

Licensing Operational Guide

For

**In-Home-Child-Care
(Carers)**

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Standard I - Fit and Proper

What must I do to meet the 'fit and proper' standard?

The care of children requires a high degree of responsibility, and, as a provider of in home child care, an ARB must be satisfied that a person applying to be a registered in home child carer is a responsible person who will ensure the welfare of the children in their care at all times.

'Fit and proper' concerns the suitability of the character of the person to be entrusted with the care of children, and their ability to carry out their responsibilities to the required standard.

As an applicant for registration as an in home child carer you will be required to meet the tests for a 'fit and proper person', which include:

- a current **Tasmanian Working with Children Check** or valid safety screening clearance;
- an understanding of your legislative responsibilities under the *Child Care Act 2001*; and
- an understanding of your duty of care.

Also, you must initially provide the names and contact details of two referees (who are not your relatives) who are prepared to state that they believe you are a fit and proper person for the purposes of providing in home child care.

What is a current Tasmanian Working with Children Check?

A Tasmanian Working with Children Check is a compulsory national criminal record check required under the *Tasmanian Registration to Work with Vulnerable People Act 2013* (Registration Act) for people who engage in child-related work in Tasmania.

Tasmanian Working with Children Checks have replaced safety screening clearances and are being phased in over an 18 month period from 1 July 2014 for those involved in the child care sector.

The Tasmanian Working with Children Check is carried out to identify individuals who may pose a risk of harm to children. Those individuals, who are deemed unsuitable, will not be able to work with children in a range of regulated activities. 'Child care services' is a regulated activity under the Registration Act.

This Act is intended to reduce the likelihood of harm to children through background checking and risk assessment of persons working with children. Importantly, the check provides the ability to quickly remove a person from child-related activities if an event occurs that might indicate a risk of future harm to children.

When to apply

As stated above, the requirement to hold a Working with Children Check is being phased in for those who already have a safety screening clearance. The expiry date of a current safety screening clearance from the Department of Education determines when to apply for a Tasmanian Working with Children Check.

Persons not holding a safety screening clearance will need to apply for a Working with Children Check prior to engagement in the child care sector.

Therefore, from 1 October 2014, people working or volunteering in certain roles in child care services will need to hold a Tasmanian Working with Children Check or a valid Safety Screening Clearance issued by the Department of Education.

For further information see www.justice.tas.gov.au/working_with_children or www.education.tas.gov.au.

What is a valid safety screening clearance?

A crucial component in assessing a person's fitness and propriety has historically been a safety screening clearance. This process enabled the Conduct and Investigations Unit, Department of Education, to request information from the Police and other government departments, e.g. Child Protection. It remained in place until 1 October 2014 when it was replaced by the requirement to hold a Working with Children Check under the *Registration to Work with Vulnerable People Act 2013*.

The *Registration to Work with Vulnerable People Regulations 2014* specifies the dates from when individuals holding a safety screening clearance are required to hold a Working with Children Check. Therefore, the safety screening clearance is only considered **valid** until these specified dates are reached, even though the original letter regarding the safety screening clearance from the Department of Education may state a later expiry date.

It is important to be aware that your responsibility to care for children cannot be transferred to an unregistered person.

You therefore need to supervise a child/ren when any unregistered adults other than the child's family members are present, and ensure that these persons comply with duty of care requirements.

Is my spouse/partner able to accompany me to an In Home Child Care situation?

Your ARB may have a policy about whether carers may or may not take their spouse/partner to the in home child care situation. In the event that this is approved, the ARB would require that the carer's spouse/partner have a current **Tasmanian Working with Children Check** or **valid** safety screening clearance.

Am I able to take my own child/ren to an In Home Child Care situation?

The ARB may have a policy about a carer taking their child/ren to the in home child care situation in certain approved circumstances. In the event that the ARB policy supports this notion, carers' child/ren who are **18 years or older** are required to hold a current **Tasmanian Working with Children Check** or a **valid** safety screening clearance. The ARB may also develop its own requirements around carers' child/ren between the ages of 15 – 18 years. Refer to the section on Standard 3 in this guide for additional information.

What else will the ARB consider when assessing my application for registration to be an In Home Child Carer?

A carer must be physically and emotionally able to care for young children. For this reason, the ARB:

- will assess an applicant's general health as part of the initial registration;
- will have guidelines about their expectations around a carer's health and behaviour where this may impact on the carer's ongoing ability to care for children;
- may request a carer to have a medical examination, if necessary; and
- may have strategies in place to assist a carer who is temporarily suffering ill health.

For initial registration as an In Home Child Carer you will need to:

- provide evidence of your current **Tasmanian Working with Children Check** or **valid** safety screening clearance to the ARB.

Note: The ARB is required by law to verify the currency of **Tasmanian Working with Children Checks** with the Department of Justice, and may also (but is not required to) verify the validity of safety screening clearances with the Department of Education. This is because a person may hold a hard copy **Working with Children Check** card or a safety screening clearance, however, their **Check** or clearance may have been suspended or cancelled;

- provide names and contact details of two referees to the ARB;
- demonstrate your understanding of your duty of care.

For re-registration, you will need to provide:

- evidence of your current **Tasmanian Working with Children Check**, or valid safety screening clearance.

UNDER DEVELOPMENT

Standard 2 - Carer Knowledge, Skills and Experience

How are a carer's knowledge, skills and experience measured by an ARB?

It is the ARB's responsibility to ensure that registered in home child carers have appropriate knowledge, skills and experience. The minimum requirements are outlined in Standard 2.1.

The ARB's selection procedures may include:

- referee checks;
- an interview addressing at least the minimum requirements;
- a check that first aid qualifications are current and include:
 - i) a current approved first aid qualification; and
 - ii) a current approved emergency asthma management qualification; and
 - iii) a current approved anaphylaxis management qualification; and
 - iv) a current approved CPR qualification, (which must include child CPR and be updated annually); and
- observation of an applicant's interaction with children (when appropriate).

Do I need a qualification to apply to be registered as an In Home Child Carer?

You do need to have current first aid qualifications, as outlined above. However, a person applying for an In Home Child Care registration does not need to have a child care qualification, provided that all other criteria outlined in Standard 2.1 are assessed by the ARB as being satisfactorily met.

If I choose to become qualified, what is a suitable minimum child care qualification?

The suitable minimum qualification level is a Certificate 3 level education and care qualification, e.g. Certificate III in Children's Services.

What are the requirements for first aid qualifications?

Please refer to the Education and Care Unit, Department of Education's website which specifies the agreed codes for First Aid, CPR, asthma and anaphylaxis training/qualifications.

Any course that has a different code, must be a nationally accredited equivalent course. Where carers attend a course that has a different code to that specified on the Education and Care Unit's website, evidence will need to be provided that the course attended is a nationally accredited equivalent course. It is expected that this documented evidence will be provided by the Registered Training Authority (RTO).

First Aid Qualification required for administration of asthma medication, i.e. as a first aid response in an emergency and where a child is known to have asthma.

To both obtain a supply or to administer Salbutamol (ventolin), both where a child is known to have asthma (has an 'Asthma Plan') and in an emergency, child care personnel require a current, approved emergency asthma management qualification.

As previously stated, the Education and Care Unit, Department of Education's website, specifies the agreed codes for asthma qualifications.

An annual update is recommended to maintain skill level but is not required.

*Persons authorised to administer Salbutamol are detailed in the *Tasmanian Poisons Regulations 2008 reg 54 (4)*.

Anaphylaxis and allergic reactions

There has been a sharp increase in the number of children with allergic/anaphylactic reactions in recent years. There is growing recognition of the need for child care personnel to be aware of such issues.

Administration of adrenaline auto-injecting devices, e.g. EpiPen, AnaPen in an emergency situation is potentially emotive, and it is recognised that a trained person will be in a better position to deal with an emergency.

Having persons trained in anaphylaxis and allergic reactions will assist with the implementation of safe practice and procedures, thereby minimising risk for children with allergic/anaphylactic reactions while in the care of the service.

This qualification must be renewed every three years, or in line with RTO requirements. An annual update is recommended to maintain skill level but not required.

The Anaphylaxis Australia website <http://www.allergyfacts.org.au> has useful information.

In general, adrenaline must only be administered if there is a Medical Action Plan in place for the child. In other circumstances Tasmanian Ambulance Services must be called on 000 and their directions followed.

Professional development – what are the expectations?

Each ARB will have certain expectations for their registered carers, both before they commence working as in home carers, and also on an on-going in service training basis. The professional development requirements may be fulfilled through a variety of training options, e.g. enrolment with a Registered Training Organisation or conference attendance. Requirements may cover 'core' subjects related to the care of children and working with families, such as duty of care and legal expectations, first aid, risk management, child development, behaviour guidance, communication and conflict resolution, and mandatory reporting.

For initial registration as an In Home Child Carer, you will need to provide

- Current first aid qualifications as outlined above;
- Core training – evidence of attendance (if required as per ARB policy).

For re-registration, you will need to provide

- Current first aid qualifications as outlined above;
- Evidence of professional development.

Standard 3 - Carer to Child Ratio and Carer Responsibilities

An important factor which indicates quality care for children is the nature of the interactions between carer and children. Frequent and personal interaction between the carer and child fosters the child's development.

An in home child carer may care for **one family only** at any one time. **Any other proposal is to be assessed and approved by the ARB in consultation with the Education and Care Unit.**

In some situations, it may not be clear who is responsible for the child – the parent or myself, the carer. How must I deal with this?

Whenever the child is signed into your care, you are responsible, even on those occasions when the child is with the parent, away from the immediate vicinity of the carer. If the situation is such that you are unable to directly supervise¹ the child, e.g. when a child is with the parent on another area of the property, the parent must sign the child out of your care.

Can my own children accompany me to an in-home care situation?

This is NOT an expectation under the standards for in home child care. However, an ARB may develop its own policies around this, basing the policy on considerations such as:

- the number of children you have, and the number of children in care;
- attitude of, and written agreement from, the family requiring care;
- assessment and approval of each situation by ARB staff, prior to your own child/ren being on the family's premises; and
- the desirability of a **Tasmanian Working with Children Check** or a valid safety screening clearance if your child/ren is aged between 15 and 18 years - Refer to Standard 1 **in this guide** for additional information.

What is the situation when other children, such as visitors, are on the premises – am I responsible for these children?

No. You are only responsible for the child/ren signed into care, and you must ensure that the child/ren in care are directly and/or effectively supervised¹, at all times. The ARB may develop policies around visits from other families/children and special functions, e.g. birthday parties, when you are on duty.

Can parents accompany me, the carer, on excursions?

Yes. However, you are responsible for the child/ren in care at all times they are signed into care, including occasions when the parent(s) assist or accompany you.

If you are unable to directly supervise¹ the child/ren, e.g. if parent and child/ren leave the excursion, the responsibility for the child/ren must be handed over from you the carer to the parent, and the parent must sign the child/ren out of care.

On excursions, a ratio of at least one adult to four children under five years is recommended.

For initial registration as an In Home Child Carer, you will need to demonstrate:

- your understanding of your responsibilities with respect to supervision¹, particularly when parents are on the premises during the hours that care is provided.

¹Please refer to Standard 3 in the In Home Child Care (Carers) Licensing standards for the agreed definitions of 'supervision' and 'direct supervision'.

Standard 4 - Excursions and Transport

How can I plan for excursions?

Excursions can be valuable experiences for children. However, because excursions take place away from the child's home, and may involve a higher level of risk, you must give special consideration to the safety and supervision of the children.

You must ensure that:

- parents are properly informed;
- the excursion is properly planned; and
- the adult:child ratio is based on your identification of hazards.

What is a 'routine excursion'?

This term generally covers a family's regular outings, routines and activities, such as shopping, trips to the local park or library - the family will share this information with you.

What is a 'non-routine excursion'?

This covers excursions which are outside the routine outings; or an excursion to a place which may feature a significant hazard, e.g. water. Parents' written permission is required for each non-routine excursion.

For non-routine excursions, you must use the excursion proforma developed by your ARB, which gives the parents specific information about the excursion, including:

- i) the date and times;
- ii) the proposed destination;
- iii) the method of transport;
- iv) activities/purpose of the excursion; and
- v) any hazards and management of these hazards.

These signed permission forms will be checked by the ARB on field visits or at re-registration.

Can parents accompany the children and me on excursions?

Yes. However, **you are responsible** for the children in care **at all times the children are signed into care**, including occasions when the parent(s) assist or accompany you.

A ratio of at least one adult to four children under five years is recommended.

Am I responsible for defining what is a 'significant hazard'?

Yes, based on your assessment of known risks. As a guide, a 'significant hazard' may be a location or situation that presents a potentially high risk to the safety of children, e.g. a river bank or busy traffic conditions. You may seek advice from your ARB about appropriate areas/locations for excursions, e.g. if you plan to take children where they can paddle.

Am I responsible for developing a hazard management plan?

Yes, using a risk/safety management proforma developed by your ARB.

Can I take children swimming?

You must follow any policies which your ARB has in place about swimming and water sports/activities.

Given the high risks associated with swimming, you must assess the situation very carefully. It is not considered appropriate to specify ratios in the standard, because the numbers and ages of the children, and their level of swimming skills and experience, are particular to each family. You must also consider factors such as the proposed location and water conditions, and the level of your own swimming and lifesaving skills and confidence.

The ARB's 'risk/safety management' proforma will assist you in making your decision and developing a management plan. In the event that your ARB policies allow for a carer to take children swimming, it is your personal decision which is final.

For reference, for licensed centre based care services in Tasmania, the expectation is that there will be one adult for each child under the age of three years; and one adult:two children aged three years or older, with the adult to be in the water with the child/ren. It is also required that one adult present holds a current Bronze Medallion or equivalent. These standards are available on the Education and Care Unit's website, www.education.tas.gov.au

Given the extreme danger, swimming in dams or similar bodies of water, such as slippery river banks, muddy water, lakes, or canals, is NOT permitted, nor are children to be able to access such areas unless directly supervised.

Note: refer to the section on water safety in Standard 6 of this guide.

Can I drive children while they are in my care, in my own vehicle?

Yes. However, you are responsible for ensuring that your vehicle is registered, roadworthy, and regularly serviced. The ARB may request evidence that the vehicle is roadworthy.

Parents' written permission must be obtained prior to children travelling in a carer's own car.

As driver, you must:

- have a current licence to drive that vehicle;
- no longer be required to display provisional licence plates; and
- accept the standard regarding alcohol, medication and drugs.

Are there specific requirements about children's seating and restraints if I use my own vehicle?

Yes. The carer is responsible for ensuring that the vehicle is registered, roadworthy, and regularly serviced. The approved registration body and/or the Education and Care Unit may request a roadworthiness check.

Depending on the age of children, carers are required to have correctly installed, appropriate child restraints which meet the Australian Standard, e.g. rearward facing baby capsule or infant restraint, forward facing child restraint or booster seats.

You must comply with the Tasmanian Road Rules for child restraints- *further information can be obtained at <http://www.transport.tas.gov.au/roadsafety/people/carseats>*

Approved registration bodies may require annual confirmation of correct installation of child restraints from a person/business who has proof that they have completed an appropriate qualification in relation to child restraint checks.

When the carer changes vehicles, or if the vehicle is involved in an accident, the seats/seat belts must be checked prior to next transporting the child/ren in care.

Can the family's vehicle be used while the children are signed into my care?

Approved registration bodies may require confirmation of correct installation of child restraints from a person/business who has proof that they have completed an appropriate qualification in relation to child restraint checks - before you drive the family's vehicle.

It is also strongly advised that you are listed on the family's insurance policy as a regular driver, to protect you in the event of any accident when you are driving.

Am I required to transport children in my vehicle/the family's vehicle?

If you have any concerns about the safety of your own or the family's vehicle, seating and restraints, etc, then you are NOT obliged to drive the children in that vehicle.

What essentials do I need to take on the excursion?

As a minimum, you must take:

- your In Home Child Carer identification, and the contact number for the ARB;
- information re: children's allergies etc, and, as necessary, emergency medication;
- a first aid kit which is suitable for the particular excursion;
- sunscreen; and
- a mobile telephone or means of emergency contact with the ARB, emergency services, and emergency telephone numbers.

Notes:

First Aid kits – It is expected that you use your own first aid kit. Your ARB may have first aid kits available for sale. For most excursions, a suitably equipped 'bum bag' is appropriate. An ARB may include a check of your first aid kit as part of the annual re-registration procedure.

Roadside Assistance membership is recommended; and it is recommended that you consider taking emergency items, e.g. whistle, drinking water, and spare clothing, depending on the nature of the excursion.

Volunteer Help on outings and excursions - There must be written agreement from the family if you want to involve a volunteer, and/or, where possible, the volunteer must hold a **current Tasmanian Working with Children Check or a valid safety screening screening clearance issued by the Department of Education**. Family members of the child/ren in care do not need to have a **current Tasmanian Working with Children Check or a valid safety screening screening clearance**.

For initial registration and for re-registration, you will need to provide, if you agree to transport children in your own or the family's vehicle:

- current driver's licence.
- vehicle registration documentation.
- certification by an appropriate person/business re: child seating and restraints.

For initial registration as an In Home Child Carer, you will need to demonstrate:

- your understanding of risk assessment and management in relation to excursions.

Standard 5 - Activities and Experiences for Children

It is expected that you will offer children a range of experiences that are developmentally and culturally appropriate, appeal to their interests, and support each child's individual needs.

Working in close partnership with parents will assist you to achieve this.

In developing experiences and activities, you are to:

- recognise and incorporate the family's routine times, to assist children's learning and development in areas such as self-help and independence;
- recognise that play is a primary means of children's learning, and provide a wide range of opportunities for play, including, for example, imaginative play, creative play, sensory experiences;
- be flexible, encourage spontaneity, and encourage the ongoing development of children's interests and experiences;
- encourage children to develop social skills such as co-operation, and helping others;
- encourage and enable children to feel positive about themselves;
- understand the need for balance between a child having the opportunity to explore and face challenge, with their health and safety;
- encourage all children to participate in a wide range of experiences; and
- provide positive guidance and encouragement so that children learn to take responsibility for their personal behaviour.

Activities and experiences are to support nationally recognised child care best practice. An ARB is able to provide you with support, e.g. in planning experiences and activities for children.

How will I be assessed on this standard?

The ARB will assess whether you:

- include a balance of activities, such as indoor and outdoor, and quiet and active;
- encourage children to choose interests and activities; and
- respect the child's family's values, appropriately encourage the child and use positive guidance.

Do I need a written program?

A written program may not be obligatory according to the policy of your ARB. However, a written program can assist you to:

- take into account the needs of individual children;
- note your perceptions and observations of children;
- inform parents of the experiences you have offered their children; and
- discuss needs of the individual children with parents/ARB staff.

For initial registration as an In Home Child Carer, you will need to

- demonstrate an understanding of children's needs.

For re-registration, you will need to provide

- evidence of choice of experiences and activities based on your observation, reflection and planning.

Standard 6 - Health and Safety

Every child and every carer has the right to be safe. To promote this, a safety assessment of the home will be carried out by the ARB and the family **before** care arrangements commence, and an action plan developed if necessary, with any listed hazards to be dealt with preferably before care arrangements commence.

A hazard identification and management checklist, specific to the care situation will be developed in consultation with the family for your use before each care 'shift' commences. The ARB is to also advise the family of relevant guidelines which will cover your on-going management of the care situation, e.g. keeping medications out of reach, storage of chemicals, or sun protection.

What does 'maintaining a safe environment' mean for me, the carer?

As carer, you must have a sound understanding of dangers to children, and your daily practice must reflect your understanding that children's safety is your responsibility.

The items on the hazard identification and management checklist, agreed with parents prior to care commencing, must reflect the location and any particular circumstances of the family's home and premises. You must complete this checklist each time you are on duty, before care starts.

What does 'maintaining a safe environment' mean for the family?

If necessary, an action plan around any identified hazards will be agreed between the family and the ARB, and implemented prior to care commencing.

The ARB will have advised the family of their responsibilities in relation to maintaining a safe environment.

As carer, you must be aware of ongoing maintenance issues which may need discussion with the family, e.g. vegetation which requires pruning, sharp or rough edges on equipment, trip hazards indoors, e.g. floor coverings, and so on.

What if conditions covered by the agreement between the family, carer and ARB alter when I am caring for the children?

If you are concerned that conditions covered in the agreement have altered, you may first discuss this with the family, and, as necessary, report the matter to your ARB.

What if the family decides to move house, or undertakes renovations/extensions to their home?

If the family moves to a new home, the ARB will conduct another assessment against the *In Home Child Care Environmental Checklist and Action Plan* prior to the care provision continuing in the new premises.

The family is required to inform the ARB if their home is to be renovated/extended and the hazard identification and management plan will be amended as necessary.

Furniture and household equipment

Furniture and equipment must be safely located and maintained in good repair so that there is no hazard to the children or yourself.

Nursery furniture is a significant factor in almost 20% of the injuries to children in their first

year of life. As part of the assessment of the family's premises, the cot/alternative bedding will have been assessed by the ARB, as appearing to be safe and appropriate for the child.

Where a cot/piece of nursery equipment is damaged or unsafe, it must promptly be removed or made inaccessible to children. As carer, you may need to bring this to the attention of the family.

Further information about nursery furniture can be obtained from:

- The Tasmanian Office of Consumer Affairs and Fair Trading (http://www.consumer.tas.gov.au/product_safety)
- Kidsafe (Child Accident Prevention Council) (<http://www.kidsafe.com.au>)
- Australian Competition and Consumer Commission (<http://www.accc.gov.au/>) - go to 'Product Safety'.

Bunks

Where top bunks are accessible, and if/whenever the bedroom is used as a play space, you must directly supervise the children. A **Product Safety Alert** issued by Consumer Affairs and Fair Trading advises that top bunks must not be used for playing or for sleeping by children under the age of six years. This informative Safety Alert will be available from your ARB.

What must I look for with toys and equipment?

As a general guide, if a toy, and/or one of its parts, can fit into a 35mm film canister, it is not suitable for a child under three years. For babies, it is suggested that rattles and teethingers are at least 50mm wide. For children under three years, balls are to be at least 44.5mm or larger. Generally, edges of toys must be smooth, with no sharp points.

You must remove damaged or broken toys from the play area. The ARB will have informed the family that this is one of your responsibilities.

How do I find out more about safety and toys?

Information can be obtained from:

- The Tasmanian Office of Consumer Affairs and Fair Trading (<http://www.justice.tas.gov.au>)
- Kidsafe (Child Accident Prevention Council) (<http://www.kidsafe.com.au>). Kidsafe have written 'Safe Toys for Kids'.

What about the outdoor play environment?

The Kidsafe (NSW) website, <http://www.kidsafensw.org>, has excellent reference material, e.g. 'Safe Play for Backyards'. Follow the links to playground safety, road safety (article about driveway safety) and water safety.

Trampolines:

Trampolines, although great fun for children, can be a particular source of injury. The ARB will have a policy that trampolines are not to be used while children are in care (similar to the standard for family day carers). If there are exceptional circumstances the ARB and the family will have developed a management plan.

Exceptional circumstances may include, for example, where a child has a condition such as Asperger's Syndrome, and where it is known that exercise on a trampoline is beneficial for the child.

Kidsafe have a Fact Sheet about trampolines, at <http://www.kidsafensw.org>

How must medication be stored?

The family is expected to safely store medication in a lockable or child-resistant container or out of reach of children. It is recommended that medication that requires refrigeration be stored in a lockable container on the fridge shelf rather than the fridge door.

As carer you must ensure that medications and First Aid kits are inaccessible to children (i.e. locked and/or out of the reach of children).

Narcotic substances must be stored apart from other goods in an enclosure (e.g. a cupboard) that is securely locked and the key must be retained either on a person entitled to administer the substance or stored in a place not readily accessible to others. All other medications must be securely stored away from narcotics. For a list of narcotic medications see Schedule 8 of the [Standard for the Uniform Scheduling of Medicines and Poisons](#). This can be found by browsing on <http://www.tga.gov.au/industry/scheduling-poisons-standard.htm>.

Sections 34 & 35 of the *Poisons Regulations 2008* relate to disposal of medications. It is best practice for security purposes that medications, in particular, narcotics are not stored on the premises overnight (unless the child is in care overnight).

Please note that carers are not able to destroy narcotic substances, e.g. in circumstances where the narcotic medication is out of date. You may seek advice from a pharmacist regarding the correct disposal of medication.

Salbutamol used for emergencies must be controlled by the persons who are authorised to administer it. If access to the first aid kit is only to those that hold the certification, the salbutamol could be stored in the kit, otherwise it must be stored in the manner required for emergency medication.

You may administer prescription medication provided that administration is in accordance with the ARB's policies and procedures. It is recommended that you never administer anything other than prescription medication, as the contents of other 'medications' is not always known.

How must chemicals, poisons and cleaning products be stored?

Chemicals and a wide range of products such as cleaning products, pesticides, or bleach must be handled with great care. The family must ensure adequate storage so that these products are inaccessible to children.

Where there is a query about the safe disposal of chemicals, the Department of Primary Industries, Water and Environment (Environment and Planning Division) can be contacted on (03) 6233 6518.

Information about the storage of chemicals can be obtained from Workplace Standards Tasmania Helpline – 1300 366 322, or their website (<http://www.wst.tas.gov.au>)

Storage of equipment, tools and dangerous items?

As carer you must ensure that sharp, pointed or jagged objects are inaccessible to children.

Firearms - It is recognised that in some home based care situations there will be firearms. It is the family's responsibility to ensure that these are stored at all times according to the Tasmanian legislative requirements.

What are the requirements for fire safety?**Smoke alarms**

The family home must have smoke alarms installed. The ARB may require that the family's home is checked by an approved contractor to ensure that there are sufficient smoke alarms, in appropriate locations, e.g. between the living and sleeping areas, and on each level of a multi-levelled dwelling.

The family are to purchase smoke alarms which are Australian Standards approved, and installed in accordance with the manufacturer's guidelines.

Smoke alarms must be operational at all times. Smoke alarms are to be tested at least monthly. In addition, it is recommended that smoke alarms are cleaned every six months (the Tasmania Fire Service suggests using the fine nozzle on the vacuum cleaner to do this).

If batteries are used as the power source for smoke alarms, they must be replaced in accordance with the manufacturer's recommendations (the Tasmania Fire Service suggests at least once a year, at the end of daylight saving).

Fire blanket

The family is responsible for providing a pure woollen blanket or a fire blanket. It is recommended that a fire blanket meets approved Australian Standards, is at least one metre by one metre in size, and installed in or close to the kitchen.

Emergency exit

The door designated as an emergency exit, doorway and the approach to the doorway, must be kept clear of obstacles.

Further Information:

For further information, go to the Tasmania Fire Service website <http://www.fire.tas.gov.au>, and follow the links to Fire Safety and You/In the Home, and to Publications.

Will the glazing in the family home/premises be assessed?

The ARB may assess the level of risk in relation to glazing, and advise the family on alternatives that are available to minimise any identified risk.

If there is nothing to verify that the glass in an area of risk meets the current Australian Standards, then a management plan must be developed.

For example: the family may decide to reglaze or safety film the area. Glazing must be installed by an accredited glazier/installer of safety film who must provide the family with a certificate stating that both the materials and the installation meet the Australian Standard; OR the family may choose to place an effective barrier in an area identified as a risk in order to prevent injury.

What else can the family do to reduce the risk of injury from glazing?

- Mark transparent glass with motif(s) or decorations at appropriate child height.
- Trip-proof the area.
- Make sure that glass shelving is adequately supported, has rounded edges or is protected; or is removed from the play area if the glass is chipped or cracked.
- Ensure that the play and eating areas are away from glass.

Some of these items may be included on the *Hazard Identification and Management Checklist* for you to regularly check.

What are the requirements for fencing and barriers?

Where possible, an outdoor play area must be fenced; if not, an appropriate management plan will need to be discussed with the family prior to the commencement of care.

When setting up an outdoor play environment you must take care that there is nothing near the fence, gate, or barrier that will encourage children to climb them; and you must ensure that gates are kept closed when not in use.

Inside, age appropriate barriers may be necessary at the top and/or bottom of stairs. If so, this will be noted on the *Hazard Identification and Management Checklist*.

What are the requirements for water safety?

In Australia drowning is the major cause of death in children under five years of age: drownings have occurred in family pools, dams, ponds and baths.

Australian Standards in relation to fencing around swimming pools and gates (Australian Standards 1926 and 2820) apply to in home child care situations. Children's **unsupervised access** to a pool, spa or jacuzzi must be prevented by fencing and gates which meet these Australian Standards. It will be your responsibility to ensure gates are kept closed.

The ARB may have policies around the **use of an on-site pool** while the children are in care. The ARB's policy may consider the use of a pool on a case by case basis, taking into account factors including the number and ages of the children, their level of swimming skills and experience, the carer's swimming and lifesaving skills, and so on. In some circumstances, for example, where a child with a disability swims in the family pool as part of their daily routine, it may be appropriate to develop a documented management plan to accommodate this.

If there is a pond such as an **ornamental pond** on the premises, there must be appropriate fencing/barriers in place; and/or the pond must be covered by a rigid material.

Particular care must be taken if there are **dams and/or water tanks** on or near the property. Children's access to dams must be prevented by fencing which is at least 1200 mm high around the outdoor play area or appropriate management plan must be in place.

Water tanks: There is a hazard if the strainer mechanism is not properly screwed into place, or if the water tank has a ladder or similar access. Some ARBs may have requirements such as fencing off the water tank, or that the ladder be removed, and/or that a management plan be developed together with the family to cover the situation.

When you are responsible for the children, you, the carer, must:

1. ensure that any doors and windows which give access to a pool, spa or jacuzzi are securely locked, and pool gates kept closed;
2. directly supervise children at all times when children are being bathed, are playing with water and equipment containing water, and on excursions to bodies of water;
3. follow procedures such as:
 - filling a wading pool, bath, basin or trough immediately before it is used, and emptying it immediately after use;
 - storing buckets, bowls etc in a manner that water cannot collect in them; and
 - securely covering liquid-filled buckets.
4. as specified in Standard 2.1 (g), maintain your CPR skills (to be updated annually).

Must plants which have poisonous components be removed?

No. However, by agreement with parents, an appropriate management plan may have been put in place. Information about such plants can be obtained from *Kidsafe*.

What about pets and animals?

The keeping of animals is common to the Australian culture. Keeping pets can promote a sense of caring and responsibility in children and overall, the family is responsible for maintaining pets and animals in a hygienic condition.

You must check whether any of the children have allergies to animals.

In some instances, you, the carer, may be seen by the family pet as a potential threat. If so, the family must provide you with adequate protection, e.g. a fence/barrier that isolates the pet.

What about health and hygiene practices?

As carer you are expected to model good health and hygiene practices and positively encourage children to do likewise.

It is your responsibility to inform the ARB if you are exposed to infectious disease, such as conjunctivitis, chickenpox, diarrhoea, or mumps.

Where can I get up-to-date information about appropriate practices?

Helpful resources include:

- The Australian Government publication *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services* on the National Health and Medical Research Council's website <http://www.nhmrc.gov.au/publications/index.htm>
- *The Child Care and Children's Health* folder, developed by the Royal Children's Hospital Melbourne.
- The Tasmanian Health Department website <http://www.dhhs.tas.gov.au> and type 'public health' into the search engine.
- Workplace Standards Tasmania website <http://www.wst.tas.gov.au> These and similar resources may be available through your ARB.

Why is there a standard (Standard 6.5) about carers' health?

It is expected that in home child carers, in order to fulfil their child care duties, will maintain a reasonable standard of physical and emotional health.

An ARB must, as their duty of care, have policies and/or procedures in relation to the health of carers – these may address, for example, medical clearance for initial registration as a carer, appropriate immunisation for carers, carer medication, carer illness, and so on. The ARB must make these policies and procedures clear to prospective carers, prior to registering them.

A carer may have a condition for which medication is required, for example asthma or diabetes. Where the carer's ability to care for children is not impaired by either the condition or the medication, this should not present an issue.

ARBs must also have clear guidelines about their expectations of carers' general health, and personal behaviour where this may impact on the carer's ability to perform their duties and responsibilities to children.

It is the responsibility of the ARB to ensure that no child is at risk by a carer remaining on the premises when it is inappropriate for the carer to be there.

In situations where the ARB is concerned that, for reasons of health, a carer cannot perform their child care duties competently, the ARB may require that carer to submit to a medical examination by a medical practitioner approved by the ARB. This could result in the withdrawal, on medical advice, of a carer from the premises by the ARB.

What about my occupational health and safety?

Consideration of your health and safety, e.g. knowing appropriate techniques to lift children into chairs or cots is important. Some ARBs organise courses about manual handling and occupational health and safety.

If I am exposed to a notifiable disease, e.g. measles, do I report this?

Yes, you must report this to the ARB. It is the responsibility of the family's doctor to report a case of a notifiable disease, e.g. mumps, rubella (German measles), measles, polio, diphtheria, pertussis (whooping cough), polio or Hib infection to the State authorities. However, you must also report it to the ARB, because the ARB is responsible for ensuring your safety and that of any other children with whom you may be working.

Why are drugs, alcohol and smoking considered to be relevant matters?

The use of alcohol and or drugs may impair a person's judgement, thus increasing the risk of accident. Research continues to highlight the damage of 'passive smoking', particularly to those with asthma or other respiratory conditions. A 'no smoking' environment is a safer environment for children and for you, their carer.

For initial registration as an In Home Child Carer, you will need to demonstrate

- your understanding of your responsibilities in maintaining a safe environment;
- your understanding of health and hygiene practices which reflect current community standards.

Standard 7 - Administration and Records

Carers need to keep accurate and up to date records to ensure the safety and wellbeing of children, particularly in case of an emergency, and to ensure their own legal protection. A carer receives a considerable amount of personal information about children and families, which must be kept in a confidential manner. Information must not be given to any other person without parental permission, except where statutory requirements dictate otherwise.

Are there policies and procedures I must follow?

Written policies promote consistency in the practices between carers, and assist carers to act in accordance with the ARB procedures. It is expected that an ARB has a system in place to inform new carers about their policies, practices and procedures. The ARB will usually develop policies and procedures in conjunction with carers.

Parents have a right to know about policies and procedures which are relevant to the care of their child. The carer is expected to have a copy of the policies readily available for parents.

What insurance cover do I need?

You will need to be covered by current public liability insurance. This may be purchased on an individual carer basis, or through the ARB if appropriate. You may check with your ARB, or insurance company to determine whether any other insurances are required or recommended.

Why do I need to record times the children are in care?

Accurate attendance records are crucial in case queries are raised about situations related to the carer's duty of care, such as when the carer did not have direct supervision of a child at a time that child may suffer serious injury.

An accurate attendance record is necessary for financial accountability, including Commonwealth Child Care Benefit and insurance purposes.

Must I notify parents of all accidents, incidents or injuries?

The ARB will have policies and procedures around notifying parents of accidents or incidents; parents must be notified promptly of any serious accident/injury. In situations when the accident/injury is related to a bump on the head, parents must be notified as soon as possible and the child closely monitored for signs of concussion.

Details of all accidents, injuries, incidents must be detailed, accurately and objectively, on an appropriate report form, as provided to the carer by the ARB, as soon as possible. Parents are to sign the report, to acknowledge that they have been told of the accident, injury or incident.

In case there is ever a dispute about the time that a parent was notified of a child's accident/injury, and the time that the child received treatment, the carer must record on the accident/injury report the time that the care situation ended and the name of the person who took responsibility for the child.

The same applies for medical emergencies, e.g. emergency administration of Ventolin.

What about information on the child's immunisation?

It is a requirement of the *Public Health Act 1997* that a child care service (e.g. an ARB) obtains information about a child's immunisation status **before** that child commences care. ARBs will keep these records on behalf of registered in home carers.

Parents may elect not to have their child/ren immunised because of medical or other reasons – but it is necessary for the ARB to have a written record of this to enable prompt response in the event that the children develop mumps, rubella (German measles), measles, polio, diphtheria, pertussis (whooping cough), polio or Hib infection. Public health authorities have developed guidelines to assist carers and ARBs deal with such situations.

What records do I need to keep, and for how long?

Apart from registration requirements, there are several reasons to keep records, such as your own business, legal and insurance obligations. Your ARB will inform you about which records you need to keep yourself and which records can be kept by the ARB.

Financial records need to be kept for at least five years, consistent with the requirements of the *Income Tax Assessment Act 1936* (Section 262 (a) (4)) – enrolment and attendance records contribute to this area of accountability.

Records of child enrolment/information must generally be kept for at least six years. However, if there is an incident, e.g. a child has a severe allergic reaction, these records must be considered in the same manner as accident/injury records, and kept until the child turns 25 years.

Record of hours of care provided – must be kept for six years.

Parent permissions – the carer must keep parent permissions until the family ceases care, and then these are to be given to the ARB to be kept for at least six years.

Authorisation and administration of medication - If there are complications resulting from the administration of medication, the record must be treated in the same way as accident and injury records, i.e. these records must be kept until that child turns 25 years old.

Records of accidents or injury, and any treatment given to a child must be kept until the child turns 25 years of age. This is a requirement of the *Tasmanian Limitation Act 1974* (refer to Explanation below). Records must be kept in case of legal action against the carer, in which case the record can be used as evidence.

Why do some records need to be kept until a child turns 25 years of age?

The Tasmanian Limitation Act 1974

Under the terms of this Act, a parent or guardian may commence legal action on behalf of a child within three years of an accident or injury (which is able to be extended to six years). However, a child without a parent may initiate such action within six years of their 18th birthday.

A further possibility is that a condition/consequence of an accident or injury may not become apparent within the initial six year period – in such an instance the six year limit to commence an action would apply from the time that the condition does become apparent.

Because the majority of children are placed in care by a parent or guardian, it is reasonable to expect that six years is the minimum period of time to keep records such as enrolment and personal information, excursions, parent permissions. However, records of accidents or injuries and treatment of the same must be kept until the child turns 25 years of age.

If you are unsure whether or not a situation will require investigation in the future, it would be prudent to keep all relevant records, including enrolment information records until the child turns 25 years of age. This will be covered in ARB policy.

For initial registration as an In Home Child Carer, you will need to provide:

- Confirmation of currency of your public liability insurance.
- Any certificates relevant to your vehicle.
- Certificates/evidence required for registration.

On field visits and/or at re- registration, you will be asked to demonstrate that you carry required documentation with you, and use proformas to keep records appropriately. The ARB will check your records for evidence of:

- evacuation practices;
- hours of care provided;
- parental permission, etc. forms;
- authorisation and administration of medication;
- accident and injury reports; and
- currency of public liability insurance.

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