BEACONSFIELD KINDERGARTEN INC. TOBACCO, ALCOHOL AND OTHER DRUGS POLICY

Best Practice – Quality Area 2

PURPOSE

This policy provides guidelines to enable Beaconsfield Kindergarten Inc. to:

- provide a safe environment for all children which ensures their safety, health and wellbeing
- promote a cultural of health and wellbeing of all staff, children and families
- improve educational health and wellbeing outcomes for all children and families
- where appropriate, provide access to information on quitting smoking, vaping, alcohol and other drug use and promote the health benefits of avoiding these behaviours.

POLICY STATEMENT

VALUES

Beaconsfield Kindergarten Inc. is committed to:

- ensuring a smoke/vape-free, illicit drug-free and alcohol-free environment for children, families, educators, staff, volunteers and visitors
- promoting responsible alcohol consumption to our service community
- · encouraging educators and staff to build on opportunistic learning moments with children
- providing information to educators, staff and families about the health benefits of not smoking, vaping or taking drugs, and responsible alcohol consumption.

SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisors, Persons in day-to-day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Beaconsfield Kindergarten Inc.

RESPONSIBILITIES	Approved provider and persons	Nominated supervisor and nersons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and
R indicates legislation requirement, and sho	uld not be	e deleted			
Providing a safe and healthy environment for educators, staff, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of	R	R			

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Ensuring that there is smoke and <mark>vape free signage</mark> that can be easily seen and understood by the whole community	R	V			
Ensuring that all service events, on and off site, are smoke, vape and drug-free	R	V	\checkmark		1
If there is alcohol at a staff or family events, ensuring all legal requirements related to the sale and supply of alcohol are met and that responsible consumption of alcohol is promoted	R	V	V		V
If external organisations use the premises, a formal agreement ensuring that the service premises are smoke and vape-free, drug- free and responsible alcohol consumption is promoted	R	V			
Ensuring that the nominated supervisor, early childhood teachers, educators, staff, families and visitors adhere to legislation and Beaconsfield Kindergarten policies related to smoke and vape-free areas and are asked not to smoke in sight of children	R	V	V		V
Encouraging the nominated supervisor, early childhood teachers, educators and staff who smoke or vape to take appropriate hygiene measures after smoking so that children are not exposed to second- hand (refer to Definition) and third-hand smoke (refer to Definition) (refer to Hygiene Policy)	R	V	V		V
Not consuming or being under the influence of alcohol or affected by drugs when attending Beaconsfield Kindergarten	V	\checkmark	\checkmark	V	\checkmark
Refraining from smoking in the car with children under the age of 18				\checkmark	
Ensuring the consumption of alcohol as a part of events, celebrations, awards, gifts and fundraising is done so responsibly	\checkmark	V	V		\checkmark
Supporting the nominated supervisor, early childhood teachers, educators, staff and families who want to quit smoking, vaping, drinking or using other drugs to access appropriate agencies as needed and maintaining confidentiality	V	V			
Providing resources about the health risks related to smoking, vaping, excessive drinking and taking drugs to educators and staff as needed	\checkmark	V			
Providing information about health risks related to smoking, vaping, excessive drinking and using other drugs to families and community members, including information about accessing support services as appropriate	V	V			
Guiding age-appropriate, sensitive discussions about health issues related to vaping, tobacco, e-cigarettes, alcohol and drug use as opportunities arise (e.g. if a child is pretending to smoke)		V	V		V
Engaging in professional development and resources that guide age- appropriate, sensitive discussions about health issues related to vaping, tobacco, e-cigarettes, alcohol and drug use as opportunities arise		V	V		V
Ensuring that partnerships are established with relevant organisations and health professionals to support smoke and vape- free, drug-free and responsible consumption of alcohol initiatives where appropriate	V	V	V		V
Ensuring that there are no partnerships with organisations that market or supply alcohol, tobacco, vapes or e-cigarettes	V	\checkmark	\checkmark		\checkmark

Taking reasonable care for their own health and safety in the
workplace, and the health and safety of others who may be affected
by their acts or omissions (OHS Act section 25(1)(a) and (b))

\checkmark	

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BACKGROUND AND LEGISLATION

BACKGROUND

The effects of drugs and alcohol can impair the capacity of a person to make judgments relating to the care, safety and education of young children. The effects of vaping and tobacco smoking on an individual's health are well documented. Second-hand smoke (refer to *Definitions*) and third-hand smoke (refer to *Definitions*) is dangerous, especially for babies and children, as they have **smaller airways** that are still developing.

Children exposed to second-hand smoke are at an **increased risk of early death and disease** from various causes. Second-hand smoke can impair a baby's breathing and heart rate, which can put the baby at a higher risk of sudden unexpected death in infancy (SUDI). Exposure to second-hand smoke (refer to *Definitions*) and third-hand smoke (refer to *Definitions*) can affect a child's developing brain due to the sensitivities of the brain to very small amounts of toxins.

Drinking alcohol or taking other drugs can affect a person's ability to connect with and care for children. Alcohol and other drug use can become an occupational health and safety issue, as it may impairs one's ability to exercise judgment, coordination, motor control, concentration, and alertness in the workplace. Employees unfit for work as a result of alcohol or other drug use put themselves, children and other staff members in the workplace at risk of harm.

The key to control of tobacco, e-cigarettes, alcohol and other drugs is prevention and education. The most effective means of prevention is providing an early childhood environment that is supportive and protective of all children. Building resilience and developing social and emotional competencies should start early to enhance the potential for children to resist risky behaviours later.

Legislation and standards

- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for children)
- Early Childhood Australia's Code of Ethics (2016)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011, Regulations 82, 82, 175, 176
- Liquor Control Reform Act 1998
- National Quality Standard, including Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Tobacco Act 1987

DEFINITIONS

Definitions of terms regularly used in policies for the early childhood education and care sector – e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. are provided in the General Definitions section of this manual and can be referred to as required.

Alcohol: A depressant drug that slows down activity in the central nervous system.

Drug: The term 'drug' refers to any substance taken to change the way the body and/or mind functions.

E-cigarette product: Any electronic device that is intended to be used to create an aerosol for inhalation and any liquid, or product containing liquid, intended to be used in or with an electronic device to create an aerosol for inhalation

Notifiable complaint: A complaint that alleges a breach of the Education and Care Services National Act or Regulation, or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the approved provider to the secretary of DET within 24 hours of the complaint being made (Section 174(2) (b), Regulation 176(2) (b)). Written reports to DET must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee/investigator
- Any other relevant information.

Written notification of complaints must be submitted via the National Quality Agenda IT system (NQAITS): <u>http://www.acecqa.gov.au/national-quality-agenda-it-system</u>. If the approved provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation.

Prescription medication: medication that can only be made available to a patient on the written instruction of an authorised health professional. Examples of prescription medicines include blood pressure tables, cancer medicine and strong painkillers.

Reportable incidences: Under the Occupational Health and Safety Act 2004 (OHS Act), employers and self-employed persons must notify WorkSafe immediately after becoming aware an incident has occurred.

Reporting incidents resulting in:

- death
- a person needing medical treatment within 48 hours of being exposed to a substance
- a person needing immediate treatment as an in-patient at a hospital
- a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving/ scalping) electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment).

Reporting incidents involving:

- registered or licensed plant collapsing, overturning, falling or malfunctioning
- collapse or failure of an excavation, or shoring supporting an excavation
- collapse of a building structure (or partial collapse)
- implosion, explosion, or fire
- escape, spillage or leakage of any substance
- plant or objects falling from high places

Second-hand smoke: refers to the ambient smoke that is a by-product of active smoking. It consists mainly of exhaled mainstream smoke and side stream smoke mixed with air. Breathing in second-hand smoke is also called passive smoking or involuntary smoking.

Smoke Free Zone: smoking is prohibited in all enclosed workplaces and certain public spaces where members of the public gather and may be exposed to second-hand tobacco smoke.

Third-hand smoke: refers to residual tobacco smoke constituents that remain on clothes, surfaces and in dust after tobacco has been smoked. These substances are then re-emitted as gases or react with other compounds in the environment to create other substances.

Tobacco, Alcohol and Other Drugs: For the purposes of this policy and for the Healthy Early Childhood Services Achievement Program, the 'Tobacco, Alcohol and Other Drugs' health priority area focusses on creating smoke-free and drug-free environments and responsible alcohol consumption.

Tobacco product: Any device or product that contains organic matter that is heated or burned to create aerosol or smoke that is inhaled by the user.

Tobacco prevention: Involves guided age-appropriate, sensitive discussions about health issues related to tobacco as opportunities arise.

Vaping: E-cigarettes, also known as 'vapes', are battery operated devices that work by heating a liquid (or 'juice') until it becomes an aerosol that users inhale. Using an e-cigarette is commonly called 'vaping'.

SOURCES AND RELATED POLICIES

Sources

- Alcohol and Drug Foundation: https://adf.org.au
- Better Health Channel Drugs:www.betterhealth.vic.gov.au
- Cancer Council Victoria: <u>https://www.cancervic.org.au</u>
- Department of Education and Training Drugs Education: www.education.vic.gov.au
- Health.Vic: <u>www2.health.vic.gov.au</u>
- National Drug Strategy: www.health.gov.au
- Quit Victoria: https://www.quit.org.au
- Raising Children Network: <u>https://raisingchildren.net.au</u>
- Tobacco in Australia: https://www.tobaccoinaustralia.org.au
- Work Safe Victoria: Guide for developing a workplace alcohol and other drugs policy (2017)

Service policies

- Child Safe Environment Policy
- Code of Conduct Policy
- Compliments and Complaints Policy
- Delivery and Collection of Children Policy
- Interactions with Children Policy
- Occupational Health and Safety Policy
- Staff Health and Wellbeing Policy
- Staffing Policy

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- · regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- assess whether a satisfactory resolution has been achieved in relation to issues arising from this policy
- · keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required

• notify parents/guardians at least 14 days before making any changes to this policy or its procedures unless a lesser period is necessary because of a risk (*Regulation 172 (2)*).

ATTACHMENTS

- Attachment 1: Tobacco, Alcohol & Other Drugs HECS_TAOD Benchmark tables
- Attachment 2: Procedures for the removal of a drug- or alcohol-affected staff member

AUTHORISATION

This policy was adopted by the Approved Provider of Beaconsfield Kindergarten on 17th June, 2019

REVIEW DATE: 17/07/23

REVIEW FREQUENCY: Two-yearly

NEXT REVIEW DUE: July 2025

ATTACHMENT 1



Early Childhood: Tobacco, Alcohol and Other Drugs

	ALL					
NUMBER OF STREET	Leadership and commitment There is strong leadership support and a shared commitment to creating tobacco, alcohol and other drug policies.	Healthy physical environment There are processes to ensure smoke-free drug-free and responsible alcohol practices in the service buildings and grounds.	Healthy culture Smoke-free, drug-free and responsible alcohol behaviours are embedded in the service's culture and are communicated in a respectful and inclusive way.	Child teaching and learning Health messages about tobacco, alcohol and other drugs are included in the curriculum through formal and informal learning opportunities.	Sup ported staff and educators Staff and educators have access to resources and support to learn about smoking, alcahol and other drugs and to quit smoking, drinking and taking other drugs if needed.	Families and community partnerships Families, theservice community and expert organisations are engaged in the promotion and implementation of tobacco, accohol and other drugs initiatives.
	We have a tobac o, alcohol and other drugs policy that complies with Achievement Program requirements. Our policies are regularly communicated to the whole service with apportunities to provide input/feedback. Our policies are reviewed at least every three years and are ratified by management.	 We have smake-free signage that can be easily seen and understood by our whole community. Allour events, on and off-site, are smake-free and drug- free and promote responsible alcohol consumption. Our management ensures that if alcohol is provided at staff or parent events, all legal requirements relating to the sale or supply of alcohol are met. If external organisations use the premises, we have a formal agreement that the service premises are smake free, drug free and promotes responsible alcohol consumption. 	 We consider diversity and cultural practices when planning and implementing tobacca, alcohol and other drug education initiatives. We expect staff, educators, families and visitors to adhere to legislation and service policies regarding smoke-free areas and they are asked not to smoke in sight of children. We encourage staff, educators and families to drink responsibly and refrain from taking drugs, particularly while around children. We require educators and staff who smoke to take appropriate heath and hygiene measures after smoking so that children are not exposed to second hand tobacco smoke. Our service avoids encouraging the consumption of alcohol as part of events, celebrations, awards, gifts and fundraising. 	 We provide professional development and resources for educators to help them guide age-appropriate and sensitive discussions about health issues related to tabacco, alcoha and drug use. We educate children about tabacco, alcoha and other drugs and develop their knowledge about related health issues as apportunities drise. 	 We support educators and staff who want to guit smoking, drinking or using other drugs and refer them to appropriate agencies. We have a staff health and wellbeing palicy which supports a tobacco and drug free workplace and promotes responsible consumption of alcohd. We include tobacco, alcohol and other drug information and policy requirements in educator and staff induction/ orientation. We ensure resources about the health risks related to smoking, excessive drinking and taking drugs are readily available to educators and staff. 	We actively engage children, their families and the wider community in the planning, development and delivery of tobacco, alcohol and other drug policies and initiatives. We ensure resources about the health risks related to smoking, excessive diniking and taking drugs are readily available to families and community members. We provide information to families and community members about how to access support services to quit smoking, drinking and using drinking and accessible to the whole service community. We partner with relevant organisations and cultural groups to support our smoke-free, drug-free and responsible consumption of alcohol initiatives as appropriate. We do not enter into partnerships with organisations that market or supply alcohol or tobacco.
Contraction of the second second	NQ5-QA6&7 QA6-612/613 QA7-71&72/723	NQS-QA2&3 QA2-232 QA3-312 VEVLDF-3	NQS - QA 2, 4 & 6 QA 2 - 213 & 232 QA 4 - 421 QA 6 - 6 VEYLDF - 1, 2 & 3	NQS-QA1,285 QA1-111/112/116.6.122 QA2-211 QA5-5126.521 VEVLDF-3,4&5	NQ5-QA4&7 QA 4-421/422 QA 7-712	NQ5 - QA 6 QA 6 - 61; 622 & 631/634

BENCHMARK TABLE

ATTACHMENT 2 Procedures for removing a drug- or alcohol-affected staff member

Regulation 82 (1) of the *Education and Care Services National Regulations* states "The approved provider of an education and care service must ensure that children being educated and cared for by the service are provided with an environment that is free from the use of tobacco, illicit drugs and alcohol."

Regulation 83 (1) states "The approved provider of an education and care service must ensure that a nominated supervisor or a staff member of, or volunteer at, the service is not affected by alcohol or drugs (including prescription medication) so as to impair the person's capacity to supervise or provide education and care to children being educated and cared for by the service."

If someone believes that a staff member, student or volunteer working with children at Beaconsfield Kindergarten is under the influence of drugs or alcohol, they should:

- observe the person and note any indicators which lead to this belief, for example:
 - \circ scent of alcohol on breath or person
 - speaking too loudly or too softly
 - o slurred speech
 - o bloodshot eyes
 - \circ $\;$ lack of alertness; for example, responding slowly to questions
 - o poor motor control (stumbling, bumping into others, difficulty picking things up etc.)
 - o drowsiness
 - o rude, aggressive or other inappropriate behaviour.
- report beliefs to a management representative the Centre Manager, or in their absence, the Nominated Supervisor or a committee member.
- The management representative will approach the affected person calmly and respectfully and request to discuss the situation in private.
- If the management representative believes that the person is impaired by drugs or alcohol, the affected staff member will be put on personal leave immediately. Where necessary, a replacement educator will be sourced as soon as possible.
- The affected person's emergency contact will be called to pick them up. If this is not possible, the management representative may offer to take them home.
- If the affected person becomes a danger to themselves or others, e.g. due to illness or abusive behaviour, the management representative will phone 000 and request an ambulance or police support.
- The management representative will document all actions and observations.
- The affected staff member will be requested to attend a formal disciplinary hearing within one week of the event (or as soon as possible after that).
- The affected staff member will be supported to obtain professional help if necessary.