MEETING THE CHALLENGE

Workplace Health & Safety Manual

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Introduction

This Workplace Health and Safety Manual covers potential risks across CSSU's scope of work, and steps to be taken to minimise risks to staff, children and stakeholders.

Every Service should have a copy of this manual. If a Service does not have a copy of this manual, staff must request one from CSSU Head Office, or download and print one from the following location [add url].

The terms *risk* and *hazard* are often used interchangeably. A hazard is something that can cause a risk, and the risk is the situation resulting from a hazard. For example, a damaged wire is a hazard, and getting an electric shock is a risk. In this manual, situations described focus on risks arising from hazards, and the term *risk* is used to mean any situation which may result in a risk, and also the risk itself.

This manual is divided into six main sections. These are: Risk Management; First Aid and Medication; Emergency Evacuation; Risks and Procedures; Forms and Checklists; and Important Contact Numbers.

Risk Management

This section describes the systems staff must use to recognise and then eliminate or minimise risks.

First Aid and Medication

This section describes when first aid may be necessary, and what to do in a situation where first aid is necessary.

Emergency Evacuation

This section describes when an emergency evacuation may be needed and the procedure for an emergency evacuation.

Risks and Procedures

This section lists risks that Staff may face, and procedures for eliminating or minimising risks.

Forms and Checklists

This section provides essential forms and checklists for CSSU Services.

Important Contact Numbers

This section provides contact numbers for CSSU Services; emergency services; departments and agencies; and helplines.

The Occupational Safety and Health Act (1984) protects all staff working in Western Australia, and the Workplace Health and Safety Act (2011) protects all staff working in the Northern Territory. CSSU provides this manual to support and supplement the protections given by legislation, and to help staff carry out their duties without risk to themselves or others.

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Workplace Health and Safety Management System

The Workplace Health and Safety Management System (WHSMS) is a set of behaviours and documents to help CCSU staff manage risks encountered in the course of their work. This manual is part of the WHSMS alongside policies provided by CSSU, and the behaviours and responsibilities expected of staff.

Workplace Health and Safety Policies

CSSU has developed workplace health and safety policies to protect the health, safety and welfare of CSSU staff and stakeholders. The policies describe the roles of staff and stakeholders in championing health and safety, and the processes by which they will do so.

Staff may consult the Workplace Health and Safety Policies for information on the responsibilities of Health and Safety Representatives (HSRs) and the Health and Safety Committee (HSC). The policies contain steps to identify, report and minimise risks, the escalation process to eliminate future risks and the responsibilities of the organisation, staff and stakeholders. Policies can be found here [add url]

CEO Behaviours and Responsibilities

The CEO will formally approve and enforce the WHSMS, and put measures in place to support and develop staff health and safety. The CEO will, as far as is reasonably practicable, provide and maintain a working environment free of risks, in accordance with legislation.

Staff Behaviours and Responsibilities

CSSU provides this manual and all policies to employees at commencement of their employment. Existing employees receive a copy of each document whenever a new version is produced. Staff must familiarise themselves with all documents as part of their responsibility to maintain a safe work environment. A copy of this manual is available at every Service.

Staff have a duty to keep themselves and others safe. In addition to the steps outlined in this manual and the Workplace Health and Safety Policy, staff must display common sense and risk awareness at all times. A positive staff attitude towards workplace safety is an integral part of the WHSMS.

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Risk Management

Risk management means identifying, assessing and dealing safely with risks. It is everyone's responsibility to be vigilant, look for potential risks, and safely report or eliminate them.

Risks are anything affecting the desired completion of an objective. For the purpose of this manual, risks mean risks to health and safety.

When considering risks, think about how an object, process, action or situation could present a risk under normal use; under abnormal use; how the risk may escalate; and how it may have affected staff, children or stakeholders previously.

This symbol is next to each procedure.

This symbol is next to things staff should do.

This symbol is next to things staff should never do.

Assessing Risks (Risk Priority Matrix)

The Risk Priority Matrix helps to work out how serious a risk is by considering how likely the risk is to occur, and how severe the consequences would be if it did. The Nominated Supervisor must complete a Risk Priority Matrix when notified of any risk, and as part of any risk assessment.

The Risk Priority Matrix looks like this:

		Consequences				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Almost Certain	High	High	Extreme	Extreme	Extreme
	Likely	Moderate	High	High	Extreme	Extreme
	Moderate	Low	Moderate	High	Extreme	Extreme
	Unlikely	Low	Low	Moderate	High	Extreme
	Very Rare	Low	Low	Moderate	High	High

See page 38.

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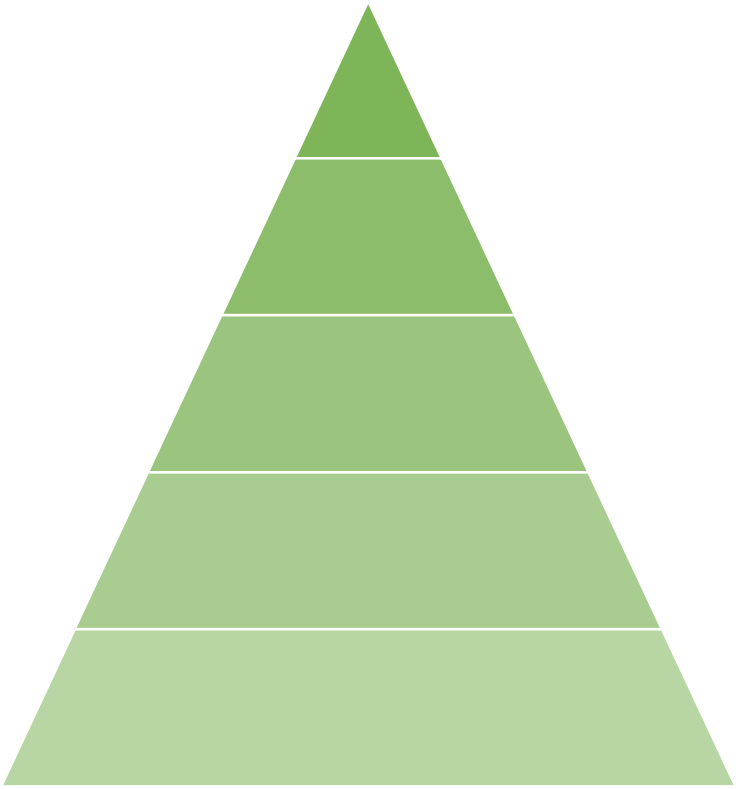
Dealing With Risks (Hierarchy of Control)

The hierarchy of control is a list of options showing the ways in which to approach a risk. The hierarchy of control is usually expressed as a pyramid, with the best outcome at the top.



Elimination

Substitution

Engineering

Administration

Personal Protective Equipment (PPE)

Elimination: Safely removing the risk altogether. This might mean physically removing a hazardous object, thinking of another way to approach a task, or some other method.

Substitution: Swapping the risk for another, less risky one.

Engineering: Isolating the risk, or using technology to lessen the risk.

Administration: Regularly inspecting the risk, and providing instruction and training on it.

Personal Protective Equipment (PPE): Using personal protective equipment to safely negotiate the risk.

All of the risks in the Risks and Procedures section of this manual should be considered in the context of the hierarchy of control.

Reporting Risks and Accidents

Reporting risks is everyone's responsibility. If staff are unsure if something is a risk or not, they must still report it. It may save someone from being injured and will ensure staff fulfil their duty of care.

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Reporting risks is important, as it means that procedures can be put in place to avoid risks in the future.

Using Risk Checklists

CSSU has developed Risk Checklists to maintain a safe and healthy environment for staff, children and stakeholders; ensure compliance with regulations; and protect the organisation and staff from litigation.

Service staff must conduct Risk Checklists either daily or every three months, as indicated on the checklist. The Nominated Supervisor must sign the completed Risk Checklist and complete an Action Plan and Risk Priority Checklist if there are risks identified that cannot be safely eliminated immediately. If the Nominated Supervisor is not available, the Supervising Officer must assume these responsibilities.

Completed Risk Checklists must be stored securely in a Health and Safety File at the Service for a minimum of three years.

Timelines on the checklists do not indicate a minimum timeframe for addressing risks. Staff must act immediately if they identify a risk, regardless of the scheduled time to check for that risk.

Risk Checklists look like this:

INSIDE ENVIRONMENT – DAILY

Service:_____ Date:_____ Completed by:_____

What is the Area to be Checked?	What is the Penalty?	Is there a Risk Present?		Can the Risk be Safely Eliminated?		Has the NS been Informed?		NS to Sign
		Yes	No	Yes	No	Yes	No	
Is all equipment and furniture safe, clean and in good repair?	$2,000							
Is all food safely and hygienically stored? Are all food preparation and storage areas clean and hygienic?	$2,000							
Is safe drinking water available? Is there enough food and drink for all children at the Service?	$2,000							
Is the food and drink available nutritious and suitable for all children at the Service?	$2,000							
Is the menu displayed where all visitors to the Service can see it? Is it accurate?	$1,000							

See page 41.

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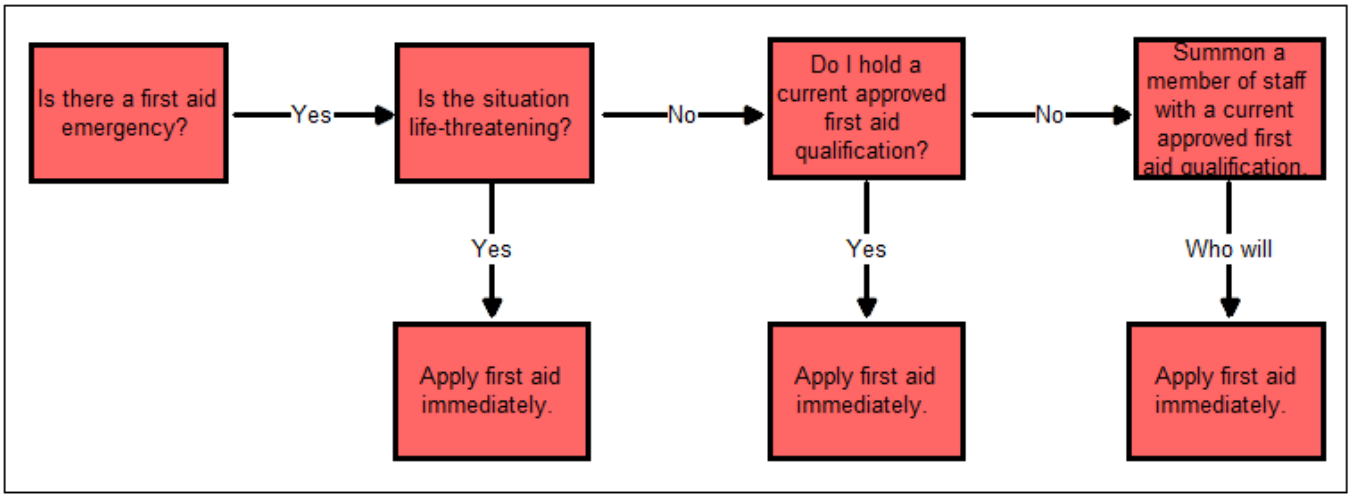
First Aid and Medication

First aid is immediate treatment given to somebody with an injury or illness. Only a qualified person should administer first aid. If the afflicted person needs treatment beyond basic first aid, staff must call an ambulance and complete a Serious Incident and Notifiable Matter Form.

First Aid Process

The following flow chart shows how to approach a first aid emergency:



First Aid and Children

P If a child needs first aid, the first aid officer must

a) attend to the child immediately;
b) apply appropriate first aid;
c) if the child requires transportation to a medical centre and transportation has been authorised, arrange transport;
d) if an ambulance is needed, stay with the child until it arrives;
e) accompany the child to hospital if doing so will not endanger other staff and children; and
f) contact the nominated contact on the child's enrolment form to inform them of the situation.

NOTE: If a child is in a medical emergency that requires they attend a medical centre immediately, refusal to consent to transport can be disregarded.

Staff must remember that small plasters and band-aids present a choking hazard to young children, and should never be used on children under three years old or younger.

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First Aid Kits

Every Service must have at least one fully equipped first aid kit, containing basic medical equipment. Larger Services are required to have more than one first aid kit. All Services also have an anaphylaxis first aid kit, and an asthma first aid kit. These may be combined or separate.

The Service's HSR should maintain the first aid kits to the following standard:

- each first aid kit must contain a list of contents (below)
- all contents listed must be present
- the first aid kit must be stored appropriately, and out of reach of children
- all medication and equipment must be within the use-by date.

First aid kits contain all of the following items:

- sting relief
- band aids
- disposable gloves
- sterile gauze
- adhesive strapping
- triangular bandage
- light crepe bandage
- resuscitation face shield
- scissors
- tweezers and needles
- notebook and pencil
- sterile handkerchief.

Anaphylaxis first aid kits contain all of the following items:

- two EpiPens® or similar
- sterilising swabs
- a record sheet to record all details of use.

Asthma first aid kits contain all of the following items:

- inhaler
- at least two spacer devices
- sterilising swabs
- instructions on how to use the devices
- instructions on steps to be taken during an asthma attack
- a record sheet to record all details of use.

Each vehicle leased or owned by CSSU, including vans and buses, must have least one fully equipped first aid kit. The HSR at each Service is responsible for first aid kits for each vehicle attributed to their service.

The HSR at each service must ensure that a first aid kit, anaphylaxis first aid kit, asthma first aid kit and first aid officer are present at all times during excursions or trips.

First Aid Officers at CSSU

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Every CSSU Service must have at least one employee on site with

- a valid first aid qualification from a recognised authority
- valid anaphylaxis management training
- valid emergency asthma management training.

This may be one staff member with all training, or a combination of staff members with different training.

Staff can ask their Nominated Supervisor about training if they wish to become a first aid officer. The Service's HSR will arrange first aid courses through a registered provider. CSSU will bear the cost of first aid training.

Staff must photocopy the First Aid Officers table on page 36, complete the information and display it at their Service in the following locations:

- next to every first aid kit
- next to every emergency exit
- next to every telephone
- on every noticeboard.

Medication

P Children at a Service may need medication. CSSU may permit children to administer their own medication if

a) the child is over pre-school age;
b) an authorisation for the child to self-administer, including an Authority to Give Medication Form, is recorded in the Service's records; and
c) the medical conditions policy of the Service includes practices for self-administration of medication.

All staff can administer medication to a child in the case of an asthma or anaphylaxis emergency. In this situation, the Nominated Supervisor must inform the child's parents or carers and the emergency services immediately.

Situations where administering Paracetamol comes under the definition of first aid are very rare, so Paracetamol is not considered a first aid item. In addition to this, staff and children may have an allergy to Paracetamol. For these reasons first aid kits do not contain Paracetamol.

Staff may only administer Paracetamol and other medications if authorised to do so in writing by a child's parents or carers. Authorisation will be documented on a Medication Form or Emergency Action Plan.

Penalties are in place to enforce correct use of medication and first aid.

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Emergency Evacuation

Situations where an emergency evacuation is necessary include

- fire or excessive smoke
- storms, cyclones and other severe weather
- bomb threat
- gas leak
- intruders or threatening persons.

There may be situations not listed above that require an emergency evacuation. The Nominated Supervisor will determine whether a situation needs an emergency evacuation.

Fire or Excessive Smoke

P In the event of fire or excessive smoke, staff will

a) raise the alarm if the alarms are not already sounding;
b) remain calm;
c) not use lifts;
d) collect Sign-in and Sign-out sheets; medical kits; Service mobile; roll sheets;
e) exit the building, helping children and those with additional needs;
f) congregate at the assembly point located on the Service floorplan;
g) conduct a roll call of staff, children and stakeholders;
h) contact the relevant emergency service or services;
i) administer first aid if required;
j) not return to the building until it is safe to do so; and
k) follow reasonable instructions from the Nominated Supervisor at all times.

If excessive smoke is outdoors, and the Service is not threatened by fire, staff must move children and stakeholders inside the Service.

Storms, Cyclones and Other Severe Weather

P In the event of storms, cyclones and other severe weather, staff will

a) remain calm;
b) instruct children to crouch and cover their heads; and
c) move all children into the safe room.

For more information on storms, cyclones and severe weather turn to page 33.

Bomb Threat

P In the event of a bomb threat, the staff member who took the phone call will

a) make notes detailing the caller's voice including accent and estimated age;
b) ask as many questions as possible to determine the location and details of the device;
c) ask as many questions as possible to determine the identity of the caller; and
d) commence emergency evacuation procedures from b) in the Fire and Excessive Smoke procedure above.

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P All other staff will

a) commence emergency evacuation procedures from b) in the Fire and Excessive Smoke procedure above.

Gas Leak

P In the event of a gas leak, staff will

a) commence emergency evacuation procedures from b) in the Fire and Excessive Smoke procedure above;
b) not use any electrical equipment in the vicinity of the leak, including light switches; and
c) not use mobile phones in the vicinity of the leak.

Intruders or Threatening Persons

P In the event of intruders or threatening persons at a Service, staff will

a) commence emergency evacuation procedures from b) in the Fire and Excessive Smoke procedure above;
b) use strategies to deal with aggressive behaviour (page 16); and
c) observe details of the persons and any items they touch.

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Risks and Procedures

Animals

Staff may have contact with wild or domestic animals during the course of their work. Staff working in remote communities are the most vulnerable to risks from animals.

If staff or children will be in a situation away from a Service, and where wild animals may be encountered, they must take the following precautions:

- prepare by wearing appropriate footwear, and carry a walking stick as a deterrent
- make enough noise to give animals fair warning of approach
- under no circumstances approach a wild animal
- if encountering a wild animal, give them room to escape.

Snakes

Between 500 and 3000 people are bitten by snakes in Australia every year. Modern use of antivenom and improved first aid knowledge mean the number of deaths from snakebite is less than 10 people every year. Most snakebites occur when someone tries to kill or capture a snake. The risks of encountering one can be severely reduced by following the procedures above.

Signs and symptoms of snakebite include the following:

- puncture marks or scratches
- nausea, vomiting, headache or diarrhoea
- drooping eyelids or blurred vision
- drowsiness or faintness
- difficulties breathing, speaking or swallowing
- chest, throat or abdomen pain.

P In the case of snakebite

a) follow D-R-A-B-C (page 37);
b) notify emergency services;
c) apply a broad pressure bandage;
d) apply a pressure immobilisation bandage;
e) apply a splint to the limb;
f) stay with the afflicted person and keep them calm and still;
g) note details of the time of the bite;
h) notify staff that a snake is in the area; and
i) if it is safe to do so, note details of the snake to help identify it.

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Do not

- wash venom away
- cut the bitten area
- attempt to suck the venom out
- use a tourniquet
- attempt to kill or capture the snake.

Spiders

Spider bites are relatively common, and most species cause no harm to humans. A definite spider bite means the spider is seen, there is evidence of a bite, and an expert then confirms it. Children and the elderly are most at risk from the effects of a spider bite. The most common venomous spider in Western Australia and Northern Territory is the Redback Spider.

Signs and symptoms of Redback Spider bite include the following:

- severe localised pain
- headache
- nausea and vomiting
- sweating.

In the case of a suspected bite from a Redback Spider

a) stay with the afflicted person and keep them calm and still;
b) apply iced water or an ice-pack to the wound; and
c) seek medical attention.

Do not

- bandage the affected area

Dogs

Children are the members of society most likely to be bitten by a dog. This is usually because they do not know the correct way to act around dogs, and frighten dogs into behaving aggressively.

To avoid being attacked by a dog, staff and children should take the following precautions:

Do

- if attacked by a dog, give the dog an object to bite.

Do not

- approach an unfamiliar dog
- look a dog straight in the eye, as they may find it provocative
- run away from a dog, as they may want to chase you
- approach a sleeping dog, or one that is looking after puppies.

If a dog bites a child or member of staff, apply first aid immediately. If the wound is to the hand, foot or head, is bleeding heavily, or is to a young child then seek medical assistance immediately.

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Aggressive Behaviour

As a public-facing service provider, CSSU's staff frequently deal with members of the public. On rare occasions, staff may be victim to aggressive behaviour during the course of their work.

Aggressive behaviour includes

- shouting
- swearing
- offensive comments
- threats
- abuse via a phone or online.

If confronted with aggressive behaviour

Do

- present a non-threatening stance
- maintain non-threatening eye contact
- keep physical movements calm
- maintain space from the aggressor
- be empathetic and avoid confronting language.

If staff or children are affected by aggressive behaviour, staff must record all details of the incident and notify the Nominated Supervisor immediately. Aggressive behaviour towards CSSU staff and children will result in exclusion from the Service, and may result in prosecution. Violent behaviour towards CSSU staff will result in prosecution.

Depending on the severity of the behaviour, aggressive behaviour from CSSU staff may result in disciplinary action, including dismissal. More information can be found in the Unacceptable Behaviour Policy.

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Break-In at a Service

Staff may arrive at work to discover a break-in.

P If staff suspect a break-in at their Service, they must

a) gather children at the assembly point;
b) inform the police and CSSU Head Office;
c) do not enter the Service if the offender may still be there;
d) do not clean up or alter the scene;
e) do not touch any items in or around the crime scene unless absolutely necessary; and
f) wait for the police and follow their instructions.

Failure to follow the above procedure may endanger the safety of staff, children and stakeholders. It may also affect the ability of CSSU to make an insurance claim.

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Cleaning

Maintaining a clean and tidy Service lowers the risk of illness or injury dramatically. Although messy play is an essential part of children's learning experience, staff should work to a standard that minimises unnecessary waste creation and lessens the burden of cleaning.

Staff and contract cleaners must never leave cleaning products (including chemicals, cloths and rags used to clean) within reach of children. All cleaning products and utensils must be stored securely and out of reach of children, in a box or cupboard that is key-locked or otherwise child-safe. If key-locked the key must be kept out of reach of children.

Whether contract cleaners or Service staff clean the Service, the requirements in the table below must be adhered to.

	Daily	**Weekly**
Rooms	Vacuum	Wash and disinfect waste bins
	Empty waste bins and replace liners	Clean all mirrors and windows
	Wipe surfaces and fixtures	Clean all toys
	Launder cots and linen	Clean all equipment and furniture
	Wipe and disinfect eating areas	
	Clean beds	
Kitchen	Empty waste bins and replace liners	Clean behind appliances
	Wipe sinks and fixtures	Clean all appliances
	Vacuum the floor	Mop and disinfect floor
	Disinfect surfaces	Wash and disinfect waste bins
	Sanitise utensils, crockery and cutlery	Clean all mirrors and windows
	Sweep, vacuum and mop the floor	
Bathrooms	Mop and disinfect floor	Wash and disinfect waste bins
	Wash toilets	Replenish paper, towels and soap stock
	Wipe sinks and fixtures	Clean all mirrors and windows
	Empty waste bins and replace liners	
	Replenish paper, towels and soap	

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Drugs and Alcohol

Drugs and alcohol in the workplace are a serious risk to the safety of staff and children. Drugs and alcohol cause problems if

- substances are present at a Service
- a staff member is under the influence of drugs or alcohol
- a staff member develops a dependence on drugs or alcohol.

Staff are encouraged to talk to their Nominated Supervisor if they are affected by substance abuse, or they believe a colleague to be under the influence of drugs or alcohol.

CSSU will support employees experiencing substance abuse problems with referral to a counsellor if necessary. Support will only be offered if it is not to the detriment of other staff, children and stakeholders' health and safety.

Staff may be required to take a drug test if there is reasonable suspicion they are affected by drugs or alcohol. Refusal to take a drugs test may lead to disciplinary action.

Smoking is prohibited in all Services, including car parks, playgrounds and gardens. Smoking while wearing a CSSU uniform or logo is prohibited.

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Fire Safety

Fire can have a devastating impact on people, property, flora and fauna. Staff have a responsibility to protect other staff, children and stakeholders from the effects of fire, and to make sure CSSU actions do not increase the risk of fire.

All Services are equipped with fire extinguishers and fire alarms. Every Service kitchen has a fire blanket for use on small fires.

A copy of the Service Floorplan must be displayed in every room of the Service, and all staff must familiarise themselves with it. The Service Floorplan can be found on page 39.

To reduce the risk of fire in a Service

Do

- store all flammable liquids and gases safely and out of reach of children
- store all ignition devices, such as lighters and matches, safely and out of reach of children
- use safety plugs in power points.

Do not

- use portable kerosene or gas powered heaters
- use heating appliances with high surface temperatures, such as bar heaters
- use candles in your Service.

Barbecues

Barbecues present a number of risks that can contribute to burns and fires. When using a barbecue, remember the following:

Do

- replace cylinders if they appear damaged or rusty
- check all hoses and seals for damage
- store gas bottles outside, upright and securely
- ensure the right gas is used for the barbecue
- ensure barbecues are only used outside in a well ventilated area
- ensure plenty of clearance around the barbecue
- ensure all fat is cleaned from the barbecue after use
- ensure all barbecue equipment, including gas bottles, is safety tested regularly
- ensure children do not go near the barbecue, even when it's not in use.

Do not

- use a barbecue in windy conditions.

If there is a fire emergency at a Service, staff must follow the emergency evacuation instructions on page 12 and refer to the Emergency Evacuation Map on page 39.

For information on treating burns, turn to page 24.

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Health and Hygiene

Hand Washing

Germs are most commonly spread via contact from people's hands. It is especially important that children learn to wash their hands correctly, as they are more susceptible to illness than adults.

P To correctly wash hands

a) rinse hands with water;
b) apply enough soap or handwash for the lather to cover every part of both hands;
c) lather by rubbing palms together;
d) work the lather over every part of both hands, including the backs and fingers;
e) interlace fingers and scrub them together;
f) clasp the right thumb in the left hand and scrub, and vice versa;
g) repeat steps d) to f) until the whole process has taken at least 15 seconds;
h) rinse lather off with clean water; and
i) dry thoroughly with a clean towel.

Staff, children and stakeholders must wash their hands

- when arriving at or leaving a Service
- before and after wearing gloves
- before and after making babies' bottles
- before and after meals or food
- after sneezing or wiping mouth or nose
- before and after changing a nappy
- after going to the toilet
- after cleaning up bodily fluids
- before administering medication
- after handing rubbish or bins
- after playing outside or touching animals.

If hand-washing facilities are unavailable, staff must use hand sanitiser (provided by the Service).

Headlice

Headlice are usually found on children aged between four and fourteen. The main symptom of headlice is itching of the scalp.

P If a child at a CSSU Service is found to have head lice

a) restrict the child from activities involving close contact with other children;
b) notify the Nominated Supervisor;
c) notify the child's parents or carers; and
d) send a letter to all parents and carers of children at the Service advising them of a suspected infestation.

Parents and carers of children identified as having head lice must not bring their child to a CSSU Service until they have commenced treatment.

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Soiled Items

There may be times when a child at a CSSU Service soils their clothing or another item.

P If a child at a CSSU Service soils their clothing

a) use gloves;
b) if soiled with faeces or vomit, dispose of excess in a toilet;
c) place the soiled items in a sturdy plastic bag;
d) seal the plastic bag;
e) mark as 'Soiled Clothing';
f) store the sealed plastic bag hygienically and out of reach of children; and
g) give the sealed plastic bag to the child's parents or carers.

Children who have soiled their clothing must be cleaned, and given clean clothing from the Service.

P If a child at a CSSU Service soils linen or other Service items

a) if soiled with urine only, launder the item at the Service;
b) if soiled with faeces or vomit, dispose of excess in a toilet;
c) place the soiled items in a sturdy plastic bag;
d) seal the plastic bag;
e) mark as 'Soiled Items';
f) store the sealed plastic bag hygienically and out of reach of children; and
g) have the items laundered.

Staff must ensure they wash their hands according to the procedure on page 21 after dealing with soiled items. Staff must deal with situations sensitively, and not cause embarrassment to the child, or their parents or carers.

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Kitchen

All CSSU Services have a shared kitchen area. Kitchens in child care Services are an essential learning environment for children; Staff are encouraged to use activities like baking and cooking as part of their teaching strategy.

Kitchens can harbour risks for staff and children. Keeping kitchens and kitchen equipment clean, tidy and well maintained will significantly reduce risks to health and safety.

Hazardous Materials

Kitchens are used to store chemicals like bleach and cleaning agents. Material Safety Data Sheet (MSDS) should be stored with them. To minimise the risks associated with hazardous chemicals

Do

- ensure chemicals are stored in their original packaging
- store chemicals according to the instructions on page 18.

If a child or staff member gets chemicals on their skin or eye

a) flood the area with running water for 20 minutes;
b) consult the Material Safety Data Sheet (MSDS) for the product; and
c) seek medical attention.

In the event of a chemical spill:

Do

- isolate the area
- ventilate the area
- use personal protective equipment
- consult the Material Safety Data Sheet (MSDS) for the product.

Illness and Infection

Young children are vulnerable to illness from food sources. Keeping kitchens clean and sterile, and employing hygienic and safe cooking practices, will minimise the risk of illness or infection.

More information on cleaning procedures can be found on page 18.

All kitchens must display a sign showing what to do in the event of an anaphylaxis emergency. More information on anaphylaxis emergencies can be found on page 11.

When using eggs or foods that contain eggs

Do

- store eggs in the refrigerator
- keep eggs away from direct sunlight
- wash hands before and after handling eggs
- ensure eggs and recipes containing eggs are cooked thoroughly.

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Do not

- use eggs that are cracked or damaged
- use eggs that are past their use-by date
- use eggs with excessive waste matter on the shell
- use eggs without knowing where they are from
- let children lick the bowl or utensils used for recipes containing eggs.

When using fresh fruits and vegetables

Do

- store fresh fruits and vegetables in the refrigerator
- discard fruits and vegetables that appear damaged
- wash hands before and after handling fruits and vegetables
- wash all fruits and vegetables before serving.

When using milk

Do

- always store milk in a refrigerator
- clean up all spills of milk immediately.

Do not

- use milk that is past its use-by date
- use milk from a container that has been stored out of a refrigerator.

Children under one year of age should never eat honey. Honey can contain spores that lead to infant botulism. Infant botulism can be fatal.

Burns

To minimise the risk of burns in the kitchen

Do

- store all matches and lighters safely, and out of reach of children
- test hot water before allowing children to touch it
- minimise children's contact with ovens, stoves, kettles and other appliances which may be hot
- keep hot liquids safely away from children
- turn saucepan handles away from the edge of the hob or stove
- ensure all electrical appliances are safety checked regularly and display electrical safety tags.

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P If a child or staff member suffers a suspected first degree burn (painful and red but without blistering)

a) remove the victim from the source of heat;
b) run cool water over the affected area for 3 minutes;
c) remove clothing or jewellery that may stick to the burn; and
d) apply aloe gel or other burn relief.

P If a child or staff member suffers a suspected second, third or fourth degree burn (blistering, skin damage, extreme pain)

a) seek medical assistance immediately;
b) remove the victim from the source of heat;
c) run cool water over the affected area for 3 minutes;
d) remove clothing or jewellery that may stick to the burn;
e) apply aloe gel or other burn relief; and
f) do not break any blisters which form.

Staff must complete the appropriate forms after any incident where first aid, including burn relief, is administered.

Cuts

In addition to the risk of cuts from knives and scissors, children and staff are vulnerable to cuts from low cupboard doors and open drawers.

P If a child or staff member suffers a minor cut or graze

a) clean the wound thoroughly with water;
b) wash the wound with soap;
c) cover with an appropriate bandage or dressing;
d) monitor the wound to ensure it is healing and not infected; and
e) if infection occurs, seek medical assistance.

P If a child or staff member suffers a serious cut or graze

a) check if there is an object embedded in the wound;
b) if there is an object embedded in the wound, work around it;
c) apply pressure with a sterile pad and secure with a gauze or bandage;
d) if possible elevate the wound to above the level of the heart; and
e) seek medical assistance.

Staff must remember that small plasters and band-aids present a choking hazard to young children, and should never be used on children under three years old or younger.

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Ladders

Falls from height are a major workplace hazard. CSSU staff must follow correct procedures when using ladders, stepladders and steps.

To minimise the risks, staff must consider whether

- a ladder is necessary
- the surface is flat and clear of obstacles
- the ladder is the right size
- the ladder, stepladder or steps are in good working order.

If using a ladder is necessary, staff must set up and use the ladder correctly. The following procedures must be observed:

- if using a straight ladder, place it at an angle between 75° and 80°
- if using a stepladder, ensure it is fully opened and locked
- use three points of contact at all times when ascending or descending
- wear appropriate footwear.

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Leaving and Entering a Service

Entering and leaving a Service can present a number of potential risks. Staff must be aware of these risks, and take extra care at Service opening and closing times.

Road Safety

Staff must be especially aware of children's safety as they arrive in the morning and leave in the afternoon. The extra traffic at these times presents an increased risk of injury.

Children are particularly at risk from traffic accidents due to the following factors:

- children are smaller than adults, and therefore more difficult for drivers to see
- children can be unpredictable and inconsistent
- children are more easily distracted than adults
- children find it more difficult than adults to identify and analyse sound, speed and direction.

Do

- ensure children never leave a Service unattended
- encourage children to be road-aware
- use road safety as a teaching opportunity
- ensure traffic signs outside the Service are appropriate
- encourage parents and carers to vacate pick-up and drop-off areas promptly and safely.

A staff member must provide supervision at all drop-off and pick-up times.

Visitors to a Service

Services may receive external visitors during working hours.

Do

- ensure all visitors sign in and sign out
- ensure visitors adhere to CSSU rules at all times
- contact police and adhere to emergency evacuation procedures (page 13) if a visitor refuses to leave.

Do not

- leave visitors alone with children
- allow a visitor to enter if staff believe them to be a potential risk to health and safety
- attempt to physically remove a visitor.

All visitors must be approved by the Nominated Supervisor and greeted by a senior member of staff. Services providing 24 hour assistance may not allow any person to enter between 6pm and 8am, unless accompanied by an official referral.

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Manual Handling

Manual handling is not just lifting – it is also pulling, pushing, carrying and lowering. Manual handling is any time an object is moved using physical strength. Overexertion and repetitive movement are two of the leading causes of workplace injury in Australia, and staff can avoid both by using correct manual handling techniques.

Almost all staff will use manual handling during their employment. To minimise the risks, staff must follow the hierarchy of control on page 7 to identify, asses and manage the risks.

Lifting Children

P Staff may be required to lift children frequently as part of their duties. To minimise the risks associated with lifting

a) wear flat, closed-toe footwear;
b) ensure the area is free from obstacles;
c) if the child is in a pushchair, wheelchair or similar, ensure the brakes are on;
d) stand with feet shoulder width apart;
e) bend at the knees;
f) hold the child close to their chest when lifting; and
g) ask for assistance from another staff member if the child cannot be lifted safely.

Staff can adapt the procedure above to lift other items.

Nappy Changing

If staff are not able to safely lift a child on to a changing table, they may use a changing mat on the floor. Staff must wash their hands before and after changing nappies. The procedure for dealing with soiled items is on page 22.

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Mental Health

Staying mentally healthy is as important as staying physically healthy. Staff are encouraged to talk to their Nominated Supervisor if they are experiencing mental health issues. CSSU will support staff experiencing mental health issues by providing access to the FISH counselling service.

Mental health includes many different conditions. Feeling sad or anxious sometimes is normal, but if these feelings interfere with daily life, they may be part of a wider mental health condition. Some common mental health conditions include

- stress
- depression
- anxiety.

If staff require time off work for mental health issues, they must follow the procedures outlined on page 31.

Mental Health Emergency

A mental health emergency is an incident of mental illness that threatens the health of the afflicted person or those around them. Someone experiencing a mental health emergency may exhibit the following:

- suicidal behaviour
- agitation
- threatening behaviour
- being out of touch with reality.

In the case of a mental health emergency, staff must ensure their own safety before that of the person afflicted and others. If there is no immediate danger and outside assistance is required, staff can contact the **Mental Health Emergency Response Line on 1300 555 788 (Metro)** or **1800 676 822 (Regional)**.

A mental health emergency can be as traumatic for the person suffering it as it is for those around them. Staff must act with empathy, but not at the risk of themselves or others. The procedure for dealing with aggressive behaviour is on page 16.

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Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is equipment or clothing designed to protect the user from risks.

PPE may include the following:

- protective goggles or glasses
- gloves
- boots
- high visibility vests.

Staff should wear PPE if dealing with a risk is inevitable and they are unable to follow any of the other options on the hierarchy of control (page 7).

PPE must

- be appropriate for the risk and not create additional risks
- be appropriate for the user and fit properly
- be comfortable and easy to use
- be used according to the manufacturer's instructions
- be used only after appropriate training has been given
- be stored and maintained according to the manufacturer's instructions
- conform to all safety standards and legislation.

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Staff Sickness

Time off Work For Illness or Injury (Absenteeism)

Absenteeism is when a member of staff takes time off work due to illness or injury.

P If staff are unable to attend work due to illness or injury, they must

a) contact the Nominated Supervisor, Manager or Director at Service opening time;
b) take all reasonable steps to recuperate; and
c) supply a certificate from their doctor if the absence is for more than two consecutive days, or as requested by the Nominated Supervisor.

CSSU will support staff who are ill or injured to recuperate.

Coming to Work While Ill or Injured (Presenteeism)

Presenteeism is when sick workers come to work despite their ailments. This poses the following problems:

- lack of rest leads to the ailment worsening
- other staff may be infected by those afflicted
- ailments lead to dangerous mistakes or behaviour.

Staff must follow the steps listed under Absenteeism if they are suffering from an injury or illness that may affect their work.

If a member of staff becomes sick while at work they must notify the Nominated Supervisor immediately.

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Travel

CSSU staff may be required to travel as part of their role. Travelling presents health and safety considerations that are different to site-based work. When travelling on CSSU business, staff must follow the health and safety guidelines outlined in this manual, and take all relevant and legal precautions to maintain their health and safety and that of those around them.

Driving

Driver distraction and fatigue are the main causes of road accidents in Australia.

Staff must take a fifteen-minute break after every two hours of driving. Staff must not drive under any of the following circumstances:

- if they are taking medication that may impair their ability to drive safely
- if they are fatigued
- if they do not hold the appropriate license
- if they are, or may be, over the drink-drive limit
- if they are suffering from an illness or injury that may affect their ability to drive safely
- if driving will violate state or federal law
- if a warning has been issued regarding adverse weather
- if the vehicle has passed a service interval without being serviced.

International Travel

Some CSSU staff may be required to travel overseas in the course of their duties. All medical precautions, including vaccinations and medication, are the responsibility of the employee. All employees travelling internationally must have valid travel insurance. Employees are responsible for ensuring they have the correct licence if they are intending to drive while overseas.

Travel in Remote Areas

In addition to routine vehicle safety checks, staff travelling in remote areas must consider whether they need the following items:

- extra water
- Aboriginal land permit
- satellite phones.

Before travelling by road to a remote area, staff must inform the Nominated Supervisor or Manager of their intended route and expected arrival time. Staff must check in with the Nominated Supervisor or Manager of the Service they have come from when they arrive at their destination.

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Weather

Weather can affect staff and children in a number of different ways. Storms or severe weather may prevent staff and children from attending or leaving a Service. Exposure to the sun without adequate protection may lead to sickness and long-term health damage.

Storms or Severe Weather

The Nominated Supervisor must monitor weather conditions and follow advice from Bureau of Meteorology. The Nominated Supervisor must designate a 'safe room' in their Service. This should be a small room as far away from windows and exterior walls as possible. If the Service does not have a suitable safe room, the Nominated Supervisor must arrange to utilise a room in a neighbouring business or organisation.

P In the event of a storm or severe weather

a) remain calm;
b) collect Sign-in and Sign-out sheets; Service mobile; medical kits; roll sheets;
c) instruct children and others to crouch and to cover their heads;
d) move all children into the safe room; and
e) conduct a roll call of staff, children and stakeholders.

If severe weather makes attending work dangerous or unfeasible, staff must notify the Nominated Supervisor before they are due to start work and not put themselves at risk by attending.

Sun Safety

The Nominated Supervisor must monitor weather conditions and follow advice from Bureau of Meteorology.

P Before allowing children to go outside, Staff must ensure that children

a) are wearing a hat (preferably legionnaire or bucket style);
b) are wearing clothing that covers their shoulders and back;
c) are wearing water-resistant sunscreen with a factor of 30+;
d) have access to drinking water at all times; and
e) have ample shade.

Usually, children are able to play outdoors before 11am and after 3pm. Children over twelve months of age should only play outdoors between 11am and 3pm if the UV index is less than 3, and if the above precautions are taken. In areas where the UV index is typically higher (such as the Pilbara), the Nominated Supervisor, Manager or Director may use their discretion to allow children to play outside, provided all above precautions are taken. To minimise the risk of sun damage, excursions that involve outdoor activities should be before 11am and after 3pm wherever possible.

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Office Workstations

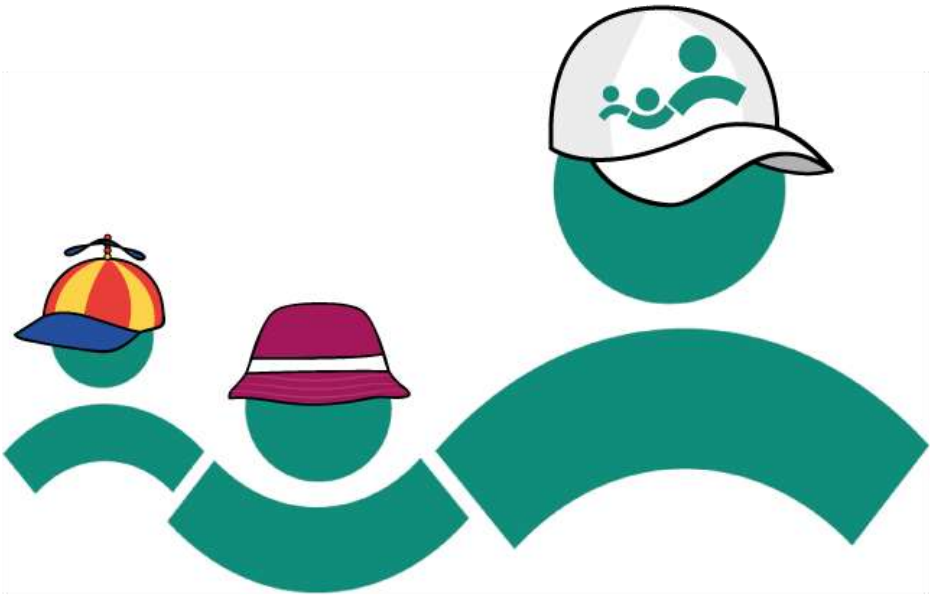
Office based staff and those who spend a significant portion of their day at a desk are at risk of physical injury from incorrect use of their workstation.

The correct posture for working at a computer is as follows:

- feet flat on the floor
- backrest straight and supporting lumbar area
- thighs unobstructed and parallel to the floor
- elbows bent at a 45-degree angle
- monitor at arm's length
- top of monitor at eye level.

Staff who spend the majority of their day seated must ensure they stretch regularly and take regular breaks away from their computer.

Photocopy rooms must be well ventilated and free of obstructions including cables. Only staff trained to use the equipment should do so.



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Forms and Checklists

The forms and checklists on the following pages can be photocopied as necessary. They are also available on the CSSU server at the following location – [add location]

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First Aid Officers at this Service

This must be displayed next to every first aid kit at this Service.

NAME AND PHOTO	POSITION	PHONE NUMBER	ROOM	FIRST AID	ANAPHYLAXIS	ASTHMA

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D-R-S-A-B-C-D (Life Support Action Plan)

This must be displayed next to every first aid kit.

D DANGER

Ensure the area is safe for yourself, others and the patient.

R RESPONSE

Check for response—ask name—squeeze shoulders

No response
- Send for help.

Response
- make comfortable
- check for injuries
- monitor response.

S SEND for help

Call Triple Zero (000) for an ambulance or ask another person to make the call.

A AIRWAY

Open mouth—if foreign material is present:
- place in the recovery position
- clear airway with fingers.

Open airway by tilting head with chin lift.

B BREATHING

Check for breathing—look, listen and feel.

Not normal breathing
- Start CPR.

Normal breathing
- place in recovery position
- monitor breathing
- manage injuries
- treat for shock.

C CPR

Start CPR—30 chest compressions : 2 breaths

Continue CPR until help arrives or patient recovers.

D DEFIBRILLATION

Apply defibrillator if available and follow voice prompts.

Other Information

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Risk Priority Matrix

The Risk Priority Matrix must be used to assess risks whenever they are identified, and as part of scheduled risk checks.

		Consequences				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Almost Certain	High	High	Extreme	Extreme	Extreme
	Likely	Moderate	High	High	Extreme	Extreme
	Moderate	Low	Moderate	High	Extreme	Extreme
	Unlikely	Low	Low	Moderate	High	Extreme
	Very Rare	Low	Low	Moderate	High	High

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Other Information

_____
_____
_____
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_____
_____
_____
_____

Service Map

[INSERT A MAP OF THE SERVICE HERE]

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First Aid Kit Checklist

First Aid Kit

- ☐ Sting relief
- ☐ Band aids
- ☐ Disposable gloves
- ☐ Sterile gauze
- ☐ Adhesive strapping
- ☐ Triangular bandage
- ☐ Light crepe bandage
- ☐ Resuscitation face shield
- ☐ Scissors
- ☐ Tweezers and needles
- ☐ Notebook and pencil
- ☐ Sterile handkerchief

This checklist must be completed by the Service's Nominated Supervisor, Manager or Director every three months, alongside the check to ensure the correct number of first aid kits.

This checklist must be displayed next to every first aid kit in every Service.

If an item is missing, it must be replaced immediately.

Anaphylaxis First Aid Kit

- ☐ EpiPen® or similar
- ☐ EpiPen® or similar
- ☐ Sterilising swabs
- ☐ Record sheet

Asthma First Aid Kit

- ☐ Inhaler
- ☐ Spacer device
- ☐ Spacer device
- ☐ Sterilising swabs
- ☐ Instructions on how to use devices
- ☐ Instructions on steps to be taken during an asthma attack
- ☐ Record sheet

Checked on:_____ **Next check on:** _____

Checked by:_____ **Signed:** _____

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OUTSIDE ENVIRONMENT – DAILY

Service:_____ Date:_____ Completed by:_____ Next check:_____

What is the Area to be Checked?	What is the Penalty?	Is there a Risk Present?		Can the Risk be Safely Removed?		Has the NS been Informed?		NS to Sign
		Yes	No	Yes	No	Yes	No	
Can children climb over or under fencing, or go through it? Are there holes or damage? (Preschool only)	**$2,000**							
Are the any animals that pose a danger to staff, children or stakeholders? Are all areas including sandpits free of animal waste?								
Are the gates secure, with a working childproof mechanism? Can they be closed and locked?								
Is all fixed play equipment in good repair and safe for use? Is there any damage?	**$2,000**							
Are all outside constructions, including sheds and storerooms, locked securely and unlikely to cause injury?								

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OUTSIDE ENVIRONMENT – DAILY

Service:_____ Date:_____ Completed by:_____ Next check:_____

What is the Area to be Checked?	What is the Penalty?	Is there a Risk Present?		Can the Risk be Safely Removed?		Has the NS been Informed?		NS to Sign
		Yes	No	Yes	No	Yes	No	
Is the ground cover safe and free from risks? Are there any risks that require a contractor to fix?								
Is there anything in the outside area which may present a fire risk such as leaves or rubbish?								
Are there any situations where water may pose a risk? Are there large puddles?								
Do all outside areas allow staff to safely supervise children?								
Are there any areas where venomous or dangerous animals could be hiding? Is there evidence of Redback Spiders or other pests?								

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INSIDE ENVIRONMENT – DAILY

Service:_____ Date:_____ Completed by:_____ Next check:_____

What is the Area to be Checked?	What is the Penalty?	Is there a Risk Present?		Can the Risk be Safely Eliminated?		Has the NS been Informed?		NS to Sign
		Yes	No	Yes	No	Yes	No	
Is all equipment and furniture safe, clean and in good repair?	**$2,000**							
Is all food safely and hygienically stored? Are all food preparation and storage areas clean and hygienic?	**$2,000**							
Is safe drinking water available? Is there enough food and drink for all children at the Service?	**$2,000**							
Is the food and drink available nutritious and suitable for all children at the Service?	**$2,000**							
Is the menu displayed where all visitors to the Service can see it? Is it accurate?	**$1,000**							

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INSIDE ENVIRONMENT – DAILY

Service:_____ Date:_____ Completed by:_____ Next check:_____

What is the Area to be Checked?	What is the Penalty?	Is there a Risk Present?		Can the Risk be Safely Eliminated?		Has the NS been Informed?		NS to Sign
		Yes	No	Yes	No	Yes	No	
Do all staff members have access to a working telephone?	**$1,000**							
Is there enough ventilation, natural light? Is the temperature comfortable?	**$2,000**							
Is there fresh linen for all children using cots or mattresses?								
Is the environment free from pest, insects and vermin?								
Are there the necessary number of fire extinguishers and fire blankets? Are they well maintained?								

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OUTSIDE ENVIRONMENT – 3 MONTHLY

Service:_____ Date:_____ Completed by:_____ Next check:_____

What is the Area to be Checked?	What is the Penalty?	Is there a Risk Present?		Can the Risk be Safely Removed?		Has the NS been Informed?		NS to Sign
		Yes	No	Yes	No	Yes	No	
Is there are least 7 square metres of unencumbered outdoor space for each child?	**$2,000**							
Is there adequate shade?	**$1,000**							
Are the areas where children can explore the natural environment, with vegetation and other flora?								
Has an annual risk assessment of the entire Service been conducted?	**$2,000**							
Are all soft fall surfaces in good repair?								

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OUTSIDE ENVIRONMENT – 3 MONTHLY

Service:_____ Date:_____ Completed by:_____ Next check:_____

What is the Area to be Checked?	What is the Penalty?	Is there a Risk Present?		Can the Risk be Safely Removed?		Has the NS been Informed?		NS to Sign
		Yes	No	Yes	No	Yes	No	

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INSIDE ENVIRONMENT – 3 MONTHLY

Service:_____ Date:_____ Completed by:_____ Next check:_____

What is the Area to be Checked?	What is the Penalty?	Is there a Risk Present?		Can the Risk be Safely Removed?		Has the NS been Informed?		NS to Sign
		Yes	No	Yes	No	Yes	No	
Has a risk assessment been conducted to identify potential emergencies at the Service?	**$2,000**							
Has an emergency evacuation drill been conducted, and the results documented?	**$2,000**							
Is there are least 3.25 square metres of unencumbered indoor space for each child?	**$2,000**							
Is there a nappy changing bench and hand cleansing facilities nearby and in working order? (Services with children under 3 only)	**$1,000**							
Has an annual risk assessment of the entire Service been conducted?	**$2,000**							

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INSIDE ENVIRONMENT – 3 MONTHLY

Service:_____ Date:_____ Completed by:_____ Next check:_____

What is the Area to be Checked?	What is the Penalty?	Is there a Risk Present?		Can the Risk be Safely Removed?		Has the NS been Informed?		NS to Sign
		Yes	No	Yes	No	Yes	No	
Are there enough first aid kits, including anaphylaxis and asthma first aid kits? Are they fully stocked and in the correct places?								
Is the Service's emergency evacuation plan and floor plan displayed in each room?								
Are nappy-changing, toileting and hand washing procedures displayed in toilet and nappy changing areas?								
Are all toys in good repair and suitable for the children at the Service?								

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Important Contact Numbers

To be displayed by every telephone in the Service.

Children's Services Support Unit

Brentwood – Blue Gum Out of School 9316 2215

Bulgarra – Early Learning Centre 9185 4292

Dampier – Early Learning Centre 9183 1670

Derby – Scallywags Early Learning Centre 9191 1793

Exmouth – Bernice McLeod Early Learning Centre 9949 1582

Head Office 9470 6886

Kununurra – Children and Family Centre 9169 1762

Kununurra – Early Learning Centre 9169 1762

Millars Well – Children's Services 9185 1614

Onslow – Early Learning Centre 9184 6093

Pannawonica – Early Learning Centre 9184 1391

Paraburdoo – Early Learning Centre 9189 6403

Pilbara Office 0438 929 582

Port Hedland – Out of School Care 0428 340 040

Port Hedland – Family Day Care 0411 087 827

Port Hedland – Len Taplin Out of School Care 9173 3833

Port Hedland – Len Taplin Early Learning Centre 9173 3833

Wadeye – Children and Family Centre 8978 2904

Wadeye – Safe House 8978 1020

Wickham – Early Learning Centre 9187 1992

Wickham – Out of School Care 0499 622 726

Yera – Early Learning Centre 8976 0934

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Emergency Services

Automobile Association of Australia 131 111

Emergency Services 000

Main Roads WA 138 138

Non-emergency Ambulance 9334 1234

Non-emergency Police 131 444

Non-emergency Fire NT 8999 3473

Non-emergency Fire WA 1800 199 084

Royal Flying Doctors Service 1800 625 800

SES WA 132 500

Water Corporation 131 375

Western Power 131 351

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Departments and Agencies

Bureau of Meteorology (BOM) Field Office – Broome 9192 1211

Bureau of Meteorology (BOM) Field Office – Esperance.....9071 5260

Bureau of Meteorology (BOM) Field Office – Geraldton.....9923 3671

Bureau of Meteorology (BOM) Field Office – Halls Creek 9168 6029

Bureau of Meteorology (BOM) Field Office – Kalgoorlie-Boulder 9093 2500

Bureau of Meteorology (BOM) Field Office – Learmonth (Exmouth).....9949 2436

Bureau of Meteorology (BOM) Field Office – Meekatharra 9981 1191

Bureau of Meteorology (BOM) Field Office – Port Hedland.....9140 1440

Bureau of Meteorology (BOM) NT.....8920 3800

Bureau of Meteorology (BOM) WA 9263 2222

Department for Child Protection WA 9222 2555

Department of Children and Families NT 8999 3737

Families and Children Child Protection Hotline NT.....1800 700 250

Mandatory Reporting NT 1800 700 250

Mandatory Reporting WA..... 1800 708 704

WA Police Child Abuse Squad 9428 1500

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Helplines

Alcohol Helpline 9442 5000

Aboriginal Hostel 9349 2548

Centrecare Counselling 9325 6644

Centrelink Disability Services 132 717

Centrelink Family Assistance 136 150

Crime Stoppers 1800 333 000

Crisis Care WA 9223 1111

Domestic Violence Helpline 9223 1188

Djooraminda Support for Aboriginal Families 9451 1100

Healthdirect Australia 1800 022 222

Interpreter Services 131 450

Kids Helpline 1800 551 800

Lifeline Crisis Support 131 114

Mental Health Emergency Response (Metro) 1300 555 788

Mental Health Emergency Response (Regional) 1800 676 822

Nyoongar Patrol 9228 4211

Poisons Information Centre 131 126

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Other Numbers

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