

# RELIEF CARE PREPARATION AND HANDOVER



## RELIEF CARE PREPARATION – PRIOR TO EVERY OCCASION OF RELIEF

	PRIMARY EDUCATOR	RELIEF EDUCATOR	DATE/S:
	_____	_____	_____
ITEM	PRIMARY EDUCATOR	RELIEF EDUCATOR	COMMENT
Preparation	<input type="checkbox"/> Obtain stand-alone written consent for ad-hoc ('one-off') occasion of relief care <input type="checkbox"/> Advise office at least one-week prior (unless emergency) <b>OR</b> <input type="checkbox"/> Annual parent consent is current within 12 months <input type="checkbox"/> Advise parents in writing of relief care occasion <input type="checkbox"/> Obtain parent confirmation / acceptance of relief care in writing <input type="checkbox"/> Forward to office at least one-week prior (unless emergency)  <input type="checkbox"/> Complete holiday request in Harmony	<input type="checkbox"/> Advise office of conducting relief care at least one-week prior (unless emergency) <input type="checkbox"/> Check consents are held by office for the relief occasion <input type="checkbox"/> Confirm number of children <input type="checkbox"/> Confirm children have been assigned in Harmony  <b>Professional portfolio</b> <input type="checkbox"/> Registration certificate <input type="checkbox"/> Qualification <input type="checkbox"/> First Aid certificate <input type="checkbox"/> CPR certificate  <b>Carry</b> <input type="checkbox"/> Spare power-point protectors <input type="checkbox"/> Spare child safety latches - variety <input type="checkbox"/> Own first aid kit <input type="checkbox"/> Incident, injury, illness, trauma forms (current from LMFDC webpage) <input type="checkbox"/> Medication authorisation forms (current from LMFDC webpage)	Relief does not have to provide care if insufficient children

## HANDOVER – EACH OCCASION OF CARE

Handover	<b>Service / residence</b> <input type="checkbox"/> Confirm / refresh <input type="checkbox"/> location first aid kit, emergency kit, fire safety equipment, emergency contact numbers <input type="checkbox"/> location visitors book, program, child records/authorisations <input type="checkbox"/> non-accessible areas <input type="checkbox"/> arrival / lock-up procedure <input type="checkbox"/> other: _____ _____ _____  <b>Children – routines and care needs</b> <input type="checkbox"/> Note any alerts (medical, dietary needs/restrictions, etc) <input type="checkbox"/> Advise any Court orders	<input type="checkbox"/> Give contact number to parents  <input type="checkbox"/> Program – plan if ongoing placement (more than 1 week)	Notes:
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	<ul style="list-style-type: none"> <li><input type="checkbox"/> Child medical / health care plans relevant to session/s</li> <li><input type="checkbox"/> Child medication required relevant to session/s</li> <li><input type="checkbox"/> Child routines specific to session/s</li> <li><input type="checkbox"/> Sleep-plans relevant to session/s</li> <li><input type="checkbox"/> Program – prepared for immediate sessions (1 week)</li> </ul> <p><b>Safety</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Safety Audit / WHS checklist + available for easy access and relief educator to complete</li> <li><input type="checkbox"/> Risk Assessments / Management Plans are current (advise any changes) <ul style="list-style-type: none"> <li><input type="checkbox"/> Safe sleep</li> <li><input type="checkbox"/> Pets / animals</li> <li><input type="checkbox"/> Equipment</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> </ul> <p>Local emergency contact (to assist with the house/contacting the educator, particularly if O/S) Plumber Glazier Electrician</p> <p>Any other specific instructions / requests:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Safety Audit / WHS checklist – raise any issues with Primary educator and remedy immediately</li> <li><input type="checkbox"/> Check all RA's are current / haven't changed</li> <li><input type="checkbox"/> <b>Check / confirm ID</b> of any person dropping-off / collecting children who you haven't met before</li> </ul>	<p>Keep a record of ID's checked here:</p>
Handover – after relief care		<ul style="list-style-type: none"> <li><input type="checkbox"/> Child observations</li> <li><input type="checkbox"/> Reflection of program</li> <li><input type="checkbox"/> Feedback on children – routines, incidents</li> <li><input type="checkbox"/> Safety items needing addressing</li> </ul>	Notes:

Notes: