



YMCA Greater Wellington

OSCAR

Outdoor Pursuits

Camp Programmes for Children and Young People

Policies and Procedures Manual

(PREVIOUSLY REFERRED TO AS OSCAR P&P Manual)

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These policies and procedures are to be used in conjunction with the YMCA NZ OSCAR Code of Practice, YMCA Kaitoke Safety Management Plan, YMCA Employee Policies and Procedures Manual and Staff Induction Handbook, Child Protection Handbook and Behaviour Management Handbook.

Table of Contents

DOCUMENT CONTROL	4
1 INTRODUCTION	4
1.1 YMCA PROGRAMME PHILOSOPHY	4
1.2 YMCA GREATER WELLINGTON PHILOSOPHY	4
2 ACCESSIBLE SERVICE	5
2.1 CULTURAL PRACTISES	5
2.2 CHILDREN WITH SPECIAL NEEDS	5
2.3 PHYSICAL ACCESS	5
3 SERVICE IMPROVEMENT	5
3.1 COMPLAINTS AND FEEDBACK	5
3.1.1 Policy	5
3.1.2 Procedure	6
4 PROGRAMME PLANNING	6
4.1 PROGRAMME PLANNING	6
5 PROGRAMME OPERATION	6
5.1 MAXIMUM ATTENDANCE NUMBERS	6
5.2 FEES	7
5.3 CREDITS AND REFUNDS	7
5.4 ENROLMENTS	7
5.5 ABSENCES	7
5.6 PAYMENTS	7
5.7 CASH HANDLING	7
5.7.1 Handling money at YMCA sites	7
5.7.2 Petty Cash	7
6 CHILD SAFETY AND PROTECTION	8
6.1 CHILD SAFETY	8
6.2 SUPERVISION RATIOS	8
6.3 SIGNING A CHILD IN AND OUT	9
6.4 CHILDREN ARRIVING OR LEAVING UNACCOMPANIED	9
6.5 NON-ARRIVAL AT THE PROGRAMME	9
6.6 NON-COLLECTION OF A CHILD	10
6.7 BEHAVIOUR MANAGEMENT	10
6.8 BULLYING	10
6.9 CHILD PROTECTION	10
6.9.1 Reporting	11
6.9.2 Allegations of Child Abuse against a Staff Member	11
6.9.3 Physical Contact	11
6.10 SUN PROTECTION	12
6.11 TOILETING	12
7 HEALTH AND SAFETY	12
7.1 HEALTH AND SAFETY POLICY	12
7.1.1 Fire drills	13

7.2	ILLNESSES	13	
7.3	ADMINISTERING MEDICATION	13	
7.4	DEALING WITH CHILDREN WITH INFECTIOUS DISEASES.....		13
7.5	FOOD	13	
8	EXCURSIONS	14	
8.1	ROLL CALL PROCEDURE	14	
8.1.1	<i>Before leaving the Site</i>	14	
8.1.2	<i>During the excursion</i>	15	
8.1.3	<i>Conclusion of the excursion</i>	15	
8.2	TRANSPORT	15	
8.3	OFF SITE TOILETING PROCEDURE	15	
8.4	POOL SAFETY	16	
9	ANIMALS	16	
9.1.1	<i>Animals and Pets at a Programme</i>		16
9.1.2	<i>Animals on Outings</i>	16	
10	CLEANING PROCEDURE	16	
11	STAFF MANAGEMENT	17	
11.1	EMPLOYMENT AND APPRAISALS	17	
11.2	INDUCTION AND TRAINING	17	
11.3	CONFIDENTIALITY	17	
11.4	FINANCE	18	
	APPENDIX 1: EMERGENCY MANAGEMENT PLAN		19
	APPENDIX 2	23	
12	ILLNESS AND INFECTIOUS DISEASES	23	

Document Control

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1 Introduction

1.1 YMCA Programme Philosophy

The YMCA programmes aim to provide a safe and stimulating range of recreational activities and experiences for children of different ages, gender and cultural backgrounds, developing them mind body and soul while attempting to encompass individual needs and interests.

1.2 YMCA Greater Wellington Philosophy

The YMCA Greater Wellington programmes aim to provide a safe and stimulating atmosphere, giving children from a vast range of cultural and socioeconomic backgrounds the opportunity to enjoy their time at our programme.

This service gives children the opportunity to experience a diverse range of activities in an environment that promotes the core values of the YMCA; caring, honesty, respect, responsibility.

The YMCA of Greater Wellington fosters the development of the whole child like no other organisation and aims to cultivate long lasting relationships with the child, the family and the wider community.

YMCA aims to endow the child with a most enjoyable out of school experience and safety is a paramount consideration; thus, the YMCA ensures all policies and procedures are kept up to date and operate in line with MSD Standards. These policies and procedures are to be used in conjunction with the YMCA NZ OSCAR Code of Practice, YMCA Kaitoke Safety Management Plan, YMCA Employee Policies and Procedures Manual and Staff Induction Handbook, Child Protection Handbook and Behaviour Management Handbook. The Policies and Procedures are formally reviewed annually.

2 Accessible Service

2.1 Cultural Practices

At the YMCA multiculturalism is a visible thread woven through the fabric of daily life within our centres.

The YMCA acknowledges that Te Tiriti O Waitangi was an agreement between two peoples, Tangata Whenua and Tau Iwi, and sought to establish the principle of partnership in life of Aotearoa.

Developing cultural understanding in children is a foundation area of learning focusing on developing a growing awareness and appreciation of one's own cultural identity and the culture of others.

Our staff are equipped to promote and respect multiculturalism through their behaviour and through the delivery of our programmes.

2.2 Children with Special Needs

Children with special needs will not be excluded from the programme, providing that the manager is confident that the child's needs can be catered for without negatively affecting the other children and to ensure that the child will benefit from being at the programme.

If the child requires further special aids, e.g. modified facilities, extra staff, the Manager will make the final decision about acceptance into the programme. Each case will be considered individually, and every effort will be made to include the child within the limits of the resources of the programme.

2.3 Physical Access

The facilities used have wheel chair ramps and rails for disabled access and meet the Building Act 1991.

The facilities have:

- Designated parking for people with disabilities
- Handrails
- Wheel chair ramps both outdoors and indoors
- Wide corridors, doorways and doors
- Toilet and shower facilities for people with disabilities
- Public Reception and seating areas
- Signage of disabled parking and toilet and shower facilities
- Light switches and door handles at reachable heights from a wheelchair

3 Service Improvement

3.1 Complaints and Feedback

3.1.1 Policy

All complaints and feedback will be considered seriously. A complaint is an opportunity for improvement and positive feedback is an opportunity to share best practice.

Complaints are suggestions and should be regarded as an invaluable source of customer feedback. This allows the YMCA to use the feedback to assess the customer expectations and initiate improvements and to build stronger relationships and loyalty with customers

3.1.2 Procedure

Please refer to the YMCA Complaints and Feedback Policy and Procedure

4 Programme Planning

4.1 Programme Planning

It is the intention of the YMCA of Greater Wellington to provide fun, stimulating and safe activities for children at our programmes while providing experiential learning.

A printed schedule will be produced in a timely manner before the commencement of the programme. It will clearly show the planned programme for each group. A copy of this will be made available to parents, children and staff on request. YMCA of Greater Wellington do reserve the right to change the content of the day should they be required to do so. This is likely to occur for weather conditions and other such situations. Where possible all changes will be advised to families prior to the day.

All programmes will consider the safety issues of all activities and will be required to create/ review Activity Management Plans (AMPs) when appropriate, which will include evaluation of required staff:child ratios before the activity takes place.

Regular debriefs will take place as a normal part of programming to inform continuous improvement. This will include regular parent and child feedback.

5 Programme Operation

5.1 Maximum Attendance Numbers

YMCA programmes operate to maximum numbers set in conjunction with MSD and Programme approvals and cannot exceed these.

5.2 Fees

Fees for all programmes are set and published in advance and any changes are notified in writing.

Information relating to fee structure, subsidies, discounts and payment process is detailed in the relevant handbook.

5.3 Credits and Refunds

Fees are non-refundable. Any request for an exception to this must be made directly to the manager for consideration.

Detailed information relating to circumstances where credits or refunds may be applied is found in the relevant handbook.

5.4 Enrolments

Enrolments are made in the POZAAS database. Where the database is not available to the customer, a completed enrolment form is required. All enrolments must be completed prior to a child being accepted on any programme or into any new programme.

The parents must notify the programme immediately should any of the details on the enrolment forms change. In this event a new form may be required to be completed.

5.5 Absences

Detailed information relating to the policy and process for absences is available in the relevant handbook.

5.6 Payments

Payment for programmes will be made in accordance with the terms and conditions of that programme.

Late payment or non-payment may result in a child being unable to participate in YMCA programmes.

In the event of late payment or non-payment a debt collection procedure will apply. This is detailed in the relevant handbook.

5.7 Cash Handling

5.7.1 Handling money at YMCA sites

After School Care, Before School Care and Holiday Programmes do not accept cash or cheques

Payment sites are Kaitoke Outdoor Education Centre, Upper Hutt Community and Recreation Center, Pilmuir Accommodation and YMCA Support Office

5.7.2 Petty Cash

After School Care and Before School Care submit requests for petty cash at the beginning of each financial year. This is reconciled monthly, with signatures to acknowledge receipt.

Holiday Programme and Camp requests for petty cash are made at the beginning of each programme. This is reconciled at the completion of the programme, with signatures to acknowledge receipt.

Petty cash is held in a secure location at all sites.

Receipts are required for all petty cash transactions.

6 Child Safety and Protection – Please refer to the YMCA Greater Wellington Website for the full Child Protection Policy

6.1 Child Safety

To protect all children in the care of a YMCA programme, no child will be released to, or left in the company of, any person other than their parent/caregiver, a staff member, or an otherwise authorized person

In the event that a person other than the parent/caregiver or an authorized person approaches or applies to take a child from the programme, the following procedure will apply:

- Duty Manager will remain with the person (ideally at the office or sign in/sign out area) and explain to them why they are not able to access or collect the child
- The person will be asked to leave the facility
- If the person refuses to leave, the police *and* the parent/caregiver or emergency contact will be contacted by telephone
- In the event that the child is taken from the programme by an unauthorized person, the police and the parent/caregiver or emergency contact will be called immediately

Note: Whenever the police have been called, the CEO must also be notified

When a situation exists that an unauthorized person is applying to take a child from the programme, staff will ensure the safety of the child and other children by taking the following steps:

- Remove the child from the situation
- Closely supervise and account for all children and continue the programme with them as far as is practically possible

6.2 Supervision Ratios

The staff:child ratio will be as follows:

OSCAR on site – 1:10

At Camp – 1:8

On excursions – 1:8

On or in water – 1:6

These are maximum ratios. A ratio may be reduced if considered necessary to ensure the safety of children and/or as a result of the creation or review of AMPs.

In addition, there will always be at least two qualified staff members present when supervising children. At no time will a child be left alone with a staff member.

The Manager or designated Duty Manager will be onsite at all times during operational hours of the programme. At no time shall an adult be alone with a child.

A site manager must be at least 20 years old. A staff member employed to be included in staff:child ratios must be at least 16 years of age. Any volunteer under 16 years old must be supervised while working with children.

6.3 Signing a child in and out

Each child must be signed into the programme on arrival by the person who delivers the child.

Each child must be signed out at the end of the programme by the designated parent/caregiver.

A child will not be released to any person other than the designated parent/caregiver unless the Duty Manager has specific permission (in writing – including text or email) from the designated parent/caregiver or emergency contact person for this. Such permission must be received in advance.

Where such permission is not received in advance the child will remain under the supervision of the Duty Manager until permission is received in writing – including by text or email.

6.4 Children arriving or leaving unaccompanied

In some situations, a child may make their own way to or from the programme. This must be arranged in advance.

In this circumstance the child will be signed in or out of the programme by the YMCA staff member at the pre-arranged time/s.

To arrange independent travel to or from a programme the child's parent/caregiver must provide permission in writing for the child to travel independently to or from the programme.

The Duty Manager will consult with the parent/caregiver as to details of the child's travel (including route and means of travel). This is to ensure that staff are aware of the details and to provide appropriate safety for the child.

The YMCA reserves the right to refuse the parent's requirement for the child to make their way unaccompanied if they deem there is a risk to the child. This can include weather, distance, route or safety of the child. This will be discussed with the parent/caregiver at the time of the notification from the parent and will apply for the duration of the use of the service e.g. it cannot be changed on a daily basis. Any discussion of this nature must be documented and placed on file.

6.5 Non-arrival at the programme

A roll will be kept for all programmes and this will be used to monitor attendance.

Absences will be noted in advance of commencement of the programme.

The roll will be updated as children arrive at the programme and/or within 15 minutes of programme commencement time.

In the event that a child who is enrolled in a programme is not present or accounted for at the time the roll is called, and/or a child does not arrive at a programme within 15 minutes of commencement of the programme, they will be treated as a missing child and the following steps will occur:

- Check with school office to confirm absence or otherwise from school (After School Care only)
- Recheck absence notifications

If absence is unverified, the following steps must occur:

- The registered parent/caregiver or emergency contact/s for the child will be contacted by telephone and notified of the child's absence
- A message is left with parent/caregiver or emergency contact/s if there is no answer
- Repeat attempts at contact with parent/caregiver and/or emergency contact/s will be made every 5 minutes until 30 minutes has lapsed
- If contact is not made with one of the registered people within 30 minutes, the Police will be contacted

6.6 Non-collection of a child

No child will ever be left alone.

When a parent/caregiver has not collected a child by closing time of the programme, or has not advised the Duty Manager of their expected time of arrival, the following steps will be taken:

- Two staff will stay with the child until an authorized person arrives to collect the child
- Staff will contact the registered parent/caregiver or emergency contact/s for the child by telephone
- If contact is not made with any of the registered parent/caregiver or emergency contact/s within 60 minutes, contact the police and notify the CEO
- Recovery of staff costs for additional time may apply

6.7 Behaviour Management

Refer to YMCA Greater Wellington Behaviour Management Policy

6.8 Bullying

Bullying will not be tolerated in any YMCA programme.

Our strategy to address bullying is:

- ☐ Create an environment where children feel comfortable approaching staff on any matter, including if they feel they are being bullied
- ☐ Staff will treat every instance of reported bullying seriously
- ☐ A staff member will talk independently to all parties to fully understand the details of the situation
- ☐ Should bullying be found to have occurred, the steps in the incident management system (section 6.3.1) will be applied

6.9 Child Protection

The YMCA of Greater Wellington is committed to the prevention of child abuse and to the protection of children and young people. The organisation supports the roles of the police and MC-OT in the prevention and investigation of child abuse and will consult these organisations to assist in dealing with cases of child abuse.

To enforce our commitment:

- Staff will be provided with regular mandatory training in the Child Protection policy and recognising abuse indicators
- Staff will ensure that visitors are visible to staff when interacting with children. Procedures for responding to suspicions and/or allegations of child abuse will be followed
- Advice will be sought from either the Police and / or MC-OT as appropriate to ensure suitable steps are taken in responding to any suspicions or allegations of child abuse
- Any person, including staff, has the right to report suspected abuse directly to MC-OT or the Police if they feel the child's immediate safety is threatened
- The Oranga Tamariki call centre (0508 FAMILY) may be called for advice without identifying children, the caller, or making an official notification.

6.9.1 Reporting

All cases of suspected child abuse must be responded to in a manner which best ensures children's immediate and future safety.

Refer to the Child Protection Handbook for a detailed process for responding to suspected, alleged or disclosed child abuse

6.9.2 Allegations of Child Abuse against a Staff Member

There are two types of issues to note when an allegation of abuse is made against a staff member:

- Relating to the child or young person's security once the abuse is reported and;
- Relating to the procedures regarding the staff members.

YMCA Management will separate these issues and manage them independently. Throughout all observations and/or allegations of child abuse, the parties involved will be treated with dignity and respect and the confidentiality of these proceedings will be honored.

6.9.3 Physical Contact

The care of children involves physical contact with them. This is normal, natural and desirable and it would be unhelpful if adults were restricted in natural contact or were anxious and unspontaneous in their contact. In making physical contact with the children, adults should be guided by the principle that they will do so only in order to meet the child's physical or emotional needs.

To ensure an appropriate balance between natural behaviour and safety of children the following practise applies:

- Where possible, children should be touched only between the shoulder and the elbow. This area is commonly known as the 'safe-touch zone'.
- Touching will not be initiated to gratify adult needs.
- Children will not be asked to take care of adults needs, physical or otherwise.
- If a child initiates contact in seeking of affection, reassurance or comfort it is appropriate to respond in a manner suitable for that child's developmental stage and need. It is not appropriate to force any form of unwanted affection and touching on a child.
- Physical contact of children during changing or cleansing must be for the task only. Children will be encouraged to take care of themselves to the limits of their ability

- If children have soiled themselves and there is a need to have private areas touched or examined (in the case of injury), parent/caregiver will be phoned immediately and asked to attend to their child's need if possible. If this is not possible, two staff of an appropriate gender will assist the child.

6.10 Sun Protection

The YMCA encourages safe sun practice and will ensure that sun protection strategies are in place. [Refer to YMCA of Greater Wellington Sunsmart policies](#)

6.11 Toileting

In order to ensure the safety of all children, staff and volunteers, the following applies:

- Where possible, children will have separate toileting facilities to adults. When this is not possible, adults and children will not use the facilities at the same time.
- Children must inform staff prior to using the toilets
- Where access to the toilets is not in the immediate programme area, a buddy system will be used. Buddy's must be of the same gender and age.
- Children will have access to a clean toilet facility at all times, including appropriate hand washing and drying facilities
- When using public toilets, a leader must check the facilities prior to use ensuring the facilities are clean and there is no suspicious people or activity occurring. The leader will remain outside the door at all times while the facilities are being used, to provide immediate assistance if required.

7 Health and Safety

7.1 Health and Safety Policy

YMCA Greater Wellington is committed to maintaining a safe and healthy work environment for staff, clients, volunteers and visitors to any of our sites.

Please refer to the following YMCA Greater Wellington Health and Safety Policies on the intranet:

- **YMCA Greater Wellington Health and Safety Policy Statement**
- **Activity Management**
- **Contractors**
- **Critical Incident response**
- **Emergency**
- **Employee and Employer Responsibilities**
- **Employee and Volunteer Induction**
- **Employee Participation**
- **First Aid**
- **Work Risk identification, Treatment and Reporting**
- **Managing Stress**
- **Sunsmart**
- **System Review and audit**
- **Procedures for dealing with theft and vandalism**
- **Smoke Free policy**

7.1.1 Fire drills

- There will be a fire drill practice during each camp, each week of holiday programme and during each term at other programmes
- Staff and Volunteers will actively participate in all fire and earthquake drills.
- Inspections and testing will occur quarterly to ensure all alarms and equipment are up to date and meet building safety guidelines.
- A record of all fire drills will be kept on file.
- Emergency exits will be kept clear at all times.

7.2 Illnesses

If a child feels unwell they will be made comfortable in an appropriately supervised area and the Manager will make a decision as to whether the parents/guardian will be contacted.

If a child requires immediate medical attention, all reasonable attempts will be made to contact the parent/guardian. No medication will be given to the child without written permission from the parent/guardian or without medical consultation from the child's physician. If a child requires further medical attention such as hospitalisation the parent/guardian will be contacted to collect the child. In an emergency an ambulance will be called.

7.3 Administering Medication

In the event of medication having to be administered to a child by someone other than the parent/guardian, written permission must be attained on the Administering Medication Form. The requirement for medication should also be noted on the enrolment form, with appropriate medical history and knowledge necessary for staff.

The medication will be received from the parent clearly showing the child's name and administering instructions. The medication will be held by an appropriate staff member while off-site, or in a refrigerator or cupboard inaccessible to children – as required by storage instructions on the medication.

The medication must be administered by an appropriate staff member and witnessed by another staff member. The child must be viewed while taking the medication. The administration of the medication, with details required, will be recorded on the Administering Medication Form and countersigned by the staff member witnessing.

In an emergency where a parent/guardian cannot be contacted for permission to administer a medication, and where it is not possible to consult with a physician, the Duty Manager will make a reasonable decision based on the safety and wellbeing of the child.

7.4 Dealing with children with infectious diseases

Parents/caregiver are required to notify the YMCA if their child has a contagious illness. The child may be excluded from the programme if this is the case.

If a child develops a contagious illness/infection while on a programme they will be made comfortable in an appropriately supervised area away from other children and the parent/caregiver will be contacted immediately and requested to pick their child up.

Appendix 2 provides a list of infectious illness and diseases

attending the programme and to help stop the spread of infection. This will be achieved by:

- Maintaining a high standard of hygiene at all times, including personal hygiene (hand washing etc.) and environment/workplace hygiene (prompt attention to spills, regular disinfecting equipment, cleaning tables and floors after break times and messy play).
- Avoiding contact with blood, body fluids and vomit whenever possible and always wearing gloves when dealing with these.
- Always cover all cuts and abrasions, especially on arms, hands and face, with a Band-Aid or similar dressing.
- Always wash hands and forearms thoroughly on arrival and departure from the programme, after messy or outside play, cleaning of blood, body fluid or vomit etc.
- Always cover skin conditions such as dermatitis.
- Staying away from work if they are unwell

In the event of an occurrence or outbreak of an infection illness at a YMCA programme, parents/caregivers will be notified by email as soon as practicable

In the event of an outbreak of an infectious illness children/staff who have not been immunized against vaccine preventable diseases will be excluded for the prescribed period, from the programme.

Any guidelines provided by the Ministry of Health will be followed.

Refer Appendix 2.

7.5 Food

In instances where children are required to or able to bring their own food to a programme parents/caregivers will be advised of any requirements/limitations regarding this.

Where YMCA is providing food as part of the programme food hygiene standards and requirements will be met.

YMCA encourages healthy eating and will provide food that is consistent with this.

Parents must notify the YMCA service of any food allergies or nutritional requirements in writing at the time of enrolling.

Respect for the food requirements of different religions and beliefs will be incorporated when discussing and preparing food for the children.

8 Excursions

Excursions may be a component of a YMCA programme and parents/caregivers will be informed of the details of this at the time of enrolment. While on excursions, YMCA staff will ensure the safety and wellbeing of participants by working in accordance with YMCA policies and procedures.

8.1 Roll Call Procedure

8.1.1 Before leaving the Site:

- Designated supervisor to ensure a roll call is completed
- Designated supervisor to ensure parents/carers of children who have not arrived are contacted to determine whether or not they will be attending that day.

- Designated supervisor to ensure children are organised into groups with a staff member allocated to each group

- Group may wear identification that relates to their group leader
- Designated supervisor to ensure they have all necessary equipment / medication / forms etc.
- Designated supervisor to account for all staff before leaving.
- Group by group, children are to get on the bus or exit the building in an orderly manner, whilst being counted by the staff person.
- A final count AND roll call are to be done once everyone is on the bus/has exited the building in preparation to walk to the destination.

8.1.2 During the excursion:

- On arrival at the destination, children are to be given clear rules and boundaries and leaders will ensure they have their whole group
- Children stay with their group leader
- Children re-group and rolls called as directed by the designated supervisor

8.1.3 Conclusion of the excursion:

- Designated supervisor ensures a roll call is done
- If a child is missing, supervisor instructs other staff to conduct a search
- If a child cannot be located, the appropriate manager is to be informed immediately.
- If all children are accounted for, the group can be directed on to the bus or prepare to leave if walking
- The designated supervisor counts all and does another roll call once everyone is on the bus/as they leave and ensure that the children and staff arrive at their next destination.

8.2 Transport

Programme participants may be transported via a variety of different modes including walking, bus, YMCA van, train etc. depending on the activity and the distance being travelled.

Refer to YMCA Greater Wellington Transport Policy

8.3 Off Site Toileting Procedure

- When a child indicates to a staff member that they require to go to the toilet all other children will be asked if they need to go and the group requiring the toilet will go to the

toilet facilities with at least one staff member. Where possible another staff member or volunteer will also accompany the group

- If no other children require the toilet, a suitable buddy for the child will be selected to go to the bathroom with the staff.
- The staff member will check the toilet facilities to ensure they are clear of public. Once clear, the staff member will wait outside the toilet facility while the children go.
- Children will wait with the staff until all children have left the bathroom area.
- Staff will check to account for all children before leaving the toilet facility and returning to the group.

8.4 Pool Safety

Refer to YMCA Greater Wellington pool policy

9 Animals

The purpose of this policy is to ensure the protection of children from animals and to ensure the quality care of any animal that may reside or visit the programme.

9.1.1 Animals and Pets at a Programme

- Any animal kept by the programme shall be maintained in a clean and healthy environment and be well cared for.
- Child / animal interaction will be supervised at all times to ensure the safety of both parties and that due care is taken with the pet.
- Animals visiting programme e.g. police dogs will be the responsibility of the owner / handler. Children will only be allowed to approach the animal with the direct permission of the owner / handler and under supervision of the owner / handler and YMCA staff member.
- The inclusion of animals into programmes will be thought out and the benefits considered prior to the decision being made. Consideration to children who are afraid of animals will occur prior to the visit and their welfare taken into account.
- Hygiene standards will be upheld when children and staff are dealing with animals.

9.1.2 Animals on Outings

- While visiting animal parks, zoos etc. children will be advised of the safety rules.
- Children will not be permitted to approach any animals unsupervised by the owner e.g. in a park or on a street.
- If an animal approaches the children while on an outing the staff will take such action as to ensure the safety of the children and themselves. This may be scaring the animal away if appropriate or moving the children to a safer area.

10 Cleaning Procedure

Cleaning equipment and chemicals are kept in a lockable cleaning cupboard on each site.

Programme areas will be cleaned – daily duties as follows

- Sweep and vacuum all floors
- Empty Bins
- Wipe all benches and surfaces
- Wash, dry and put away all dishes

- Clean of toilets, hand basins and mop floors

Weekly duties as follows

- Mop all floors
- Clean fridge, oven and food storage
- Empty vacuum
- Sort, tidy and maintain toys, games, art equipment, sports equipment, other gear

11 Staff Management

11.1 Employment and Appraisals

All staff will be appointed based on meeting key criteria for the position. This will include skills, experience, qualifications and personal competencies that are required for the position and described in a written position description.

The YMCA is an equal opportunities provider and places importance on fair and equal employment opportunities. Applicants will be considered individually, and employment opportunity will not be affected by: gender, race, marital status, religious belief, ethical belief, skin colour, ethnic national origins, disability, age, political opinion, employment status or sexual orientation.

The application process will include:

- Completion of a written application form
- An interview with a panel of at least two suitably skilled people
- Reference checks and 5 year safety check
- Police vetting (No person with a criminal conviction listed in Schedule 2 of the Vulnerable Children's Act 2014 will be employed or allowed to volunteer on the programme)
- Other selection processes may be used from time to time as appropriate (e.g. assessment center, practical assessment)

All staff will have an appraisal at least once a year where their progress will be discussed and goals for a further period will be set.

This process will be followed for volunteers also.

11.2 Induction and Training

A structured induction programme will be completed for all new staff.

All staff will have the opportunity to participate in on-going personal professional development. Some mandatory training will be included, and participation will be on a regular basis:

- Behaviour Management
- Child Protection
- Health and Safety

11.3 Confidentiality

The programme will ensure workers and client confidentiality at all times. All files holding confidential information are duly secured and kept away from the access of unauthorised persons. All personal information shared in discussions between staff or at meetings is to remain between parties. All files holding confidential information are duly secured and kept

away from access of unauthorised persons. All sensitive and person discussions involving phone and people shall be held discreetly and in private. At all times the programme will comply with the requirements.

11.4 Finance

Efficient financial management is recognised as an essential element in running successful and viable programmes. The budget is built by the business unit managers and the CFO collates the output and makes recommendations to the Senior Leadership Team regarding the consolidation. The budgets for programmes are assessed reviewed monthly and where required reforecasting occurs and is signed off by the CFO, CEO and GM.

Any expenses that show a variance of more than 10% must be explained in the programmes debrief and budget variance analysis report.

Management meet monthly to discuss any proposed changes to the programme or suggest alternative costs.

Annual accounts are prepared and audited annually, this includes statements of financial position and Income and Expenditure. All Programmes will also be reconciled to show individual Income & Expenditure reports. Financial records such as how much a client has paid/owing is kept in the financial system. Receipt books, invoices and Work and Income subsidy statements are kept in lockable confidential files at the Head Office Support Centre, 67 Pilmuir St, Lower Hutt. All funding received must be specified upon the relevant budget and then administered to achieve its designated purpose.

Appendix 1: Emergency Management Plan

Introduction

This plan outlines the YMCA Greater Wellington emergency response procedure. All foreseeable emergencies are described, and plans are divided into *Field* actions and *Base* actions

Base Actions will be acted upon by the manager but can also be other designated, competent persons.

Field actions will be acted upon by staff away from the base site.

Stop, think, act!

The first priority in the event of an emergency is for the safety of all people present, raise the alarm Turn to the relevant page to confirm what to do

Emergency phone calls

Dial 111 for Fire/Police/Ambulance

1. Call from a safe place
2. Use a cordless or mobile phone if practical
3. Tell the operator which emergency service you want
4. Wait until that service answers
5. Give your address
6. Do not hang up until told to do so by the emergency service
7. Make sure someone is available to direct the emergency service to the scene

Duty Manager Emergency Procedures

The Duty Managers Role is to act as an adviser, reassure to field staff and a communicator and co-ordinator (if appropriate) to the emergency and support services, it is important that an accurate picture of the situation is understood so that the correct procedures can be put in place.

Duty manager will undertake this process. The following information will determine which action is required for a given situation.

1. Investigate

Use *incident Recording Sheet* as a guideline to effectively gain sufficient information to assess a given situation. Questions will include:

- Where are you?
- What happened?
- Who or how many people are affected?
- What are the injuries? (Refer to *incident Summary* form)
- Severity?
- What is needed? (outside help, coastguard, ambulance, police)
- Can you get client to road, & estimated time?
- Can a boat / helicopter land at your location? (Surf, wind)
- Any other important factors?

Duty manager should also investigate in house resources available, vehicles, personnel, and equipment.

2. Assess

Using information above *operations manager* will make an informed decision based on participant and/or staff safety.

3. Action

Duty manager will implement appropriate action. *This could include gaining outside assistance.*

NOTE. Before any action is put into practice **GM or CEO** should be notified.

4. Communications

Duty manager will be sure to keep constant communications with field staff, including:

- Estimated pick-up times
- Pick-up destinations
- Tell field staff to keep mobile phones on them and switched on
- Tell field staff to direct *ALL* questions from outside parties to *general manager*
- Inform field staff as to when an emergency is over and direct on further actions (return to base, continue as normal etc.).

5. Follow up

Field staff Emergency Procedure

Every emergency is different; this procedure gives field staff clear guidelines and a systematic process for dealing with emergency situations and will help create the best possible outcome for involved parties.

This process should be followed for all field-based emergencies, these could include:

- Medical emergency
- Serious injury/accident
- Overdue group
- Vehicle accident

1. Secure

First priority is to remove all people from possible further harm. Some situations may require field staff to attend to other person's safety to prevent further harm before helping those already in need.

2. Administer

First aid should be carried out if required and as soon as the situation permits

Remember:

Danger

Responsiveness

Shout (call for help)

Airway

Breathing

Circulation

3. Assess

Use *Incident Recording Sheet* as a guide to record sufficient information to transfer to duty manager.

A quick but thorough assessment of the situation should be made. Information that needs to be gathered is:

- Where are you? (grid ref if required)
- What happened?
- Who or how many people are affected
- What are the injuries?
- Severity?
- What is needed? (Outside help, coastguard, ambulance, police)
- Escape routes (Road, track, river), how long will it take to get to road or clearing?
- Priority of actions

Field staff need to be familiar with *Base Emergency Procedure* to understand what/why information is needed.

4. Communications

Base must be contacted, and the situation explained, field staff will be ready to give above information when requested.

In a serious harm situation, the staff member may deem it appropriate to contact the emergency services before they have reached this point. In this situation the duty manager must be notified as soon as possible.

5. Evacuation

Duty Manager will advise evacuation procedure, field staff will action this given procedure considering minimum impact for remaining unaffected participants.

6. Follow-up

NOTE: only when a situation has been cleared by the CE (Brendan Owens) and staff have been given the “all clear” can programmes run as normal.

Response plans

This section outlines response plans to large scale and site-specific emergency situations. Information herein is designed to be used in partnership with “base and field emergency procedures” listed above.

Response plans include:

Large scale

1. Earthquake

2. Fire
3. Tsunami & Flood

Site specific

1. Overdue group
2. Medical emergency
3. Vehicle accident
4. Serious injury/ accident

Large Scale

1. Earthquake

During the earthquake:

Keep calm Stay indoors where practical

Keep away from windows and heavy furniture

- Take cover – use a doorway or get under a strong table or other sturdy structure
DROP, COVER, HOLD!

After the earthquake, if the building is damaged:

- Turn off water, electricity and gas at mains
- Conserve your water.
- Treat injuries get in touch with neighbors – they may need help

When help is needed go to your nearest civil defense post

- Advise manager of damage sustained

2. Fire

Fire Emergency Checklist:

- Raise the alarm
- Evacuate people from the area
- Call emergency services (dial 111)
- Call your line manager

Precaution:

- Do not endanger yourself
- Make sure you have an escape route
- Do not use water on petroleum or electrical fires
- Do not leave the site unattended if there is a risk of further outbreak Call your line manager

3. Tsunami & Flood

- Be prepared to get to high ground
- Turn off electricity and gas supplies
- Do not go into floodwaters alone
- Do not go sightseeing
- Do not drink floodwater

- Move valuables, clothing, food, and medicines above likely reach of floodwater if it is safe to do so
- Avoid backflow from drains and toilets – fit bungs or sandbags and weigh down

Appendix 2

12 Illness and Infectious Diseases

Disease/Infection	This disease is spread by ...	Time between exposure and sickness	Early signs	How long is the child infectious?	Exclusion of child from kindergartens, schools, etc.
*Campylobacter	Undercooked food (e.g., chicken and meat); food/water contaminated with faeces from infected person or animal. Direct spread from infected person or animal.	1–10 days, usually 2–5 days	Stomach pain, fever and diarrhoea.	Until well, and possibly several weeks after.	Until well with no further diarrhoea. [†]
Chickenpox	Coughing and sneezing. Also, direct contact with weeping blisters.	10–21 days, usually 14–16 days	Fever and spots with a blister on top of each spot.	From up to 5 days before appearance of rash until lesions have crusted (usually about 5 days).	For one week from date of appearance of rash. [†] Exclude until fully recovered or for at least five days after the eruption first appears. Note that some remaining scabs are not a reason for continued exclusion. Any children with an immune deficiency (for example leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis (viral or bacterial)	Direct contact with discharge from the eyes or with items contaminated by the discharge.	12 hours–12 days	Irritation and redness of eye. Sometimes there is a discharge.	While there is a discharge from the eyes, the child is infectious.	While there is a discharge from the eyes. [†]
*Cryptosporidium Giardia	Food or water contaminated with faeces from infected person or animal. Direct spread from infected person or animal.	Cryptosporidium 1–12 days, average about 7 days Giardia 3–25 days, usually about 7–10 days	Stomach pain and diarrhoea.	Until well, and possibly several weeks after. Giardia can be cleared by medication.	Until well with no further diarrhoea. [†]
Diarrhoea					Exclude until diarrhoea has ceased.
Diphtheria					Exclude until medical certificate of recovery is received following contacts until cleared to return at least two negative throat swabs the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later. Exclude family/household by appropriate health authority.

Gastroenteritis (viral)	Food or water contaminated with faeces from	1–3 days	Vomiting, diarrhoea and fever.	While vomiting and diarrhoea last, and up to	Until well with no further vomiting or diarrhoea. [†]
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Disease/Infection	This disease is spread by ...	Time between exposure and sickness	Early signs	How long is the child infectious?	Exclusion of child from kindergartens, schools, etc.
	infected person or animal. Direct spread from infected person.			8 days after illness starts.	
Glandular fever	Transfer of saliva.	4–6 weeks	Sore throat, swollen glands in the neck, fever. Vague ill health for some time.	Prolonged – possibly for one year or more.	Until well enough to return.
Hand, foot and mouth disease	Coughing or poor hand washing. Direct spread from an infected person.	3–5 days	Fever, rash on soles and palms and in mouth. Flu-like symptoms.	While the child is unwell and possibly longer, because virus is excreted in faeces for weeks after.	While the child is feeling unwell. Unnecessary if the child is well. [†]
*Hepatitis A	Food or water contaminated with faeces from infected person. Direct spread from infected person.	15–50 days, usually 28–30 days	Nausea, stomach pains, general sickness. Jaundice a few days later.	From about 2 weeks before signs appear until 1 week after jaundice starts.	Exclude until a medical certificate of recovery has been received, but not before seven days after the onset of jaundice or illness.
*Hepatitis B[†]	Close physical contact with the blood or body fluids of an infected person.	6 weeks–6 months, usually 2–3 months	Similar to Hepatitis A.	Blood and body fluids may be infectious several weeks before signs appear, until weeks or months later. A few people are infectious for years.	Until well. [†]
Human Immuno-Deficiency Virus Infection (HIV AIDS)					Human Immuno-Deficiency Virus Infection (HIV AIDS)
Impetigo (School sores)	Direct contact with discharge from infected skin.	Usually a few days, variable	Scabby sores on exposed parts of body.	Until 24 hours after treatment with antibiotics has started or until sores are healed.	Until 24 hours after treatment has started. [†] Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.
Influenza	Coughing and sneezing and direct contact with respiratory droplets.	1–4 days	Sudden onset of fever with cough, sore throat, muscular aches and headache.	From 1 day before, up to 7 days after illness onset.	Restrict contact activities until well. [†]

Leprosy					Exclude until approval to return has been given by an appropriate health authority.
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Disease/Infection	This disease is spread by ...	Time between exposure and sickness	Early signs	How long is the child infectious?	Exclusion of child from kindergartens, schools, etc.
*Measles[‡]	Coughing and sneezing. Also, direct contact with the nose/throat secretions of an infected person.	7–18 days, usually 10 days to onset and 14 days to rash	Running nose and eyes, cough, fever and a rash.	From the first day of illness until 4 days after the rash begins.	At least 4 days from onset of rash. Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first case, they may return to school.
*Meningitis (Meningococcal)	Close physical contact such as kissing. Sleeping in the same room.	2–10 days, usually 3–4 days	Generally unwell, fever, headache, vomiting, sometimes a rash. Urgent treatment is required!	For 24 hours after antibiotics are started.	Until well enough to return.
Meningococcal Infection					Exclude until well.
*Mumps[‡]	Contact with infected saliva, e.g., coughing, sneezing, kissing and sharing food and drink.	12–25 days, usually 16–18 days	Pain in jaw, then swelling in front of ear and fever.	For one week before swelling appears until 9 days after.	Until 9 days after swelling develops, or until child is well, whichever is sooner.
Poliomyelitis					Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.
Ringworm, Scabies, Pediculosis (lice), Trachoma	Contact with infected person's skin, clothes or personal items. Also, through contaminated floors and shower stalls.	10–14 days	Flat spreading ring-shaped lesions.	While lesions are present, and while fungus persists on contaminated material.	Restrict contact activities, e.g., gym and swimming, until lesions clear. Re-admit the day after appropriate treatment has commenced.
*Rubella[‡]	Coughing and sneezing. Also, direct contact with the nose/throat secretions of an infected person.	14–23 days, usually 16–18 days	Fever, swollen neck glands and a rash on the face, scalp and body. Rubella during early pregnancy can cause abnormalities in the baby.	From 7 days before rash starts until at least 4 days after it has appeared.	7 days from appearance of rash.

*Salmonella	Undercooked food (e.g., chicken and meat); food/water contaminated with faeces from infected person or animal; direct spread from	6–72 hours, usually 12–36 hours	Stomach pain, nausea, fever and diarrhoea.	Until well, and possibly weeks or months after.	Until well with no further diarrhoea.†
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Disease/Infection	This disease is spread by ...	Time between exposure and sickness	Early signs	How long is the child infectious?	Exclusion of child from kindergartens, schools, etc.
	infected person or animal.				
Scabies	Direct skin contact with the infected person, and sharing sheets and clothes.	Days–weeks	Itchy rash in places such as forearm, around waist, between fingers and buttocks and under armpits.	Until 24 hours after treatment is started.	24 hours after treatment is started.
Slapped cheek (Human parvovirus infection)	Coughing and sneezing. The virus may be passed from mother to child during pregnancy.	4–20 days	Red cheeks and lace-like rash on body.	For variable time up to appearance of rash.	Unnecessary unless child is unwell.
Streptococcal sore throat	Usually contact with the secretions of a strep sore throat. Sometimes through contaminated food.	1–3 days	Headache, vomiting, sore throat.	For 24 hours after antibiotics are started.	Until 24 hours after antibiotics started and the person feels well.
Tuberculosis					Exclude until a medical certificate from an appropriate health authority is received.
Vomiting					Exclude until vomiting has ceased.
*Whooping cough (Pertussis)‡	Coughing. Adults and older children may pass on the infection to babies.	5–21 days, usually 7–10 days	Running nose, persistent cough followed by “whoop”, vomiting or breathlessness.	From runny nose stage and for 3 weeks after onset of cough if not treated with antibiotics, or until 5 days of antibiotic treatment.	21 days from onset of coughing, or after 5 days of antibiotics. Exclude the child for five days after starting antibiotic treatment. Exclude unimmunised household contacts aged less than 7 years for 14 days after the last exposure to infection or until they have taken five days of a 14-day course of antibiotics (Exclude close child care contacts until they have commenced antibiotics)

<https://www.health.govt.nz/resource-table/table-infectious-diseases>