomit or go red or blue in the face at the end of each bout of coughing. Child should be kept at home until they have had 5 days of a 10 day course of antibiotics or 21 days from the onset of coughing.

### **Conjunctivitis**

The eye feels scratchy, is red and may water. Eyelids may stick together on waking. Keep child at home until the discharge from the eye has stopped. It is not necessary to keep contacts at home.

### **Impetigo (school sores)**

Small red spots change into blisters that fill with pus and become crusted. When a scab falls off, a temporary scar remains. Children can't attend school until treatment has started and sores are covered with a water tight dressing.

### **Ringworm**

Can occur on the scalp or skin. If on the scalp, it begins as a small bald scaly patch. The hairs in the affected area break off, leaving only the stumps. Ringworm of the skin is a spreading small, scaly patch with a faint pink ring around the edge. Keep your child at home until you have seen a pharmacist and begun treatment. Notify the centre. It is not necessary to keep contacts at home, but you should inspect them regularly for signs of ringworm.

### **Scabies**

Severe itchiness for days or weeks, becoming worse at nights. Tiny mites burrow under the skin, usually in warm places of the body such as wrists, armpits, groin, buttocks area and between fingers and toes. Scratching may cause pus filled sores like impetigo. Spreads quickly from person to person through close contact. Keep your child at home until you have seen a pharmacist and begun treatment. Notify the centre. It is not necessary to keep contacts at home, but you should inspect them regularly.

## **RULES OF THE CENTRE**

- ◆ Children are expected to observe the rules of the centre at all times.
- ◆ Children are expected to be courteous to each other and staff.
- ◆ Children will refrain from physical violence.
- ◆ Children will refrain from using unacceptable language.
- ◆ Children will not use equipment in a way that places other children at risk.
- ◆ Boundaries imposed by the centre will be observed.
- ◆ Children will only leave the centre at departure time with the appropriate adult (unless otherwise arranged).

## **BEHAVIOUR MANAGEMENT**

To ensure the effective running of the centre a certain level of behaviour is expected from each child. Positive behaviour is encouraged and inappropriate behaviour ignored wherever appropriate. If it is necessary a child may be removed from the group until they behave more appropriately. Parents will be notified of any continued unacceptable behaviour.

## **CONFIDENTIALITY**

All information collected on you and your children is kept in a locked cupboard in the office area and is only accessed by authorised personnel.

## **MANDATORY REPORTERS**

The staff at OOSH are mandatory reporters, which means that if they suspect a child is being abused, they have a legal obligation to report it. In NSW, it is to Family and Community Services.

## **EXCURSIONS**

We often go on excursions in vacation care periods. On these days please make sure children have a hat, recess and lunch. On the day of the excursion (if it goes ahead) parents will need to sign a permission form which is located on the front desk.

## **DEBT RECOVERY**

The Approved Provider reserves the right to take action to recover debts owing. This can include using a debt collector to recover monies owed. It also may include the suspension of your child's attendance until payment has been made.

## **CCS**

If you are eligible for a Child Care Subsidy Centrelink will automatically reduce the fee you are entitled to. Our invoicing system will indicate your CCS entitlement and the amount you are entitled to receive.

## **FEES AND CHARGES**

### **BEFORE SCHOOL CARE**

<b>DAY</b>	<b>SESSION START</b>	<b>SESSION END</b>	<b>STANDARD FEE</b>	<b>UNIT</b>
ANY	6:30AM	9:00AM	\$19.00	PER SESSION

### **AFTER SCHOOL CARE**

<b>DAY</b>	<b>SESSION START</b>	<b>SESSION END</b>	<b>STANDARD FEE</b>	<b>UNIT</b>
ANY	3:30PM	6:00PM	\$19.00	PER SESSION

**VACATION CARE**

<b>DAY</b>	<b>SESSION START</b>	<b>SESSION END</b>	<b>STANDARD FEE</b>	<b>UNIT</b>
ANY	6:30AM	9:30AM	\$40	PER SESSION UNDER 3 HOURS
ANY	6:30AM	6:00PM	\$65	PER SESSION OVER 3 HOURS

- ◆ Accounts are settled on a fortnightly basis. Please ensure the correct money is available. Alternatively, we accept EFTPOS payments, cheques or direct credit to the bank account.
- ◆ A late fee of \$30 plus \$2 for every minute per child is charged after 6pm. If parents fail to collect their child/children or contact Tintinhull OSHC staff by 6:10pm then emergency contacts will be called.
- ◆ If a child is absent from care and parents fail to let the centre know by the appropriate time, parents will be charged the \$19.00 session fee per child plus \$30 per family non-cancellation fee.
- ◆ If you need to cancel your child's attendance for some reason, you must notify the coordinator by 9:00pm the night before if you use before school care and by 3:00pm if you use after school care. During Vacation Care notify as soon as you can as bookings fill quickly- minimum period 24 hours notice.

**TINTINHULL OUT OF SCHOOL HOURS CARE PAYMENT OPTIONS**

There are three options you can choose to pay your account with us.

1. The preferred method is with Idebitpro. The invoiced amount will be directly debited from your nominated bank account weekly or fortnightly beginning on the day you select.
2. EFTPOS facilities are available. Due to recent changes by the Government, cash is no longer accepted as a form of payment.
3. Alternatively, you can make a direct debit from your account into the OSHC account (BSB is 932 000 with account no. 100468611). The account name is Tintinhull Public School OSHC. Please identify your payment by your surname. Accounts are checked fortnightly so take this into account if you receive an invoice and you have recently paid the account.



# Dealing with Medical Conditions and Medication Administration

## **POLICY STATEMENT:**

Tintinhull OSHC will work closely with children, families, the school and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in order to promote their sense of well being, connectedness and belonging to the service (*"My Time, Our Place"* 1.2, 3.1). Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality (*"My Time, Our Place"* 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

## **PROCEDURE:**

### **a) Dealing with medical conditions**

- Families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information is on the child's enrolment form.
- Tintinhull OSHC will provide all families with a copy of this policy with their enrolment pack in accordance with regulation 91.
- Specific or long term medical conditions will require the completion of a medical management plan developed in conjunction with the child's doctor and family.
- It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family. The Director will meet with the family as soon as possible prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.
- Content of the management plan will include:
  - ✓ Identification of any risks to the child or others by their attendance at the service.
  - ✓ Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. food preparation procedures.
  - ✓ Process and time line for orientation or training requirements of educators.
  - ✓ Methods for communicating between the family and educators if there are any changes to the child's medical management plan.
- The medical management plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition. All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases specific training will be provided to educators to ensure that they are able to effectively implement the medical management plan.
- Where a child has an allergy, the family will be asked to supply information from their doctor explaining the effects if the child is exposed to whatever they are allergic to and to explain ways the educators can help the child if they do become exposed.
- Where possible the service will endeavour to not have that allergen accessible in the service.
- All medical conditions including food allergies will be placed on a noticeboard in the office and kitchen out of the sight of general visitors and children. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.
- All new staff will be informed of the list on initial employment and provided orientation on what action to take in the event of a medical emergency involving that child.

- Where a child has a life-threatening food allergy and the service provides food, the service will endeavour not to serve the particular food allergen in the service when the child is in attendance and families will be advised not to supply that allergen for their own children. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread).
- Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will be seated separately during meal times and all children will wash their hands before and after eating.
- Where medication for treatment of long term conditions such as asthma, diabetes, epilepsy, anaphylaxis or ADHD is required, the service will require an individual medical management plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.
- In the event of a child having permission to self-medicate this must be detailed in an individual medical management plan including recommended procedures for recording that the medication has been administered. The doctor must provide this plan. In one off circumstances the service will not make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication.

## **b) Administration of Medication**

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service.
- Staff will only administer medication during service operating hours.
- Permission for a child to self-medicate will be administered with the families written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- In the event that a case of emergency requires verbal consent to approve the administration of medication, the service will provide written notice to the family as soon as practical after administration of the medication.
- An authorisation is not required in the event of an asthma or anaphylaxis emergency however the authorisation must be sought as soon as possible after the time the parent and emergency services are notified
- Families who wish for medication to be administered to their child or have their child self-administer the medication at the service must complete a medication record form providing the following information;
  - ✓ Name of child
  - ✓ The authorisation to administer medication (including, if applicable, self-administration) signed by a parent or a person named in the child's enrolment form as authorised to consent to administer medication
  - ✓ Name of medication to be administered
  - ✓ The time and date the medication was last administered.
  - ✓ Details of the date, time and dosage the medication should be next administered. (General time, e.g. lunchtime will not be accepted.)
  - ✓ The manner in which the medication is to be administered
  - ✓ Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.
  - ✓ Signature of family member
- Medication must be given directly to an educator and not left in the child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is kept out of reach of children at all times.
- If anyone other than the parent is bringing the child to the service, a written permission note from the parent, including the above information, must accompany the medication.
- An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.

- Before medication is given to a child, the educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child on the medical record form.
- After the medication is given, the educator will record the following details on the medication record form:
  - ✓ Date and time medication was administered
  - ✓ Dosage that was administered
  - ✓ The manner in which medication was administered
  - ✓ Name and signature of person who administered the medication.
  - ✓ When more than one staff member is working (under regulation 95) the other person is to witness the dosage and administration and also name and sign the medication record form as a witness.
- Where a medical practitioner's approval is given, educators will complete the medication form and write the name of the medical practitioner for the authorisation.

### **ASTHMA, ANAPHYLAXIS AND DIABETES**

- The Director will assist parents to complete a risk minimisation plan for all children with asthma, diabetes or anaphylaxis to identify any perceived risk and determine strategies to reduce this risk prior to the child attending Tintinhull OSHC.
- Children with asthma, anaphylaxis or diabetes need to provide all medications including insulin, Epi-pen (if required), asthma receiving medication and spacer to the service. This will be stored at the service and used if an emergency arises. Signage will indicate where medication is stored.
- Ensure no child who has been prescribed an auto-injector device is permitted to attend Tintinhull OSHC without the device.
- Staff are to be informed and aware of all children who have asthma, anaphylaxis or diabetes and where to access medication during induction.
- Each affected child's emergency action plan will be displayed in the office and kitchen.
- Should a medical emergency occur the child's emergency action plan will be implemented. Staff will stay with the child and phone for an ambulance. Parents will be called as soon as possible to inform them of what has happened.
- Parents are to inform staff of any changes to the status of the child's medical condition. If need be, another risk minimisation plan will be completed.
- If a child with asthma, anaphylaxis or diabetes should leave the service for an excursion their medication is to be taken as well.
- Tintinhull OSHC will display an Australasian Society of Immunology and Allergy (ASCI) poster called Action Plan for Anaphylaxis and the National Asthma Council of Australia poster called Kids First Aid for Asthma in key locations at the service. For example, office and noticeboard.

## CONSIDERATIONS:

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation	Other
r90-91, 178, 181-184  s167	Standards 2.1, 2.2  Elements 2.1.2 and 2.2.1	<ul style="list-style-type: none"> <li>- Enrolment and Orientation Policy</li> <li>- Providing a Child Safe Environment Policy</li> <li>- Management of incident, Injury, Illness and Trauma policy</li> <li>- Administration of First Aid policy</li> </ul>	<ul style="list-style-type: none"> <li>- Disability Discrimination Act 1975</li> <li>- NSW Anti-discrimination Act 1977</li> <li>- Work Health and Safety Act 2011</li> <li>- Individual Medical Management Plans and corresponding resources.</li> <li>- My Time, Our Place.</li> <li>- Service Handbook</li> <li>- Child Enrolment Forms</li> <li>- Medication Authorisation Records</li> </ul>